PAGE 1 / 144

Image# 202204159496833434

FEC FORM 3Y

REPORT OF RECEIPTS AND DISBURSEMENTS

TOKWI 3X Fo	r Other Than An Au	thorized Committee	Office Use Only
NAME OF TY COMMITTEE (in full)	PE OR PRINT ▼	Example: If typing, over the lines.	type 12FE4M5
UNITED WOMEN'S HEA	ALTH ALLIANCE F	PAC	
<u> </u>			
ADDRESS (number and street)	2021 L ST NW STE 101-1	93	
Check if different			
than previously reported. (ACC)	WASHINGTON		DC 20036 -
2. FEC IDENTIFICATION NUM	BER ▼ C	ITY ▲	STATE ▲ ZIP CODE ▲
C C00755694		IS THIS REPORT NEW (N)	OR AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report Due On:		20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:			20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report (Q1)			20 (M7) Oct 20 (M10) Jan 31 (YE)
July 15 Quarterly Report (Q2)	(c) 12-Day PRE-Election	Primary (12P)	General (12G) Runoff (12R)
October 15 Quarterly Report (Q3)	Report for the:	Convention (120	Special (12S)
January 31 Year-End Report (YE)	Elect	tion on	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)		tion on	in the State of
5. Covering Period 01	01 2022	through	03 31 2022
I certify that I have examined this	Report and to the best of	of my knowledge and beli	of it is true, correct and complete.
Type or Print Name of Treasurer	MÄSTROIANNI, STEPHA	NIE, , ,	
Signature of Treasurer MASTRO	OIANNI, STEPHANIE, , ,	[Electronically Fil	[ed] Date 04 15 2022
NOTE: Submission of false, erroneou	us, or incomplete informati	on may subject the person	signing this Report to the penalties of 52 U.S.C. § 30109
Office Use Only			FEC FORM 3X Rev. 05/2016

	-	FEC Form 3X (Rev. 05/2016)	SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS	Page 2
٧	Vrite (or Type Committee Name		
Į	JNI	TED WOMEN'S HEALTH AL	LIANCE PAC	
R	lepor	t Covering the Period: From:	01	03 / 31 / 2022
			COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a)	Cash on Hand January 1, 2022		89698.79
	(b)	Cash on Hand at Beginning of Reporting Period	89698.79	
	(c)	Total Receipts (from Line 19)	504535.77	504535.77
	(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	594234.56	594234.56
7.	Tota	al Disbursements (from Line 31)	488218.66	488218.66
8.	Rep	sh on Hand at Close of porting Period btract Line 7 from Line 6(d))	106015.90	106015.90
— 9.	Deb	ots and Obligations Owed TO		

9. Debts and Obligations Owed **TO**the Committee (Itemize all on
Schedule C and/or Schedule D)



For further information contact:

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

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:	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	03 / 31 / 2022				
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date				
11.	Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees						
	(i) Itemized (use Schedule A)	11693.00	11693.00				
	(ii) Unitemized(iii) TOTAL (add	492842,77	492842.77				
	Lines 11(a)(i) and (ii)	504535.77	504535.77				
	(b) Political Party Committees	0.00	0.00				
	(c) Other Political Committees (such as PACs)	0.00	0.00				
12	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) Transfers From Affiliated/Other	504535.77	504535.77				
12.	Party Committees	0.00	0.00				
13.	All Loans Received	0.00	0.00				
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00				
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made to Federal Candidates and Other	0.00	0.00				
17	Political Committees	0.00	0.00				
	(Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds	0.00	0.00				
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00				
	(b) Levin Funds (from Schedule H5)	0.00	0.00				
	(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00				
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	504535.77	504535.77				
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	504535.77	504535.77				

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)	19301 1110 1 01100	Jaionda Tear-to-Date
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	379617.84	379617.84
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii), and (b))	379617.84	379617.84
CommitteesContributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	0.00	0.00
. Independent Expenditures (use Schedule E)	107935.82	107935.82
(52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00
. Loan Repayments Made	0.00	0.00
	4 4 4	0.00
Loans Made	0.00	0.00
Than Political Committees	665.00	665.00
(b) Political Party Committees(c) Other Political Committees	0.00	0.00
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	665.00	665.00
. Other Disbursements (Including		
Non-Federal Donations)	0.00	0.00
 Federal Election Activity (52 U.S.C. § 30101(20) (a) Allocated Federal Election Activity (from Schedule H6) 	0))	
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
	0.00	0.00
Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	488218.66	488218.66
. Total Federal Disbursements	400210.00	400210.00
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	488218.66	488218.66

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

FEC FORM 3X (Rev. 05/2016)		Page 3
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)	504535.77	504535.77
4. Total Contribution Refunds (from Line 28(d))	665.00	665.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	503870.77	503870.77
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	379617.84	379617.84
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	379617.84	379617.84

: 97 `A = G7 9 @ 65 B9 CIG`H9 LH`F9 @ 5 H98 `HC`5 `F9 DCFHžG7 < 98 I @ 9 `CF` ± H9 A ± N5 H± CB

Form/Schedule: F3XN
Transaction ID:

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

Form/Schedule: F3XN Transaction ID:

We are amending the 2021-YE report to correct an issue with the Schedule D, which lines up with this Q1 report. The \$32894.96 Debt to "Live Transfers" is comprised of 1 x Schedule B for \$17731.28 from 12-15-2021, and 8 x Schedule E's from 12-15-2021, all of which have been included in this report as a non-memo transaction.

FOR LINE NUMBER:						PAGE	7	OF	144
(check only one)									
	×	11a		11b		11c	12	2	
		13		14		15	16	6	17

	Statements may not be sold or used by any per he name and address of any political committee	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle I ALIX, ANNA, , , Mailing Address 1518 TUCUMCARI DR City HOUSTON FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	State TX Zip Code 77090 C Occupation (for Individual) Retired Aggregate Year-to-Date ▼ 260.00	Date of Receipt O1 14 2022 Transaction ID: SA11AI-27117368 Amount of Each Receipt this Period 60.00 Memo Item
Full Name of Individual (Last, First, Middle I ALIX, ANNA, , , Mailing Address 1518 TUCUMCARI DR City HOUSTON FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify) Full Name of Individual (Last, First, Middle I	State Zip Code 77090 C Occupation (for Individual) Retired Aggregate Year-to-Date 260.00	Date of Receipt 03
City HOUSTON FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	State Zip Code 77090 C	Date of Receipt 03
SUBTOTAL of Receipts This Page (optional)	>	260.00
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER:						PAGE	8	OF	14	14
(check only one)										
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		13		14		15	16	6	1	7

	statements may not be sold or used by any persole name and address of any political committee to	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	LLIANCE PAC	
Full Name of Individual (Last, First, Middle Initial)	tial) or Full Organization Name	Date of Receipt
Mailing Address 215 MARSH LANDING DR APT 103		02 25 2022
City	State Zip Code	Transaction ID : SA11AI-27111860
CARROLLTON	VA 23314	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Retired	Retired	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	210.00	
Full Name of Individual (Last, First, Middle Ini BEAVER, DOROTHY, , ,	tial) or Full Organization Name	Date of Receipt
Mailing Address 215 MARSH LANDING DR		M M / D D / Y Y Y Y Y
APT 103	State 7in Code	03 02 2022
CARROLLTON	State Zip Code VA 23314	Transaction ID : SA11AI-27119614
CARROLLTON	VA 23314	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	210.00	
Full Name of Individual (Last, First, Middle Init) BEAVER, DOROTHY, , ,	tial) or Full Organization Name	Date of Receipt
Mailing Address 215 MARSH LANDING DR APT 103		03 07 2022
City	State Zip Code	Transaction ID : SA11AI-27111326
CARROLLTON	VA 23314	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify)	210.00	
SUBTOTAL of Receipts This Page (optional)		180.00
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER:						PAGE	9	OF	14	14
(c	he	ck only	ıe)							
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		13		14		15	16	6	1	7

	ly information copied from such Reports and St for commercial purposes, other than using the								
	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AL	LIAN	ICE	PAC					
Α.		al) or F	ull Org	ganization Name	Date of Receipt				
	Mailing Address 215 MARSH LANDING DR APT 103				03 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	City	State	е	Zip Code	Transaction ID : SA11AI-27105296				
	CARROLLTON	VA 23314			Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С			30.00				
	Name of Employer (for Individual)		Occup	pation (for Individual)	Memo Item				
	Retired		Retire	ed					
	Receipt For: Primary General Other (specify) ▼	Aggre	gate Y	ear-to-Date ▼ 210.00					
В.	Full Name of Individual (Last, First, Middle Initi BEVERSDORF, TOM, , , Mailing Address 8433 WATERTOWN DR	al) or F	ull Org	ganization Name	Date of Receipt				
			01 10 2022						
	City	State	е	Zip Code	Transaction ID : SA11AI-27117756				
	INDIANAPOLIS	IN		46216	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С			75.00				
	Name of Employer (for Individual) DFAS			oation (for Individual) nation & Technology	Memo Item				
	Receipt For: Primary General Other (specify) ▼	Aggre	gate Y	ear-to-Date ▼ 505.00					
С .	Full Name of Individual (Last, First, Middle Initi	al) or F	ull Org	ganization Name	Date of Receipt				
	Mailing Address 8433 WATERTOWN DR				01 11 2022				
	City INDIANAPOLIS	State	е	Zip Code 46216	Transaction ID : SA11Al-27117666 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С			150.00				
	Name of Employer (for Individual) DFAS			oation (for Individual) nation & Technology	Memo Item				
	Receipt For:	Aggre	gate Y	'ear-to-Date ▼					
	Primary General Other (specify)			505.00					
H	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number of			<u> </u>	255.00				

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			erson for the purpose of soliciting contributions at the solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	H ALLIANCE P	AC	
Full Name of Individual (Last, First, Middle BEVERSDORF, TOM, , ,	e Initial) or Full Orga	nization Name	Date of Receipt
Mailing Address 8433 WATERTOWN DR			02 08 2022
City	State	Zip Code	Transaction ID : SA11AI-27115886
INDIANAPOLIS	IN	46216	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	150.00		
Name of Employer (for Individual) DFAS	Memo Item		
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 505.00	
Full Name of Individual (Last, First, Middle BEVERSDORF, TOM, , ,	e Initial) or Full Orga	nization Name	Date of Receipt
Mailing Address 8433 WATERTOWN DR			02 14 2022
City	State	Zip Code	Transaction ID : SA11AI-27115654
INDIANAPOLIS	IN	46216	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		65.00
Name of Employer (for Individual) DFAS		tion (for Individual) ation & Technology	Memo Item
Receipt For: Primary General	Aggregate Yea	ar-to-Date ▼	
Other (specify) ▼	4	505.00	
Full Name of Individual (Last, First, Middle BEVERSDORF, TOM, , ,	e Initial) or Full Orga	nization Name	Date of Receipt
Mailing Address 8433 WATERTOWN DR			03 / D D / Y Y Y Y Y Y Y 2022
City INDIANAPOLIS	State IN	Zip Code 46216	Transaction ID : SA11AI-27114082
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 65.00
Name of Employer (for Individual)	Occupat	tion (for Individual)	Memo Item
DFAS		tion & Technology	
Receipt For: Primary General	Aggregate Yea	ar-to-Date ▼	
Other (specify)		505.00	
SUBTOTAL of Receipts This Page (optional	ıl)	·····	280.00
TOTAL This Period (last page this line num	nber only)		

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	I ALLIANCE PAC	
Full Name of Individual (Last, First, Middle CAGNEY, JAMES, , ,	e Initial) or Full Organization Name	Date of Receipt
Mailing Address 8521 OAK RD		01 18 2022
City	State Zip Code	Transaction ID : SA11AI-27121778
PARKVILLE	MD 21234	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	400.00	
Name of Employer (for Individual) Best Efforts	Occupation (for Individual) Best Efforts	Memo Item
Receipt For: Primary General Other (specify) ▼		
Full Name of Individual (Last, First, Middle CARLSON, ELVIN, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 1600 APPLING RD APT 3103	Otata 72 Octo	03 24 2022
City CORDOVA	State Zip Code TN 38016	Transaction ID : SA11AI-27105006 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	135.00
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	Initial) or Full Organization Name	Date of Receipt
Mailing Address 1600 APPLING RD APT 3103		03 24 2022
City CORDOVA	State Zip Code TN 38016	Transaction ID : SA11AI-27114496 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	75.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 210.00	
SUBTOTAL of Receipts This Page (optional))	610.00
TOTAL This Period (last page this line numb	per only)	

FOR LINE NUMBER: PAGE 12 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c 12

144

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name CORBY, JACQUELYNNE, , , Date of Receipt Mailing Address 981 GLEN OAKS BLVD 10 2022 City Zip Code State Transaction ID: SA11AI-27109468 CA **PASADENA** 91105 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 215.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. CORBY, JACQUELYNNE, , , Date of Receipt Mailing Address 981 GLEN OAKS BLVD 2022 City State Zip Code Transaction ID: SA11AI-27113012 **PASADENA** CA 91105 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 215.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. CORBY, JACQUELYNNE, , , Date of Receipt Mailing Address 981 GLEN OAKS BLVD 11 2022 City Zip Code State Transaction ID: SA11AI-27112594 CA **PASADENA** 91105 Amount of Each Receipt this Period FEC ID number of contributing C 35.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 215.00 Other (specify) 135.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... ___

F	FOR LINE NUMBER:					PAGE	 13	OF	144
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	ny information copied from such Reports and Stator commercial purposes, other than using the					
	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AL	LIANCE	PAC			
Α.		al) or Full Org	ganization Name	Date of Receipt		
	Mailing Address 981 GLEN OAKS BLVD			02 15 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID : SA11AI-27115610		
	PASADENA	CA	91105	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	80.00				
	Name of Employer (for Individual) Retired	Memo Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 215.00			
В.	Full Name of Individual (Last, First, Middle Initial DAVIS, SALLY, , ,	al) or Full Orç	ganization Name	Date of Receipt		
	Mailing Address 34554 MERION CT			02 03 2022		
	City	State	Zip Code	Transaction ID : SA11AI-27113096		
	DADE CITY	FL	33525	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		55.00		
	Name of Employer (for Individual) Retired	Occup Retire	oation (for Individual) ed	Memo Item		
	Receipt For:	Aggregate Y	'ear-to-Date ▼			
	Primary General Other (specify) ▼		205.00			
<u> </u>	Full Name of Individual (Last, First, Middle Initial DAVIS, URIAH, , ,	al) or Full Org	ganization Name	Date of Receipt		
	Mailing Address 1600 KENILWORTH CT APT 1			02 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City STOUGHTON	State WI	Zip Code 53589	Transaction ID : SA11AI-27112978 Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		55.00		
	Name of Employer (for Individual) Best Efforts		oation (for Individual) Efforts	Memo Item		
	Receipt For:	Aggregate Y	'ear-to-Date ▼			
	Other (specify) General	Primary General				
H	SUBTOTAL of Receipts This Page (optional)		<u> </u>	190.00		

FOR LINE NUMBER:					PAGE	 14	OF	144	
(0	che	ck only							
	X	11a		11b		11c	12		
		13		14		15	16		17

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

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	Statements may not be sold or used by any persite name and address of any political committee to	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle In DAVIS, URIAH, , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 1600 KENILWORTH CT APT 1		02 27 2022
City	State Zip Code	Transaction ID : SA11AI-27119876
STOUGHTON	WI 53589	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Best Efforts	Best Efforts	_
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	.999 10 54.0 /	
Other (specify) ▼	595.00	
Full Name of Individual (Last, First, Middle In DAVIS, URIAH, , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 1600 KENILWORTH CT		M = M / D = D / Y = Y = Y
APT 1	State 7th Code	02 27 2022
City	State Zip Code	Transaction ID : SA11AI-27119878
STOUGHTON	WI 53589	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	25.00
Name of Employer (for Individual) Best Efforts	Occupation (for Individual) Best Efforts	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 595.00	
Full Name of Individual (Last, First, Middle In	nitial) or Full Organization Name	
DAVIS, URIAH, , ,		Date of Receipt
Mailing Address 1600 KENILWORTH CT APT 1	Chata	02 27 2022
City STOUGHTON	State Zip Code WI 53589	Transaction ID : SA11AI-27119880 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual) Best Efforts	Occupation (for Individual) Best Efforts	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	0.0	
Other (specify)	595.00	
SUBTOTAL of Receipts This Page (optional)		100.00
TOTAL This Period (last page this line number	· only)	

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	Statements may not be sold or used by any pers he 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 DAVIS, URIAH, , , Mailing Address 1600 KENILWORTH CT	Initial) or Full Organization Name	Date of Receipt				
APT 1		02 27 2022				
City	State Zip Code	Transaction ID : SA11AI-27119882				
STOUGHTON	WI 53589	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	25.00				
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item				
Best Efforts	Best Efforts					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 595.00					
Full Name of Individual (Last, First, Middle DAVIS, URIAH, , ,	Initial) or Full Organization Name	Date of Receipt				
Mailing Address 1600 KENILWORTH CT APT 1		02 27 2022				
City	State Zip Code	Transaction ID : SA11AI-27119884				
STOUGHTON	WI 53589	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	50.00				
Name of Employer (for Individual) Best Efforts	Occupation (for Individual) Best Efforts	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 595.00					
Full Name of Individual (Last, First, Middle DAVIS, URIAH, , ,	Initial) or Full Organization Name	Date of Receipt				
Mailing Address 1600 KENILWORTH CT APT 1 City	State Zip Code	02 27 2022 Transaction ID : SA11AI-27119886				
STOUGHTON	WI 53589	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	20.00				
Name of Employer (for Individual) Best Efforts	Occupation (for Individual) Best Efforts	Memo Item				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify)	595.00					
SUBTOTAL of Receipts This Page (optional)	<u> </u>	95.00				
TOTAL This Period (last page this line number	er only)					

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	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AL	LIANCE	PAC	
Α.		al) or Full Or	ganization Name	Date of Receipt
	Mailing Address 1600 KENILWORTH CT APT 1			02 27 2022
	City	State	Zip Code	Transaction ID : SA11AI-27119888
	STOUGHTON	WI	53589	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		130.00
	Name of Employer (for Individual) Best Efforts		pation (for Individual) Efforts	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 595.00	
В.	Full Name of Individual (Last, First, Middle Initi DAVIS, URIAH, , ,	al) or Full Or	ganization Name	Date of Receipt
	Mailing Address 1600 KENILWORTH CT APT 1	1-	I	02 27 2022
	City STOUGHTON	State WI	Zip Code 53589	Transaction ID : SA11AI-27119890
	FEC ID number of contributing federal political committee.	C	33309	Amount of Each Receipt this Period 40.00
	Name of Employer (for Individual) Best Efforts		pation (for Individual) Efforts	Memo Item
	Receipt For:	Aggregate `	Year-to-Date ▼	
	Primary General Other (specify) ▼		595.00	
<u>с.</u>	Full Name of Individual (Last, First, Middle Initi	al) or Full Or	ganization Name	Date of Receipt
	Mailing Address 1600 KENILWORTH CT APT 1			03 03 / 2022
	City STOUGHTON	State WI	Zip Code 53589	Transaction ID : SA11AI-27119588 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer (for Individual) Best Efforts		pation (for Individual) Efforts	Memo Item
	Receipt For:		Year-to-Date ▼	-
	Primary General Other (specify)	, igg. oga.ic	595.00	
S	SUBTOTAL of Receipts This Page (optional)		>	200.00
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SCHEDULE A (FEC Form 3X)

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ITEMIZED RECEIPTS for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

\rangle	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALL	JANCE	PAC		
١.	Full Name of Individual (Last, First, Middle Initial DAVIS, SALLY, , ,) or Full Or	ganization Name	Date of Receipt	
	Mailing Address 34554 MERION CT			M M / D D / Y	2022
	City	State	Zip Code	Transaction ID : SA11AI-27	105618
	DADE CITY	FL	33525	Amount of Each Receipt this	Period
	FEC ID number of contributing federal political committee.	С			55.00
	Name of Employer (for Individual)		pation (for Individual)	Memo Item	
	Receipt For:	Retire			
	Primary General	Aggregate \	'ear-to-Date ▼		
	Other (specify) ▼		205.00		
3.	Full Name of Individual (Last, First, Middle Initial DAVIS, SALLY, , ,) or Full Or	ganization Name	Date of Receipt	
	Mailing Address 34554 MERION CT				2022
	City	State	Zip Code	Transaction ID : SA11AI-27	114054
	DADE CITY	FL	33525	Amount of Each Receipt this	Period
	FEC ID number of contributing federal political committee.	С			45.00
	Name of Employer (for Individual) Retired	Occu Retir	pation (for Individual) ed	Memo Item	
		Aggregate Y	∕ear-to-Date ▼		
	Primary General Other (specify) ▼		205.00		
).	Full Name of Individual (Last, First, Middle Initial DAVIS, URIAH, , ,) or Full Or	ganization Name	Date of Receipt	
	Mailing Address 1600 KENILWORTH CT APT 1				2022
	City	State	Zip Code	Transaction ID : SA11AI-27	104438
	STOUGHTON	WI	53589	Amount of Each Receipt this	Period
	FEC ID number of contributing federal political committee.	С			50.00
	Name of Employer (for Individual) Best Efforts		pation (for Individual) Efforts	Memo Item	
		Aggregate Y	∕ear-to-Date ▼		
	Primary General Other (specify)		595.00		
s	UBTOTAL of Receipts This Page (optional)			>	150.00
T	OTAL This Period (last page this line number onl	y)		·	45

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Any information copied from such Reports and or for commercial purposes, other than using t			erson for the purpose of soliciting contributions to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE P.	AC					
Full Name of Individual (Last, First, Middle DRENNAN, JOHN, , ,	Initial) or Full Orgar	nization Name	Date of Receipt				
Mailing Address PO BOX 90			01 04 2022				
City	State	Zip Code	Transaction ID: SA11AI-27109880				
BARAGA	MI	49908	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	45.00						
Name of Employer (for Individual) Retired	Memo Item						
Receipt For: Primary General Other (specify) ▼	Receipt For: Primary General Aggregate Year-to-Date ▼						
Full Name of Individual (Last, First, Middle DRENNAN, JOHN, , ,	Initial) or Full Organ	nization Name	Date of Receipt				
Mailing Address PO BOX 90			01 04 2022				
City	State	Zip Code	Transaction ID : SA11AI-27113706				
BARAGA	MI	49908	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		35.00				
Name of Employer (for Individual) Retired	Occupat Retired	tion (for Individual)	Memo Item				
Receipt For: Primary General	Aggregate Yea	ır-to-Date ▼					
Other (specify) ▼	4	300.00					
Full Name of Individual (Last, First, Middle DRENNAN, JOHN, , ,	Initial) or Full Organ	nization Name	Date of Receipt				
Mailing Address PO BOX 90			01				
City BARAGA	State MI	Zip Code 49908	Transaction ID : SA11AI-27117708 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		50.00				
Name of Employer (for Individual)	ion (for Individual)	Memo Item					
Retired Receipt For:	Retired						
Primary General	Aggregate Yea	ır-to-Date ▼					
Other (specify)		300.00					
SUBTOTAL of Receipts This Page (optional).			130.00				
TOTAL This Period (last page this line number	er only)						

FOR LINE NUMBER:						PAGE	2	20	OF	•	144
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	ny information copied from such Reports and St for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AL	LIANCE	PAC	
Α.	Full Name of Individual (Last, First, Middle Initi DRENNAN, JOHN, , ,	al) or Full Org	ganization Name	Date of Receipt
	Mailing Address PO BOX 90			01 13 2022
	City	State	Zip Code	Transaction ID: SA11AI-27108934
	BARAGA	MI	49908	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer (for Individual) Retired	Occup Retire	oation (for Individual) ed	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 300.00	
В.	Full Name of Individual (Last, First, Middle Initi DRENNAN, JOHN, , ,	al) or Full Org	ganization Name	Date of Receipt
	Mailing Address PO BOX 90	Tax :	- I	01 17 2022
	City	State	Zip Code	Transaction ID : SA11AI-27113428
	BARAGA	MI	49908	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		25.00
	Name of Employer (for Individual) Retired	Occup Retire	pation (for Individual) ed	Memo Item
	Receipt For:	Aggregate Y	′ear-to-Date ▼	
	Primary General Other (specify) ▼	4	300.00	
С .	Full Name of Individual (Last, First, Middle Initi DRENNAN, JOHN, , ,	al) or Full Org	ganization Name	Date of Receipt
	Mailing Address PO BOX 90			02
	City BARAGA	State MI	Zip Code 49908	Transaction ID : SA11AI-27107060 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		25.00
	Name of Employer (for Individual) Retired	Occup Retire	pation (for Individual)	Memo Item
	Receipt For:		'ear-to-Date ▼	1
	Primary General Other (specify)	Aggregate	300.00	
S	SUBTOTAL of Receipts This Page (optional)		>	150.00
 T	TOTAL This Period (last page this line number of	nly)		

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE P	AC				
Full Name of Individual (Last, First, Middle DRENNAN, JOHN, , ,	Initial) or Full Orga	nization Name	Date of Receipt			
Mailing Address PO BOX 90			02 11 2022			
City	State	Zip Code	Transaction ID : SA11AI-27120880			
BARAGA	MI	49908	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	ů l					
Name of Employer (for Individual) Retired	Memo Item					
Receipt For: Primary General Other (specify) ▼	Receipt For: Primary General Aggregate Year-to-Date ▼					
Full Name of Individual (Last, First, Middle 13. FELIX, JACQUELYN, , ,	Initial) or Full Organ	nization Name	Date of Receipt			
Mailing Address 10 WHITE OAK DR APTT 127	04-4-	Tr. Oads	02 27 2022			
EXETER	City State Zip Code EXETER NH 03833					
FEC ID number of contributing federal political committee.	C	00000	Amount of Each Receipt this Period			
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 220.00				
Full Name of Individual (Last, First, Middle C. FELIX, JACQUELYN, , ,	Initial) or Full Orga	nization Name	Date of Receipt			
Mailing Address 10 WHITE OAK DR APTT 127			03 03 2022			
City EXETER	State NH	Zip Code 03833	Transaction ID : SA11AI-27106210 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		110.00			
Name of Employer (for Individual) Retired	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 220.00				
SUBTOTAL of Receipts This Page (optional)			240.00			
TOTAL This Period (last page this line number	er only)					

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144

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name FRANKLIN, MARK, , , Date of Receipt Mailing Address 1017 SHADOWLAWN DR 2022 City Zip Code State Transaction ID: SA11AI-27121620 OH **TOLEDO** 43609 Amount of Each Receipt this Period FEC ID number of contributing C 110.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 320.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. FRANKLIN, MARK, , , Date of Receipt Mailing Address 1017 SHADOWLAWN DR 2022 City State Zip Code Transaction ID: SA11AI-27121424 **TOLEDO** OH 43609 Amount of Each Receipt this Period FEC ID number of contributing 210.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 320.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. FRIEDBAUER, BARBARA, , , Date of Receipt Mailing Address 3 GROVE ISLE DR 30 2022 **APT 1704** City State Zip Code Transaction ID: SA11AI-27113814 FL MIAMI 33133 Amount of Each Receipt this Period FEC ID number of contributing C 55.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 255.00 Other (specify) 375.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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144 23 OF 12 13 14 15 16

Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions 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 FRIEDBAUER, BARBARA, , , Date of Receipt Mailing Address 3 GROVE ISLE DR APT 1704 2022 City Zip Code State Transaction ID: SA11AI-27114362 FL MIAMI 33133 Amount of Each Receipt this Period FEC ID number of contributing C 200.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 255.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** GREENE, BETTY, , , Date of Receipt Mailing Address 5886 DE ZAVALA RD 05 2022 City State Zip Code Transaction ID: SA11AI-27109732 SAN ANTONIO TX 78249 Amount of Each Receipt this Period FEC ID number of contributing 60.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 320.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. GREENE, BETTY, , , Date of Receipt Mailing Address 5886 DE ZAVALA RD 80 2022 City Zip Code State Transaction ID: SA11AI-27112880 TX SAN ANTONIO 78249 Amount of Each Receipt this Period FEC ID number of contributing C 60.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 320.00 Other (specify) 320.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 - - 7

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Any information copied from such Reports and or for commercial purposes, other than using the succession of the commercial purposes.					
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PA	С			
Full Name of Individual (Last, First, Middle GREENE, BETTY, , , Mailing Address 5886 DE ZAVALA RD	Initial) or Full Organiz	cation Name	Date of Receipt		
			02 11 2022		
City		Zip Code	Transaction ID : SA11AI-27120982		
SAN ANTONIO	TX	78249	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.					
Name of Employer (for Individual) Retired	Memo Item				
Receipt For: Primary General Other (specify) ▼	Receipt For: Aggregate Year-to-Date ▼ Primary General				
Full Name of Individual (Last, First, Middle GREENE, BETTY, , , Mailing Address 5886 DE ZAVALA RD	Initial) or Full Organiz	cation Name	Date of Receipt		
Walling Address 5886 DE ZAVALA RD			03 14 2022		
City		Zip Code	Transaction ID : SA11AI-27114312		
SAN ANTONIO	TX	78249	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		65.00		
Name of Employer (for Individual) Retired	Occupatio Retired	n (for Individual)	Memo Item		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-t	to-Date ▼ 320.00			
Full Name of Individual (Last, First, Middle C. GREENE, BETTY, , ,	Initial) or Full Organiz	ration Name	Date of Receipt		
Mailing Address 5886 DE ZAVALA RD			03 17 2022		
City SAN ANTONIO		Zip Code 78249	Transaction ID : SA11AI-27114182		
FEC ID number of contributing federal political committee.	C	10240	Amount of Each Receipt this Period 65.00		
		Memo Item			
Name of Employer (for Individual) Retired	n (for Individual)	Memo item			
Receipt For:	Aggregate Year-	to-Date ▼			
Primary General Other (specify)		320.00			
SUBTOTAL of Receipts This Page (optional).			200.00		
TOTAL This Period (last page this line number	er only)				

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	g the name and address of any political committee	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	H ALLIANCE PAC	
Full Name of Individual (Last, First, Middl HAM JR, LEWIS, , ,	le Initial) or Full Organization Name	Date of Receipt
Mailing Address 5500 CALLE REAL APT C-226		01 31 2022
City SANTA BARBARA	State Zip Code 93111	Transaction ID : SA11AI-27121616 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 ▼ 270.00	
Full Name of Individual (Last, First, Middl HAM JR, LEWIS, , ,	e Initial) or Full Organization Name	Date of Receipt
Mailing Address 5500 CALLE REAL APT C-226 City	State Zip Code	02 14 2022 Transaction ID : SA11Al-27112482
SANTA BARBARA	CA 93111	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	160.00
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, Middl HERRING, ABBY, , ,	le Initial) or Full Organization Name	Date of Receipt
Mailing Address 301 S MYRTLE AVE APT 238 City	State Zip Code	01 06 2022
NEW SMYRNA BEACH	FL 32168	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 400.00	
SUBTOTAL of Receipts This Page (optional	al)	470.00
TOTAL This Period (last page this line num	nber only)	

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12

16

	d 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	ALLIANCE PAC					
Full Name of Individual (Last, First, Middle Length Name of Individual (Last, First, Middle Last, First, M	Initial) or Full Organization Name	Date of Receipt				
Mailing Address 301 S MYRTLE AVE APT 238		01 06 2022				
City	State Zip Code	Transaction ID : SA11AI-27100510				
NEW SMYRNA BEACH	FL 32168	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	200.00				
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item				
Retired	Retired					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General	400.00					
Other (specify) ▼	400.00					
Full Name of Individual (Last, First, Middle JARAMILLO, VALERIE, , ,	Initial) or Full Organization Name	Date of Receipt				
Mailing Address 3910 CAMPBELL ST		01 03 2022				
City	State Zip Code					
RIVERSIDE	CA 92509	Transaction ID : SA11AI-27113712 Amount of Each Receipt this Period				
		Amount of Each neceipt this Fellou				
FEC ID number of contributing federal political committee.	C	55.00				
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	235.00					
Full Name of Individual (Last, First, Middle JARAMILLO, VALERIE, , ,	Initial) or Full Organization Name	Date of Receipt				
Mailing Address 3910 CAMPBELL ST		03 07 2022				
City	State Zip Code	Transaction ID : SA11AI-27114974				
RIVERSIDE	CA 92509	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	55.00				
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify)	235.00					
SUBTOTAL of Receipts This Page (optional).		310.00				
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	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AL	LIANCE	PAC	
Α.	· · · · · · · · · · · · · · · · · · ·	al) or Full Org	anization Name	Date of Receipt
	Mailing Address 3910 CAMPBELL ST			03 16 2022
	City RIVERSIDE	State CA	Zip Code 92509	Transaction ID : SA11AI-27118934
	FEC ID number of contributing	OA .	92309	Amount of Each Receipt this Period
	federal political committee.	C		125.00
	Name of Employer (for Individual) Retired	ation (for Individual) d	Memo Item	
	Receipt For: Primary General Other (specify) ▼			
В.	Full Name of Individual (Last, First, Middle Initial JOHANSEN, RALPH, , ,	al) or Full Org	anization Name	Date of Receipt
	Mailing Address 322 EVERGREEN AVE			01 21 2022
	City MADISON	State WI	Zip Code 53704	Transaction ID : SA11Al-27113326
	FEC ID number of contributing federal political committee.	Amount of Each Receipt this Period 25.00		
	Name of Employer (for Individual) Retired	Occup Retire	pation (for Individual) ed	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 240.00	
С .	Full Name of Individual (Last, First, Middle Initial JOHANSEN, RALPH, , ,	Date of Receipt		
	Mailing Address 322 EVERGREEN AVE			01 31 2022
	City MADISON	State WI	Zip Code 53704	Transaction ID : SA11AI-27107592 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		40.00
	Name of Employer (for Individual) Retired	Occup Retire	ation (for Individual) d	Memo Item
	Receipt For: Primary General	Aggregate Y	ear-to-Date ▼	
	Other (specify)		240.00	
H	SUBTOTAL of Receipts This Page (optional)		<u> </u>	190.00

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle I	initial) or Full Organization Name	Date of Receipt
Mailing Address 322 EVERGREEN AVE		03
City	State Zip Code	Transaction ID : SA11AI-27111558
MADISON	WI 53704	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	75.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Retired	Retired	_
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	00 0	
Other (specify) ▼	240.00	
Full Name of Individual (Last, First, Middle I JOHANSEN, RALPH, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 322 EVERGREEN AVE		03 24 2022
City	State Zip Code	Transaction ID : SA11AI-27103622
MADISON	WI 53704	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	240.00	
Full Name of Individual (Last, First, Middle I	Initial) or Full Organization Name	Date of Receipt
Mailing Address 322 EVERGREEN AVE		03 24 2022
City	State Zip Code	Transaction ID : SA11AI-27103888
MADISON	WI 53704	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	50 0	
Other (specify)	240.00	
SUBTOTAL of Receipts This Page (optional)		135.00
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Any information copied from such Reports and or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE P	PAC	
Full Name of Individual (Last, First, Middle In JOHANSEN, RALPH, , , Mailing Address 322 EVERGREEN AVE	nitial) or Full Orga	nization Name	Date of Receipt
Mailing Address 322 EVERGREEN AVE			03 24 2022
City	State	Zip Code	Transaction ID : SA11AI-27104010
MADISON	WI	53704	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		40.00
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 240.00	
Full Name of Individual (Last, First, Middle In JOHNSON, LORA, , ,	nitial) or Full Orga	nization Name	Date of Receipt
Mailing Address 2525 BELT RD			02 23 2022
City	State	Zip Code	Transaction ID : SA11AI-27106518
KNOXVILLE	TN	37920	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		75.00
Name of Employer (for Individual) Retired	Occupa Retired	ition (for Individual) I	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 270.00	
Full Name of Individual (Last, First, Middle II	nitial) or Full Orga	nization Name	Date of Receipt
Mailing Address 2525 BELT RD			02 / 24 / 2022
City KNOXVILLE	State TN	Zip Code 37920	Transaction ID : SA11AI-27095512
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 270.00	
SUBTOTAL of Receipts This Page (optional)		>	140.00
TOTAL This Period (last page this line numbe	r only)		

FOR LINE NUMBER: PAGE 30 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c 12

144

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name JOHNSON, LORA, , , Date of Receipt Mailing Address 2525 BELT RD 2022 City Zip Code State Transaction ID: SA11AI-27102976 TN **KNOXVILLE** 37920 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. JOHNSON, LORA, , , Date of Receipt Mailing Address 2525 BELT RD 13 2022 City State Zip Code Transaction ID: SA11AI-27111020 **KNOXVILLE** TN 37920 Amount of Each Receipt this Period FEC ID number of contributing 75.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 270.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. JOHNSON, LORA, , , Date of Receipt Mailing Address 2525 BELT RD 24 2022 City Zip Code State Transaction ID: SA11AI-27091492 TN **KNOXVILLE** 37920 Amount of Each Receipt this Period FEC ID number of contributing C 35.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) 135.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

SCHEDULE A (FEC Form 3X)

Name of Employer (for Individual)

General

SUBTOTAL of Receipts This Page (optional).....

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

Retired

Receipt For:

Primary

Other (specify)

144 FOR LINE NUMBER: PAGE 31 OF Use separate schedule(s) (check only one) ITEMIZED RECEIPTS for each category of the **X** 11a 11b 12 11c Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name JOHNSON, LORA, , , Date of Receipt Mailing Address 2525 BELT RD 2022 City Zip Code State Transaction ID: SA11AI-27091078 TN **KNOXVILLE** 37920 Amount of Each Receipt this Period FEC ID number of contributing C 35.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** KARRISH, GEORGE, , , Date of Receipt Mailing Address 1042 NEUMARK AVE 2022 City State Zip Code Transaction ID: SA11AI-27093922 **PLEASANTVILLE** NJ 08232 Amount of Each Receipt this Period FEC ID number of contributing 60.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 295.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. KARRISH, GEORGE, , , Date of Receipt Mailing Address 1042 NEUMARK AVE 20 2022 City Zip Code State Transaction ID: SA11AI-27099018 NJ **PLEASANTVILLE** 08232 Amount of Each Receipt this Period FEC ID number of contributing C 70.00 federal political committee.

Occupation (for Individual)

295.00

Retired

Aggregate Year-to-Date ▼

165.00 7 FEC Schedule A (Form 3X) Rev. 06/2016

Memo Item

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	LLIANCE PAC	
Full Name of Individual (Last, First, Middle Ini KARRISH, GEORGE, , ,	itial) or Full Organization Name	Date of Receipt
Mailing Address 1042 NEUMARK AVE		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-27088228
PLEASANTVILLE	NJ 08232	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Retired	Retired	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	295.00	
Full Name of Individual (Last, First, Middle Ini	itial) or Full Organization Name	Date of Receipt
Mailing Address 1042 NEUMARK AVE		02 24 2022
City	State Zip Code	Transaction ID : SA11AI-27102908
PLEASANTVILLE	NJ 08232	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 295.00	
Full Name of Individual (Last, First, Middle Ini	itial) or Full Organization Name	Date of Receipt
Mailing Address 1042 NEUMARK AVE		03 31 2022
City	State Zip Code	Transaction ID : SA11AI-27093968
PLEASANTVILLE	NJ 08232	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	55.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	55 5	
Other (specify)	295.00	
SUBTOTAL of Receipts This Page (optional)		165.00
TOTAL This Period (last page this line number	only)	

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Any information copied from such Reports and or for commercial purposes, other than using the	Statements may r he name and addr	not be sold or used by any per ess of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE P	AC	
Full Name of Individual (Last, First, Middle I KUMP, TROY, , , Mailing Address 315 S CENTER ST	nitial) or Full Orga	nization Name	Date of Receipt
	Ta		02 22 2022
City AMERICAN FORK	State UT	Zip Code 84003	Transaction ID : SA11AI-27112134
	01	04003	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		66.00
Name of Employer (for Individual) Best Efforts	Occupa Best Ef	tion (for Individual) forts	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 308.00	
Full Name of Individual (Last, First, Middle I KUMP, TROY, , ,	nitial) or Full Orga	nization Name	Date of Receipt
Mailing Address 315 S CENTER ST			02 24 2022
City	State	Zip Code	Transaction ID : SA11AI-27120070
AMERICAN FORK	UT	84003	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	61.00		
Name of Employer (for Individual) Best Efforts	Occupa Best Ef	tion (for Individual) forts	Memo Item
Receipt For:	Aggregate Yea	ar-to-Date ▼	
Primary General Other (specify) ▼	4	308.00	
Full Name of Individual (Last, First, Middle I KUMP, TROY, , ,	nitial) or Full Orga	nization Name	Date of Receipt
Mailing Address 315 S CENTER ST			02 28 2022
City AMERICAN FORK	State	Zip Code 84003	Transaction ID : SA11AI-27111730
FEC ID number of contributing		04000	Amount of Each Receipt this Period
federal political committee.	C		75.00
Name of Employer (for Individual) Simplii		tion (for Individual) Of Strategic Partnerships	Memo Item
Receipt For:	Aggregate Yea		
Primary General Other (specify)		308.00	
SUBTOTAL of Receipts This Page (optional)		····	202.00
TOTAL This Period (last page this line numbe	er only)		

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	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC								
Α.		Date of Receipt							
	Malling Address 315 S CENTER ST	ling Address 315 S CENTER ST							
	City	State UT	Transaction ID : SA11AI-27105888						
	AMERICAN FORK	01	84003	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		106.00					
	Name of Employer (for Individual) Best Efforts		pation (for Individual) Efforts	Memo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate \	/ear-to-Date ▼ 308.00						
В.	Full Name of Individual (Last, First, Middle Initial LEWIS, PHOEBE, , ,	Date of Receipt							
	Mailing Address 1800 N PROSPECT AVE APT 20D			03 10 2022					
	City MILWAUKEE	State	Zip Code 53202	Transaction ID: SA11AI-27111068					
	FEC ID number of contributing federal political committee.	C	00202	Amount of Each Receipt this Period 130.00					
	Name of Employer (for Individual) Retired	Occu Retir	pation (for Individual) ed	Memo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate \	/ear-to-Date ▼ 245.00						
С .	Full Name of Individual (Last, First, Middle Initial LEWIS, PHOEBE, , ,	Date of Receipt							
	Mailing Address 1800 N PROSPECT AVE APT 20D	03 25 2022							
	City MILWAUKEE	State WI	Zip Code 53202	Transaction ID : SA11Al-27113942 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		60.00					
	Name of Employer (for Individual) Retired	Occup Retire	pation (for Individual) ed	Memo Item					
	Receipt For:	Aggregate \	/ear-to-Date ▼						
	Other (specify) General		245.00						
H	SUBTOTAL of Receipts This Page (optional)			296.00					

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144

for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name LEWIS, PHOEBE, , , Date of Receipt Mailing Address 1800 N PROSPECT AVE APT 20D 2022 City Zip Code State Transaction ID: SA11AI-27113810 WI **MILWAUKEE** 53202 Amount of Each Receipt this Period FEC ID number of contributing C 55.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 245.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. LOYD, ROBERT, , , Date of Receipt Mailing Address 121 OCEAN DR 80 2022 City State Zip Code Transaction ID: SA11AI-27119328 **OXNARD** CA 93035 Amount of Each Receipt this Period FEC ID number of contributing 300.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Best Efforts **Best Efforts** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 300.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. LYNCH, LOUISE, , , Date of Receipt Mailing Address 2529 ZINFANDEL DR 07 2022 City State Zip Code Transaction ID: SA11AI-27112980 CA RANCHO CORDOVA 95670 Amount of Each Receipt this Period FEC ID number of contributing C 110.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 215.00 Other (specify) 465.00 SUBTOTAL of Receipts This Page (optional).....

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	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AL	LIANCE	PAC					
Α.	Full Name of Individual (Last, First, Middle InitiaLYNCH, LOUISE, , ,	Date of Receipt						
	Mailing Address 2529 ZINFANDEL DR	03 27 2022						
	City	State	Zip Code	Transaction ID: SA11AI-27110460				
	RANCHO CORDOVA	CA	95670	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		105.00				
	Name of Employer (for Individual) Retired	Occu Retii	upation (for Individual) red	Memo Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 215.00					
В.	Full Name of Individual (Last, First, Middle Initial MCMILLAN, LORE, , ,	Date of Receipt						
	Mailing Address 615 W LEADORA AVE	1-	I	02 18 2022				
	City	State	Zip Code	Transaction ID : SA11AI-27120442				
	GLENDORA	CA	91741	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		50.00				
	Name of Employer (for Individual) Retired	Occi Reti	upation (for Individual) red	Memo Item				
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General Other (specify) ▼		205.00					
С .	Full Name of Individual (Last, First, Middle Initial MCMILLAN, LORE, , ,	Date of Receipt						
	Mailing Address 615 W LEADORA AVE	03						
	City GLENDORA	State CA	Zip Code 91741	Transaction ID : SA11AI-27106336 Amount of Each Receipt this Period				
	FEC ID number of contributing							
	federal political committee.	C		60.00				
	Name of Employer (for Individual) Retired	Occu Retir	Memo Item					
	Receipt For:			-				
	Primary General	Aggregate	Year-to-Date ▼					
	Other (specify)		205.00					
S	SUBTOTAL of Receipts This Page (optional)		>	215.00				
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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE F	PAC	
Full Name of Individual (Last, First, Middle II MCMILLAN, LORE, , , Mailing Address 615 W LEADORA AVE	nitial) or Full Orga	nization Name	Date of Receipt
		T= :	03 08 2022
City GLENDORA	State CA	Zip Code 91741	Transaction ID : SA11AI-27111284
FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period 40.00	
Name of Employer (for Individual) Retired Receipt For:	Memo Item		
Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 205.00	
Full Name of Individual (Last, First, Middle In MCMILLAN, LORE, , , Mailing Address 615 W LEADORA AVE	nitial) or Full Orga	inization Name	Date of Receipt
City	State	Zip Code	03 10 2022
GLENDORA	CA	91741	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		55.00
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 205.00	
Full Name of Individual (Last, First, Middle In PASSERMAN, CHARLES, , ,	nitial) or Full Orga	nization Name	Date of Receipt
Mailing Address 30 WAKELY CT	lo:		03
City PORTLAND	State ME	Zip Code 04103	Transaction ID : SA11AI-27111162 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		150.00
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Ye	ar-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		•	245.00
TOTAL This Period (last page this line number	r only)		

FOR LINE NUMBER:						PAGE	3	38	OF	144
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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	ALLIANCE P	AC	
Full Name of Individual (Last, First, Middle Ir PASSERMAN, CHARLES, , , Mailing Address 30 WAKELY CT	nitial) or Full Orga	nization Name	Date of Receipt
Mailing Address 50 WARLET CT			03 10 2022
City	State	Zip Code	Transaction ID : SA11AI-27114778
PORTLAND	ME	04103	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	100.00		
Name of Employer (for Individual) Retired	Occupati Retired	tion (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 250.00	
Full Name of Individual (Last, First, Middle In PEERS, MICHAEL, , , Mailing Address 1749 SIMPSONVILLE LN	nitial) or Full Orga	nization Name	Date of Receipt
City	State	Zip Code	02 28 2022
THE VILLAGES	FL	32162	Transaction ID : SA11AI-27119794 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		60.00
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 220.00	
Full Name of Individual (Last, First, Middle Ir	nitial) or Full Orga	nization Name	Date of Receipt
Mailing Address 1749 SIMPSONVILLE LN			03 21 2022
City THE VILLAGES	State FL	Zip Code 32162	Transaction ID : SA11AI-27114578 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		160.00
Name of Employer (for Individual) Retired	Occupati Retired	tion (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 220.00	
SUBTOTAL of Receipts This Page (optional)			320.00
TOTAL This Period (last page this line number	only)		

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Any information copied from such Reports and or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE P	AC	
Full Name of Individual (Last, First, Middle II	nitial) or Full Orga	nization Name	Date of Receipt
Mailing Address 9 CHESTER ST			01 11 2022
City	State	Zip Code	Transaction ID : SA11AI-27121878
WORCESTER	MA	01605	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 ▼ 210.00	
Full Name of Individual (Last, First, Middle II RICE, CAROL, , ,	l nitial) or Full Orgai	nization Name	Date of Receipt
Mailing Address 9 CHESTER ST	To. :		03 17 2022
City WORCESTER	State MA	Zip Code 01605	Transaction ID : SA11AI-27114636 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	01000	Amount of Each Receipt this Period
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 In RUST, JOSEPH, , ,	nitial) or Full Organ	nization Name	Date of Receipt
Mailing Address 1614 GOLF COURSE RD APT 245	le:		01 25 / Y Y Y Y Y
City GRAND RAPIDS	State MN	Zip Code 55744	Transaction ID : SA11AI-27113304 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.00
Name of Employer (for Individual) Retired	Occupat Retired	tion (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 365.00	
SUBTOTAL of Receipts This Page (optional)		>	260.00
TOTAL This Period (last page this line numbe	r only)		

F	PAGE	 10	OF	•	144				
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	Statements may not be sold or used by any perse name and address of any political committee t	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle In RUST, JOSEPH, , , Mailing Address 1614 GOLF COURSE RD APT 245 City GRAND RAPIDS	State Zip Code MN 55744	Date of Receipt O1 27 2022 Transaction ID : SA11AI-27121656 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: □ Primary □ General □ Other (specify) ▼	Memo Item	
Full Name of Individual (Last, First, Middle In RUST, JOSEPH, , ,) Mailing Address 1614 GOLF COURSE RD APT 245 City GRAND RAPIDS FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	State Zip Code MN 55744 C Occupation (for Individual) Retired Aggregate Year-to-Date 365.00	Date of Receipt M
Full Name of Individual (Last, First, Middle In RUST, JOSEPH, , , Mailing Address 1614 GOLF COURSE RD APT 245 City GRAND RAPIDS FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	State Zip Code 55744 C Occupation (for Individual) Retired Aggregate Year-to-Date 365.00	Date of Receipt 03 09 2022 Transaction ID: SA11AI-27114870 Amount of Each Receipt this Period 60.00 Memo Item
SUBTOTAL of Receipts This Page (optional)	<u> </u>	230.00
TOTAL This Period (last page this line number	only)	

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	ALLIANCE I	PAC			
Full Name of Individual (Last, First, Middle In RUST, JOSEPH, , , Mailing Address 1614 GOLF COURSE RD	nitial) or Full Org	anization Name	Date of Receipt		
APT 245			03 14 2022		
City	State	Zip Code	Transaction ID : SA11AI-27114304		
GRAND RAPIDS	MN	55744	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.		20.00			
Name of Employer (for Individual) Retired	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 365.00			
Full Name of Individual (Last, First, Middle In RUST, JOSEPH, , , Mailing Address 1614 GOLF COURSE RD	nitial) or Full Org	anization Name	Date of Receipt		
APT 245			03 31 2022		
City GRAND RAPIDS	State MN	Zip Code 55744	Transaction ID : SA11AI-27113784 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	EC ID number of contributing				
Name of Employer (for Individual) Retired	Occup Retire	pation (for Individual) ad	Memo Item		
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 365.00			
Full Name of Individual (Last, First, Middle In SARGEANT, JANET, , ,	nitial) or Full Org	anization Name	Date of Receipt		
Mailing Address 6027 89TH ST E	-		02 21 2022		
City PUYALLUP	State WA	Zip Code 98371	Transaction ID : SA11AI-27120324 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		50.00		
Name of Employer (for Individual) Retired	Occup Retired	ation (for Individual)	Memo Item		
Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 250.00			
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 SARGEANT, JANET, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 6027 89TH ST E		03 24 2022
City	State Zip Code	Transaction ID : SA11AI-27110564
PUYALLUP	WA 98371	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	200.00	
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name of Individual (Last, First, Middle SAWYER, THOMAS, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 8545 OAK RD		01 02 7 2022
City	State Zip Code	Transaction ID : SA11Al-27113752
PARKVILLE	MD 21234	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer (for Individual) Best Efforts	Occupation (for Individual) Best Efforts	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	400.00	
Full Name of Individual (Last, First, Middle SAWYER, THOMAS, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 8545 OAK RD		01 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City PARKVILLE	State Zip Code MD 21234	Transaction ID : SA11AI-27113778 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	200.00
Name of Employer (for Individual) Best Efforts	Occupation (for Individual) Best Efforts	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General Other (specify)	400.00	
SUBTOTAL of Receipts This Page (optional).	· · · · · · · · · · · · · · · · · · ·	600.00
TOTAL This Period (last page this line numb	er only)	

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle In SMITHSON, SP, , , Mailing Address 1683 EDGEWATER LN City CAMARILLO FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	State Zip Code CA 93010 C Occupation (for Individual) Retired Aggregate Year-to-Date ▼	Date of Receipt 01 09 2022 Transaction ID: SA11AI-27113562 Amount of Each Receipt this Period 70.00 Memo Item
Full Name of Individual (Last, First, Middle In SMITHSON, SP, , , Mailing Address 1683 EDGEWATER LN City CAMARILLO FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	State Zip Code CA 93010 C Occupation (for Individual) Retired Aggregate Year-to-Date ▼ 290,00	Date of Receipt 02 09 2022 Transaction ID: SA11AI-27115792 Amount of Each Receipt this Period 70.00 Memo Item
Full Name of Individual (Last, First, Middle In SMITHSON, SP, , , Mailing Address 1683 EDGEWATER LN City CAMARILLO FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	State Zip Code CA 93010 C Occupation (for Individual) Retired Aggregate Year-to-Date 290.00	Date of Receipt 03
SUBTOTAL of Receipts This Page (optional)	<u>\</u>	290.00
TOTAL This Period (last page this line number	r only)	

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle In SOSA, ANITA, , , Mailing Address 2510 DARWIN DR City SAN ANTONIO FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	State Zip Code TX 78228 C Occupation (for Individual) Retired Aggregate Year-to-Date ▼	Date of Receipt O1
Full Name of Individual (Last, First, Middle In SOSA, ANITA, , , Mailing Address 2510 DARWIN DR City SAN ANTONIO FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify) Eull Name of Individual (Last, First, Middle In Individual)	State Zip Code TX 78228 C Occupation (for Individual) Retired Aggregate Year-to-Date ▼	Date of Receipt O1 11 2022 Transaction ID: SA11Al-27117646 Amount of Each Receipt this Period 70.00 Memo Item
Full Name of Individual (Last, First, Middle In SOSA, ANITA, , , Mailing Address 2510 DARWIN DR City SAN ANTONIO FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	State Zip Code TX 78228 C Occupation (for Individual) Retired Aggregate Year-to-Date 250.00	Date of Receipt 02
SUBTOTAL of Receipts This Page (optional)	<u> </u>	155.00
TOTAL This Period (last page this line numbe	r only)	

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

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

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144

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name STRATSORD, JACK, , , Date of Receipt Mailing Address 11209 GRAY FOX PT UNIT 1 2022 City State Zip Code Transaction ID: SA11AI-27110264 VA **SPOTSYLVANIA** 22551 Amount of Each Receipt this Period FEC ID number of contributing C 300.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) Virginia Military Institute Student Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. TREIBACK, ALEXI, , , Date of Receipt Mailing Address 14005 PALAWAN WAY 14 2022 **APT 214** City State Zip Code Transaction ID: SA11AI-27120832 MARINA DEL REY CA 90292 Amount of Each Receipt this Period FEC ID number of contributing 35.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 240.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. TREIBACK, ALEXI, , , Date of Receipt Mailing Address 14005 PALAWAN WAY 15 2022 **APT 214** City State Zip Code Transaction ID: SA11AI-27112450 CA MARINA DEL REY 90292 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) 385.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE P	PAC	
Full Name of Individual (Last, First, Middle In TREIBACK, ALEXI, , , Mailing Address 14005 PALAWAN WAY	nitial) or Full Orga	nization Name	Date of Receipt
APT 214			03 03 2022
City	State	Zip Code	Transaction ID : SA11AI-27106234
MARINA DEL REY	CA	90292	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		75.00
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 240.00	
Full Name of Individual (Last, First, Middle II TREIBACK, ALEXI, , ,	nitial) or Full Orga	nization Name	Date of Receipt
Mailing Address 14005 PALAWAN WAY APT 214 City	State	Zip Code	03 30 2022
MARINA DEL REY	CA	90292	Transaction ID : SA11AI-27114386 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		80.00
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual) I	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 240.00	
Full Name of Individual (Last, First, Middle In WARREN, GLEN, , ,	nitial) or Full Orga	nization Name	Date of Receipt
Mailing Address 730 E 43RD ST			02 10 2022
City BALTIMORE	State MD	Zip Code 21212	Transaction ID : SA11AI-27106972 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		65.00
Name of Employer (for Individual) Retired	Occupa Retired	ition (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 335.00	
SUBTOTAL of Receipts This Page (optional)		>	220.00
TOTAL This Period (last page this line numbe	r only)		

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	g the name and address of any political committee	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTI	H ALLIANCE PAC	
Full Name of Individual (Last, First, Middle WARREN, GLEN, , ,	le Initial) or Full Organization Name	Date of Receipt
Mailing Address 730 E 43RD ST		02 16 2022
City BALTIMORE	State Zip Code MD 21212	Transaction ID : SA11AI-27112328 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 ▼ 335.00	
Full Name of Individual (Last, First, Middle 1988). WARREN, GLEN, , ,	le Initial) or Full Organization Name	Date of Receipt
Mailing Address 730 E 43RD ST City BALTIMORE	State Zip Code MD 21212	02 21 2022 Transaction ID : SA11Al-27106600
FEC ID number of contributing federal political committee.	C 21212	Amount of Each Receipt this Period
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 335.00	
Full Name of Individual (Last, First, Middle). WARREN, GLEN, , ,	le Initial) or Full Organization Name	Date of Receipt
Mailing Address 730 E 43RD ST		02 21 2022
City BALTIMORE	State Zip Code MD 21212	Transaction ID : SA11AI-27120290 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 ▼ 335.00	
SUBTOTAL of Receipts This Page (optional	al)	215.00
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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	ALLIANCE PA	AC	
Full Name of Individual (Last, First, Middle Ir WARREN, GLEN, , , Mailing Address 730 E 43RD ST	nitial) or Full Organ	ization Name	Date of Receipt
			02 23 2022
City BALTIMORE	State MD	Zip Code 21212	Transaction ID : SA11AI-27115358
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 55.00
Name of Employer (for Individual) Retired Receipt For:	Retired	on (for Individual)	Memo Item
Primary General Other (specify) ▼	Aggregate Year	-to-Date ▼ 335.00	
Full Name of Individual (Last, First, Middle Ir WIENER, SUSAN, , , Mailing Address 2939 VAN NESS ST NW	nitial) or Full Organ	ization Name	Date of Receipt
APT 1047			03 02 2022
City WASHINGTON	State DC	Zip Code 20008	Transaction ID : SA11AI-27106270
FEC ID number of contributing federal political committee.	C	20000	Amount of Each Receipt this Period 500.00
Name of Employer (for Individual) Retired	Occupati Retired	ion (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year	r-to-Date ▼ 500.00	
Full Name of Individual (Last, First, Middle Ir WOOD, GORDON, , ,	nitial) or Full Organ	ization Name	Date of Receipt
Mailing Address 1919 S FABRIQUE DR			01 31 2022
City WICHITA	State KS	Zip Code 67218	Transaction ID : SA11AI-27107568 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		110.00
Name of Employer (for Individual) Retired	Occupation Retired	on (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year	r-to-Date ▼ 210.00	
SUBTOTAL of Receipts This Page (optional)			665.00
TOTAL This Period (last page this line number	r only)		

F	OR	LINE	NU	MBER	:	PAGE	 51	OF	•	144
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Any information copied from such Reports and or for commercial purposes, other than using	d Statements may not be sold or used by any per the name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle WOOD, GORDON, , , Mailing Address 1919 S FABRIQUE DR	Initial) or Full Organization Name	Date of Receipt
City	State Zip Code	03 03 2022 Transaction ID : SA11AI-27085376
WICHITA FEC ID number of contributing	KS 67218	Amount of Each Receipt this Period
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 ▼ 210.00	
Full Name of Individual (Last, First, Middle B. ZAK, HENRY, , , Mailing Address 8204 E BOULEVARD DR	Initial) or Full Organization Name	Date of Receipt 01 05 2022
City	State Zip Code VA 22308	Transaction ID : SA11AI-27118092
ALEXANDRIA FEC ID number of contributing federal political committee.	C 22308	Amount of Each Receipt this Period 200.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 295.00	
Full Name of Individual (Last, First, Middle C. ZAK, HENRY, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 8204 E BOULEVARD DR		01 07 2022
City ALEXANDRIA	State Zip Code VA 22308	Transaction ID : SA11AI-27109516 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	45.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 295.00	
SUBTOTAL of Receipts This Page (optional)		345.00
TOTAL This Period (last page this line numb	er only)	

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	nd Statements may not be sold or used by any per the name and address of any political committee to	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	HALLIANCE PAC	
Full Name of Individual (Last, First, Middle ZAK, HENRY, , , Mailing Address 8204 E BOULEVARD DR		Date of Receipt
Maining Address 6204 E BOOLE VAILD BIX		03 18 2022
City	State Zip Code	Transaction ID : SA11AI-27114154
ALEXANDRIA	VA 22308	_ Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Retired	Retired	_
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	295.00	
Other (specify) ▼	293.00	
Full Name of Individual (Last, First, Middle B.	e Initial) or Full Organization Name	Date of Descipt
Mailing Address		Date of Receipt
City	State Zip Code	
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Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
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SUBTOTAL of Receipts This Page (optiona	l)	50.00
	ber only)	11693.00

SCHEDULE B (FEC Form 3X)			FOR LII	NE NUMBEI	NUMBER: PAGE 53 OF 144					
ITEMIZED DISBURSEMENTS		parate schedule(s) n category of the	I `	only one)						
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A. ABC Company				Date	of Disbur	sement				
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Huntington	NY	11743			identificat	ion Numbe				
Purpose of Disbursement Fundraising and Media Consulting			004							
Candidate Name				_		n ID : SB2				
			Category/ Type	Amou	int of Eac	n Disburse	ment this Period			
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Senate President	Other (sp	General								
State: District:	_ Other (sp	ecity) \blacktriangledown		N	lemo Iten	า				
Full Name (Last, First, Middle Initial)										
B. Blank Rome LLP				Date	of Disbur	sement				
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Mailing Address 1825 Eye Street NW						20	2022			
City	State	Zip Code		FEC	Identificat	ion Numbe	r			
Washington Purpose of Disbursement	DC	20006								
Legal Fees				1D 74405						
Candidate Name			Transaction ID : SB21B-71165 Amount of Each Disbursement this Peri							
Office Sought: House Disburs	amont Fari		3248.00							
Senate Disbuis	Primary	ment For: Primary General			3248.00					
President	Other (sp	ecify)	Memo Item							
State: District:			Memo item							
Full Name (Last, First, Middle Initial) C. Blank Rome LLP				Date	of Disbur	sement				
o. Blank Konie LLF				M			(
Mailing Address 1825 Eye Street NW				01		28	2022			
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	Candidate Name			Category/	Amount of Each Disbursement this Period						
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	City Washington	State DC	Zip Code 20006		FEC Identification Number						
	Purpose of Disbursement		20000		C						
	Legal Fees			001	Transaction ID : SB21B-71177						
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	Mailing Address 1825 Eye Street NW				03 16 2022						
	,	State	Zip Code		FEC Identification Number						
	Washington Purpose of Disbursement	DC	20006								
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	Candidate Name				Transaction ID : SB21B-71177						
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Office Sought: House Disburs	ement For:						1 95	44.00				
Senate	Primary	General										
State: District:	Other (sp	ecity) \blacktriangledown			Me	mo Item						
Full Name (Last, First, Middle Initial)												
B. COA Network Inc.					Date of	f Disburs	ement	Y				
Mailing Address 991 Route 22 West Suite 200					01		24	2022				
City	State NJ	Zip Code			FEC Id	entificatio	n Numbe	r				
Bridgewater Township Purpose of Disbursement	INJ	08807			С							
800 Telephone numbers		001				Transaction ID : SB21B-71165						
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Office Sought: House Disburs Senate	_	ement For:				138.70						
President	1	Other (specify) General				п						
State: District:		Carlor (openity)				Memo Item						
Full Name (Last, First, Middle Initial)												
C. COA Network Inc.					Date of	f Disburs						
Mailing Address 991 Route 22 West					02	/ D	23	2022				
Suite 200												
City Bridgewater Township	State NJ	Zip Code 08807			FEC Id	entificatio	n Numbe	r				
Purpose of Disbursement	140	08807			С							
800 Telephone numbers			001			neaction	ı ID : SB2	1R-71171				
Candidate Name			Categor	y/			_	ment this Period	t			
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President	Other (specify)				Me	mo Item						
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۲٦.	EagleBank								,			V	
	Mailing Address 7815 Woodmont ave				M	01		■ D 11	' Y		022	'	
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	Bethesda	MD	20814					1		-	-		
	Purpose of Disbursement Bank analysis fee			004									
	Candidate Name			001	J _		saction		-				
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	Office Sought: House Disburser	ment For:		туре	$+\Gamma$						538.84		
	Senate	Primary	General			_	7		7	-	1 - 40		
	President	Other (spec	cify) 🔻			Mom	o Itam						
_	State: District:			Memo Item									
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В.	EagleBank				Da	e of I	Disburs	eme	ent				
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	Mailing Address 7815 Woodmont ave					02		14	L	2	2022		
	City	State											
	Bethesda	State Zip Code MD 20814				FEC Identification Number							
	Purpose of Disbursement				C								
	Bank analysis fee				Transaction ID : SB21B-71169								
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		ment For:		616.51									
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	Senate	Primary	General						,				
	President	Other (specify) ▼				Mem	o Item						
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AC Zip Code 02210 General fy) Zip Code	001 Category/	Date of Disbursement Date of Disbursement FEC Identification Number C Transaction ID: SB21B-71163 Amount of Each Disbursement this Period 108.12 Memo Item Date of Disbursement Date of Disbursement M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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SCHEDULE B (FEC Form 3X)			NE NUMB	E NUMBER: PAGE 58 OF 144								
ITEMIZED DISBURSEMENTS		parate schedule(s) a category of the	I `	only one)								
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A. Grasshopper				M	М	oisburse	D /	/ I Y I Y I Y	1			
Mailing Address 320 Summer St					03 23 2022							
City Boston	State MA	Zip Code 02210		FEC	Iden	tificatior	Numbe	r				
Purpose of Disbursement	IVIZ	02210		C								
Telephone Service			001		Tues		ID - CDO	4D 74470				
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			Type		_			1 1	т.			
	ement For:					7		141.15				
Senate President	Primary	General										
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B. Intuit Inc.				Dat	of C	Disburse		/ • Y • Y • Y	_			
Mailing Address 2700 Coast Ave)1	0		2022				
City	State	Zip Code		FEC	den	tificatior	Numbe	r				
Mountain View Purpose of Disbursement	CA	94043										
Accounting Software			C									
Candidate Name	Category/ Type			Transaction ID : SB21B-71160 Amount of Each Disbursement this					riod			
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Senate	Primary General			7 7					_			
President State: District:	Other (spe	Other (specify)				Memo Item						
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Mountain View Purpose of Disbursement	CA	94043										
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SCHEDULE B (FEC Form 3X)			FOR	LINE NUMBER: PAGE 59 OF 1						
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		Summary Page	x	21b 28a	22 28b	23 28c	26	27 30b		
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A. Intuit Inc.					Date of	f Disburs				
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Mountain View Purpose of Disbursement	CA	94043								
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	ment For:							100.7	70	
Senate President	Primary	General								
State: District:	Other (spe	GIIY) \			Me	mo Item				
Full Name (Last, First, Middle Initial)										
B. LIVE TRANSFERS AND DONOR	CREAT	ION LLC			Date o	f Disburs	ement	Y . Y . Y	Y	
Mailing Address 1607 Ponce de Leon ave Suite GM8					01		05	2022		
City SAN JUAN	State PR	Zip Code 00909			FEC Id	entification	n Numbe	er		
Purpose of Disbursement		00909		_	С					
Telephone fundraising - Debt repayment Invoiced 2	2021-12-15		003			nsaction	ID · SB2	21B-71672		
Candidate Name			Catego					ement this	Period	
Office Sought: House Disburse	ment For:		Туре	9				17731.2	28	
Senate Disburse	Primary	General				-		17701.2		
President	Other (spe	ecify)			П	mo Item				
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C. LIVE TRANSFERS AND DONOR	CREAT	ION LLC				f Disburs				
Mailing Address 1607 Ponce de Leon ave					01		05	2022	Y	
Suite GM8 City	State	Zip Code								
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Purpose of Disbursement Telephone fundraising			003		C	neactio	ı ID · SR	21B-7116(
Candidate Name			Catego					ement this	Period	
Office Sought: House Disburse	ment For:							6965.	52	
Senate	Primary	General				,				
State: President	Other (spe	ecify) 🔻			X Me	mo Item				
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SCHEDULE B (FEC Form 3X)	Hen cons	rate schedule(s)	1	OR LINE NUMBER: PAGE 60 OF 1						
ITEMIZED DISBURSEMENTS	for each o	ategory of the	(check only	one)	23 26 27					
	Detailed S	Summary Page	28a	28b	28c 29 30b					
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UNITED WOMEN'S HEALTH ALLIA	ANCE P	AC								
Full Name (Last, First, Middle Initial) A. LIVE TRANSFERS AND DONOR C	CREATIO	ON LLC		Date of Dis	sbursement					
Mailing Address 1607 Ponce de Leon ave Suite GM8				01 06 2022						
,	itate PR	Zip Code 00909		FEC Identification Number						
Telephone fundraising			003	C	action ID : SB21B-71161					
Candidate Name			Category/ Type	Amount of	Each Disbursement this Period 10000.00					
Senate	e Sought: House Disbursement For: Senate Primary General									
State: District:				Memo	item					
B. LIVE TRANSFERS AND DONOR C	CREATION	ON LLC		Date of Dis	D = D / Y = Y = Y					
Mailing Address 1607 Ponce de Leon ave Suite GM8		T 0 1		01	13 2022					
,	tate PR	Zip Code 00909		FEC Identif	ication Number					
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Candidate Name			Category/ Type		Each Disbursement this Period					
President	nent For: Primary Other (speci	General ify)		✗ Memo	7551.12					
Full Name (Last, First, Middle Initial)		201112		Date of Dis	phyroamont					
C. LIVE TRANSFERS AND DONOR C	REATION	JN LLC		M = M /	D D / Y Y Y Y Y					
Mailing Address 1607 Ponce de Leon ave Suite GM8	state	Zip Code		01	13 2022					
,	PR	00909			ication Number					
Telephone fundraising Candidate Name			003 Category/ Type		action ID : SB21B-7116; Each Disbursement this Period					
Office Sought: House Disbursem Senate I	nent For: Primary	General	71:		3126.44					
State: President O	Other (speci	ify) ▼		Memo	Item					
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or for commercial purposes, other than using the na												
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A. LIVE TRANSFERS AND DONOR	CREATI	ON LLC										
Mailing Address 1607 Ponce de Leon ave					01 13 2022							
Suite GM8					01 13 2022							
City	State	Zip Code			FEC Id	entif	ication	Numb	er			
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Telephone fundraising			003	3	C	nec	ction	D : SE	21 P. 7	71162		
Candidate Name			Catego							t this Pe	eriod	
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City San Franciso Purpose of Disbursement	State CA	Zip Code 94103		FEC Identification Number				
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	isbursement For:		Category/ Type	Amount of Each Disbursement this Period 1738.10				
Senate President State: District:	Primary Other (specif	General y) ▼		Memo Item				
Full Name (Last, First, Middle Initial) B. RallyPay				Date of Disbursement				
Mailing Address 995 Market Street Floor 2				01 31 2022				
City San Franciso Purpose of Disbursement	State CA	Zip Code 94103		FEC Identification Number				
Combined off the top CC Transaction fees Candidate Name	Jan	[003 Category/ Type	Transaction ID : SB21B-71761 Amount of Each Disbursement this Period				
Office Sought: House E	Primary Other (specif	General y)		288.36 Memo Item				
Full Name (Last, First, Middle Initial) - RallyPay				Date of Disbursement				
Mailing Address 995 Market Street Floor 2				01 31 2022				
City San Franciso Purpose of Disbursement	State CA	Zip Code 94103		FEC Identification Number				
Combined off the top CC Transaction fees Candidate Name	Jan	[003 Category/ Type	Transaction ID : SB21B-71761 Amount of Each Disbursement this Period				
Office Sought: House Senate President	Primary Other (specif	General vy) ▼	71-	1488.76 Memo Item				
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SCHEDULE B (FEC Form 3X)			FOR LII	FOR LINE NUMBER: PAGE 74 C							
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A. RallyPay				Date	of Disburs		YYY				
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Senate Sought.	Primary	General		121.25							
President	Other (sp				Memo Item						
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SCHEDULE B (FEC Form 3X)			FOR LII	FOR LINE NUMBER: PAGE 77 (
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C. RallyPay				Date	of Disburs				
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SCHEDULE B (FEC Form 3X)			PAGE 78 OF 144						
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A. RallyPay				Date of D	isbursement				
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Combined 'off the top' CC Transaction fees Mar Candidate Name			003		action ID : SB21B-71764				
Candidate Name			Category/ Type	Amount of	Each Disbursement this Period				
Office Sought: House Disburs	ement For:		1,700		443.20				
Senate	Primary	General			, ,				
President State: District:	Other (spe	ecify) 🔻		Memo	Item				
Full Name (Last, First, Middle Initial)									
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Mailing Address 995 Market Street Floor 2				03	31 2022				
City San Franciso	State CA	Zip Code 94103		FEC Ident	ification Number				
Purpose of Disbursement	0/1	34103		C					
Combined 'off the top' Credit Card Chargebacks		003			action ID : SB21B-71764				
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SCHEDULE B (FEC Form 3X)			FOR LIN	R LINE NUMBER: PAGE 79 (
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Full Name (Last, First, Middle Initial)									
A. VolPster Communications				Date of	Disburse	ment			
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Mailing Address 11400 Decimal Dr #1003				01 05 2022					
City	State	Zip Code		FEC. Id.	entification	Number			
Louisville	KY	40299			Sittilloation	Transcr	-		
Purpose of Disbursement Carrier Minutes			003	C					
Candidate Name				-		ID : SB21B-711			
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Office Sought: House Disburs	ement For:		71	 [30′	15.72		
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Louisville Purpose of Disbursement	KY	40299		C			7		
Carrier Minutes			003	Transaction ID : SB21B-71174					
Candidate Name			Category/			Disbursement th	= =:		
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Louisville Purpose of Disbursement	KI	40299		С			٦		
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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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144

80 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: SD10-785372 Outstanding Balance Beginning This Period 2920.07 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 2920.07 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Telephone fundraising LIVE TRANSFERS AND DONOR CREATION LLC Mailing Address 1607 Ponce de Leon ave Suite GM8 City State Zip Code SAN JUAN 00909 Outstanding Balance Beginning This Period Transaction ID: SD-S861420 32894.96 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 32894.96 7262.44 7262.44 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address City State Zip Code Outstanding Balance Beginning This Period Payment This Period Amount Incurred This Period Outstanding Balance at Close of This Period 10182.51 1) SUBTOTALS This Period This Page (optional)..... 10182.51 2) TOTALS This Period (last page this line number only)..... 0.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 10182.51 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

SCHEDULE E (FEC Form 3X)	_			
TEMIZED INDEPENDENT EXPENDITURES	>			PAGE 81 OF 144
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
UNITED WOMEN'S HEALTH ALLIAN	VICE PAC			FEC IDENTIFICATION NUMBER ▼
ONTED WOMENS HEALTH ALLIA	NOL I AC			C C00755694
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed	on M M / D D / Y Y Y Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	ATION LLC	✗ Memo	Item	Date of Public Distribution/Dissemination
Invoice paid after close of books Mailing Address ACOZ Pance de Lean Rue				03 30 2022
1607 Ponce de Leon ave				Amount
Suite GM8 City	State	Zip Code		907.81
		00909		Transaction ID : SE-S840030
SAN JUAN	PR	00909		Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		M M / D D / Y Y Y Y
Name of Federal Candidate:		✗ Support	Office	e Sought: House District: 00
CORNYN, JOHN, , Sen,		Oppose		President Senate State: TX
Calendar Year-To-Date Per Election for Office Sought	7 1 7	11888.36	Disbu 2026	ursement For: ✓ Primary General Other (specify)
Full Name of Payee LIVE TRANSFERS AND DONOR CF Invoice paid after close of books Mailing Address 1607 Ponce de Leon ave Suite GM8	REATION LL	.C Memo	Item	Date of Public Distribution/Dissemination M 03 / 030 / 2022 Amount
City	State	Zip Code		907.81
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Purpose of Expenditure Telephone Fundraising		Category/ Type 004		M M / D D / Y Y Y Y
Name of Federal Candidate:		✗ Support	Office	e Sought: House District: 00
TILLIS, THOM, R., Sen,		Oppose		President State: NC
Calendar Year-To-Date Per Election for Office Sought	7	11888.33	Disbu 2026	orsement For: Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				0.00
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	date or authorized	•		· · · · · · · · · · · · · · · · · · ·
MASTROIANNI, STEPHANIE, , ,	[Electronically Fil	led] Date	e 0:	30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Date

NAME OF COMMITTEE (In Full)

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

	PAGE 82	
	FOR LINE 2	24 OF FORM 3X
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UNITED WOMEN'S HEALTH ALLIANCE PAC Check if 24-hour report 48-hour report New report Amends report filed on Date Full Name of Payee ✗ Memo Item LIVE TRANSFERS AND DONOR CREATION LLC Invoice paid after close of books Mailing Address 1607 Ponce de Leon ave Am Suite GM8 City State Zip Code PR 00909 Tra SAN JUAN Dat Purpose of Expenditure Category/ Telephone Fundraising 004 Type Name of Federal Candidate: **X** Support Office Sou LAWRENCE, BRENDA, LULENAR, , Oppose Pres Disbursem Calendar Year-To-Date 11888.33 2022 Per Election for Office Sought Full Name of Payee Date ✗ Memo Item LIVE TRANSFERS AND DONOR CREATION LLC Invoice paid after close of books Mailing Address 1607 Ponce de Leon ave Amo Suite GM8 City State Zip Code SAN JUAN Tra PR 00909 Date Purpose of Expenditure Category/ Telephone Fundraising 004 Type Name of Federal Candidate: x Support Office Sou LESKO, DEBBIE, , , Oppose Pres Disbursem Calendar Year-To-Date 11888.32 2022 Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures..... (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if party committee) any political party committee or its agent. MASTROIANNI, STEPHANIE, , , [Electronically Filed] 03 30 2022 Date Signature FEC Schedule E (Form 3X) Rev. 05/2016 NAME OF COMMITTEE (In Full)

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

UNITED WOMEN'S HEALTH ALLIANCE PAC

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		PAGE 83 OF 144 FOR LINE 24 OF FORM 3X
		FEC IDENTIFICATION NUMBER ▼
		FEC IDENTIFICATION NUMBER V
		C C00755694
Amends repo	ort filed	on M M / D D / Y Y Y Y
X Memo	Item	Date of Public Distribution/Dissemination
		03 / 30 / 2022
		Amount
ip Code		907.80
00909		Transaction ID : SE-S840038
		Date of Disbursement or Obligation
ategory/ Type 004	1	M M / D D / Y Y Y Y
✗ Support	Office	e Sought: House District: 00
Oppose		President Senate State: NH
1888.34	Disbu 2026	ursement For: ✓ Primary General Other (specify) ►
X 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
		Amount
in Onda		007.00
		907.80
p Code 00909		
00909 ategory/		Transaction ID : SE-S840040
00909 ategory/ Type 004		Transaction ID : SE-S840040 Date of Disbursement or Obligation
00909 ategory/ Type 004		Transaction ID : SE-S840040 Date of Disbursement or Obligation M M M / D D / Y Y Y Y Y B Sought: House District: 00
00909 ategory/ Type 004	Office	Transaction ID : SE-S840040 Date of Disbursement or Obligation Be Sought: House District: 00 President Senate State: MO
00909 ategory/ Type 004 Support Oppose	Office	Transaction ID : SE-S840040 Date of Disbursement or Obligation Be Sought: House District: 00 President X Senate State: MO Ursement For: X Primary General
00909 ategory/ Type 004 Support Oppose	Office	Transaction ID: SE-S840040 Date of Disbursement or Obligation By Sought: House District: 00 President X Senate State: MO Ursement For: X Primary General
00909 ategory/ Type 004 X Support Oppose	Office	Transaction ID : SE-S840040 Date of Disbursement or Obligation Be Sought: House District: 00 President X Senate State: MO Ursement For: X Primary General
00909 ategory/ Type 004 X Support Oppose	Office	Transaction ID: SE-S840040 Date of Disbursement or Obligation Be Sought: House District: 00 President X Senate State: MO Ursement For: X Primary General
00909 ategory/ Type 004 X Support Oppose	Office	Transaction ID: SE-S840040 Date of Disbursement or Obligation M M / D D / Y Y Y Y e Sought: House District: 00 President X Senate State: MO ursement For: X Primary General Other (specify)
00909 ategory/ Type 004 Support Oppose	Office	Transaction ID: SE-S840040 Date of Disbursement or Obligation M M / D D / Y Y Y Y President
ategory/ Type 004	Office	Transaction ID: SE-S840040 Date of Disbursement or Obligation M M / D D / Y Y Y Y e Sought: House District: 00 President X Senate State: MO ursement For: X Primary General Other (specify)

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

Signature

SCHEDULE E (FEC Form 3X) FEMIZED INDEPENDENT EXPENDITURES								
TEMIZED INDEPENDENT EXPENDITURES				PAGE 84 OF 144 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	oort Amends repo	ort filed or	N M M / D D / Y Y Y Y				
Full Name of Payee LIVE TRANSFERS AND DONOR CREA Invoice paid after close of books	Item [Date of Public Distribution/Dissemination						
Mailing Address 1607 Ponce de Leon ave		03 30 2022						
Suite GM8			P	Amount				
City	State	Zip Code		907.80				
SAN JUAN	PR	00909		Fransaction ID : SE-S840042 Date of Disbursement or Obligation				
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	4	M = M / D = D / Y = Y = Y				
Name of Federal Candidate:		✗ Support	Office S	Sought: House District: 00				
MURRAY, PATTY, , ,		Oppose	P	resident Senate State: WA				
Calendar Year-To-Date Per Election for Office Sought	7 7	11888.36	Disburs 2022	ement For: Primary General Other (specify) ▶				
Full Name of Payee LIVE TRANSFERS AND DONOR CR Invoice paid after close of books	REATION LL	_C Memo	Item [Date of Public Distribution/Dissemination				
Mailing Address 1607 Ponce de Leon ave			,	Amount				
Suite GM8				Amount				
City	State	Zip Code		907.80				
SAN JUAN	PR	00909	I .	Transaction ID : SE-S840044 Date of Disbursement or Obligation				
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		M M / D D / Y Y Y Y				
Name of Federal Candidate:		x Support	Office S	Sought: House District:00				
VAN HOLLEN, CHRIS, , ,		Oppose	P	resident Senate State: MD				
Calendar Year-To-Date Per Election for Office Sought	7 7	11888.36	Disburs 2022	ement For: x Primary General Other (specify) ▶				
(a) SUBTOTAL of Itemized Independent Expenditures				0.00				
(b) SUBTOTAL of Unitemized Independent Expenditure	res		•					
(c) TOTAL Independent Expenditures			• •					
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized							

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Date

TEMIZED INDEPENDENT EXPENDITURES				PAGE 8	5 OF 144
NAME OF COMMITTEE (In Full)					24 OF FORM 3X
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIAN	CE DAC			FEC IDENTIFICAT	ION NUMBER ▼
ONTED WOMENSTIEALTH ALLIAN	OLIAC			C C0075569	4
Check if 24-hour report 48-hour report	New repo	ort Amends repo	t filed on	M / D D /	YYYY
Full Name of Payee LIVE TRANSFERS AND DONOR CREA Invoice paid after close of books	TION LLC	☐ Memo	M	f Public Distribution	n/Dissemination
Mailing Address 1607 Ponce de Leon ave				12 20	2021
Suite GM8			Amoun	t	
City	State	Zip Code			945.57
SAN JUAN	PR	00909		action ID : SE-S63° f Disbursement or	
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	М	01 / D D D D D D D D D D D D D D D D D D	2022
Name of Federal Candidate:		X Support	Office Sought	:: House	District:00
TILLIS, THOM, R., Sen,		Oppose	Preside		State: NC
			Disbursement		
Calendar Year-To-Date Per Election for Office Sought		11888.33	2026	her (specify) >	y General
Full Name of Payee LIVE TRANSFERS AND DONOR CR Invoice paid after close of books	EATION LL	C Memo	M	f Public Distribution	n/Dissemination
Mailing Address 1607 Ponce de Leon ave			Amoun	t	
Suite GM8 City	State	Zip Code			945.57
SAN JUAN	PR	00909	Transa	action ID : SE-S63 f Disbursement or	1969
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	М	01 05	2022
Name of Federal Candidate:		✗ Support	Office Sought	: X House	District:14
LAWRENCE, BRENDA, LULENAR, ,		Oppose	Preside		State: MI
Calendar Year-To-Date Per Election for Office Sought	<u>, , , , , , , , , , , , , , , , , , , </u>	11888.33	Disbursement 2022 Ot	For: x Priman	ry General
(a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditure (c) TOTAL Independent Expenditures	es		...		1891.14
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	committee or agent of	f either, or (if t	he reporting entity	is not a political
l·	ьки опишну I'll	Date	12	22 20	21

TEMIZED INDEPENDENT EXPENDITORES				PAGE 86 OF 144 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 / D D / Y Y Y Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA Invoice paid after close of books	TION LLC	☐ Memo	M	f Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave			Amoun	
Suite GM8 City	State	Zip Code		945.57
SAN JUAN	PR	00909		action ID : SE-S631971 f Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		01 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		X Support	Office Sought	: X House District: 08
LESKO, DEBBIE, , ,		Oppose	Preside	Δ7
Calendar Year-To-Date Per Election for Office Sought	7 1 7	11888.32	Disbursement 2022 Ot	For: x Primary General her (specify) ▶
Full Name of Payee		☐ Memo	Item Date of	f Public Distribution/Dissemination
LIVE TRANSFERS AND DONOR CR Invoice paid after close of books	EATION LL	C		12 29 / 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			Amoun	t
City	State	Zip Code		945.57
SAN JUAN	PR	00909		action ID : SE-S631973 f Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	М	01 05 / Y Y Y Y Y
Name of Federal Candidate:		x Support	Office Sought	: House District:00
SHAHEEN, JEANNE, , ,		Oppose	Preside	nt Senate State: NH
Calendar Year-To-Date Per Election for Office Sought	, , ,	11888.34	Disbursement 2026 Ot	For: x Primary General her (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			•	1891.14
(b) SUBTOTAL of Unitemized Independent Expenditur	200		. —	
(b) 30B101AL of Officernized independent Experiation	es		L	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized	•		•
MASTROIANNI, STEPHANIE, , ,	Electronically File	ed]	M = M /	22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		Date	12	22 2021

MASTROIANNI, STEPHANIE, , ,

Signature

[Electronically Filed]

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDIT

HEDULE E (FEC Form 3X) MIZED INDEPENDENT EXPENDITURES					PAGE 87	7 OF 144
ME OF COMMITTEE (I. F. II)				1	FOR LINE	24 OF FORM 3X
ME OF COMMITTEE (In Full) NITED WOMEN'S HEALTH ALLIAN	ICE DAC			FEC	IDENTIFICAT	ION NUMBER ▼
NITED WOWEN'S HEALTH ALLIAN	ICE PAC			С	C00755694	4
eck if 24-hour report 48-hour report	New rep	port Amends repo	rt filed on	M = M	/ D D /	Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA Invoice paid after close of books	TION LLC	☐ Memo	Item D	ate of Pub	olic Distribution	n/Dissemination 2021
Mailing Address 1607 Ponce de Leon ave				12	20	2021
Suite GM8			A	mount		
City	State	Zip Code	— I			945.57
SAN JUAN	PR	00909		ransactio	n ID : SE-S631	
Purpose of Expenditure			D	ate of Disl	oursement or	Obligation
Telephone Fundraising		Category/ Type 004		01	05	2022
Name of Federal Candidate:		X Support	Office S	ought:	House	District:00
BLUNT, ROY, , ,		Oppose	Pr	esident	x Senate	State: MO
Calendar Year-To-Date Per Election for Office Sought	7 1 7	11888.37		ment For:	✓ Primar	ry General
Full Name of Payee LIVE TRANSFERS AND DONOR CR Invoice paid after close of books	REATION L	LC Memo	Item D	ate of Pub	olic Distribution	n/Dissemination
Mailing Address 1607 Ponce de Leon ave			A	mount		
Suite GM8						1 1 1 1 1 1
City	State	Zip Code			1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	945.57
SAN JUAN	PR	00909			n ID: SE-S63 oursement or	
Purpose of Expenditure Telephone Fundraising		Category/ Type 004			/ 05	
Name of Federal Candidate:		✗ Support	Office S	ought:	House	District:00
MURRAY, PATTY, , ,		Oppose		_		N/A
		Орроѕе		esident	✗ Senate	State.
Calendar Year-To-Date Per Election for Office Sought		11888.36	Disburse 2022	ment For:	✗ Primar	ry General
rei Liection for Office Sought	7			Other (specify) ▶	
a) SUBTOTAL of Itemized Independent Expenditures			>			1891.14
(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 authorize					

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Date

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TEMIZED INDEPENDENT EXPENDITURES			PAGE 88 OF 144
NAME OF COMMITTEE (In Full)			FOR LINE 24 OF FORM 3X
UNITED WOMEN'S HEALTH ALLIAN	CE PAC		FEC IDENTIFICATION NUMBER ▼
ONTED WOMEN OF TEXT TIME IN			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 Invoice paid after close of books	TION LLC	☐ Memo	Item Date of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave			
Suite GM8			Amount
City	State	Zip Code	945.57
SAN JUAN	PR	00909	Transaction ID : SE-S631979 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	01 05 7 2022
Name of Federal Candidate:		X Support	Office Sought: House District: 00
VAN HOLLEN, CHRIS, , ,		Oppose	President Senate State: MD
Calendar Year-To-Date Per Election for Office Sought	7 1 7	11888.36	Disbursement For: Primary General 2022
Full Name of Payee LIVE TRANSFERS AND DONOR CR Invoice paid after close of books Mailing Address 1607 Ponce de Leon ave	EATION LL	C Memo	Item Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Suite GM8			
City SAN JUAN	State	Zip Code 00909	949.89 Transaction ID : SE-S631949
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	Date of Disbursement or Obligation M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		✗ Support	Office Sought: House District: 00
CORNYN, JOHN, , Sen,		Oppose	President Senate State: TX
Calendar Year-To-Date Per Election for Office Sought	7	10942.79	Disbursement For: ■ Primary General 2026 Other (specify) ■
(a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditure			
(c) TOTAL Independent Expenditures			·
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	•	• • • • • • • • • • • • • • • • • • • •
MASTROIANNI, STEPHANIE, , ,	Electronically Fil	ed] Date	e 12 22 / 2021

TEMIZED INDEPENDENT EXPENDITURES			PAGE 89 OF 144 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 Y Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA Invoice paid after close of books	TION LLC	☐ Memo	Item Date of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave			12 22 2021
Suite GM8			Amount
City	State	Zip Code	949.89
SAN JUAN	PR	00909	Transaction ID : SE-S631951 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	1 01 05 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		X Support	Office Sought: House District: 00
TILLIS, THOM, R., Sen,		Oppose	President X Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		10942.76	Disbursement For: Primary General
Full Name of Payee LIVE TRANSFERS AND DONOR CR Invoice paid after close of books	EATION LL	C Memo	Item Date of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave			Amount
Suite GM8		7:- O-d-	040.90
City SAN JUAN	State PR	Zip Code 00909	949.89 Transaction ID : SE-S631953 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	M M / D D / Y Y Y Y
Name of Federal Candidate:		✗ Support	Office Sought: House District: 14
LAWRENCE, BRENDA, LULENAR, ,		Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	7 7	10942.76	Disbursement For: ✓ Primary General 2022 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			
(b) SUBTOTAL of Unitemized Independent Expenditur	es		>
(c) TOTAL Independent Expenditures			· >
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ite or authorized		
MASTROIANNI, STEPHANIE, , ,	Electronically File	[ed] Doto	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

TEMIZED INDEPENDENT EXPENDITURES			PAGE 90 OF 144
NAME OF COMMITTEE (In Full)			FOR LINE 24 OF FORM 3X
UNITED WOMEN'S HEALTH ALLIAN	CE PAC		FEC IDENTIFICATION NUMBER ▼
			C C00755694
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on M M / D D / Y Y Y Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA Invoice paid after close of books	TION LLC	☐ Memo	Date of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave			
Suite GM8			Amount
City	State	Zip Code	949.89
SAN JUAN	PR	00909	Transaction ID : SE-S631955 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	01 05 7 2022
Name of Federal Candidate:		Support	Office Sought: House District: 08
LESKO, DEBBIE, , ,		Oppose	President Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought	7	10942.75	Disbursement For: ✓ Primary General 2022 Other (specify)
Full Name of Payee LIVE TRANSFERS AND DONOR CR Invoice paid after close of books Mailing Address 1607 Ponce de Leon ave	EATION LL	C Memo	Date of Public Distribution/Dissemination 12
Suite GM8			
City SAN JUAN	State PR	Zip Code 00909	949.89 Transaction ID : SE-S631957 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	01 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		✗ Support	Office Sought: House District: 00
SHAHEEN, JEANNE, , ,		Oppose	President X Senate State: NH
Calendar Year-To-Date Per Election for Office Sought	7	10942.77	Disbursement For: ✓ Primary General 2026 Other (specify) ✓
(a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditure (c) TOTAL Independent Expenditures	es		1899.78
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	12 15 2021

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

Signature

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES				
TEMIZED INDEPENDENT EXPENDITORES				PAGE 91 OF 144 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
UNITED WOMEN'S HEALTH ALLIAN	ICE PAC			C C00755694
				C 000703034
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed or	1
Full Name of Payee LIVE TRANSFERS AND DONOR CREA Invoice paid after close of books	TION LLC	☐ Memo	Item [Date of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave				12 22 2021
Suite GM8			1	Amount
City	State	Zip Code		949.89
SAN JUAN	PR	00909		Transaction ID : SE-S631959 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	1	01 05 7 2022
Name of Federal Candidate:		✗ Support	Office S	Sought: House District: 00
BLUNT, ROY, , ,		Oppose	P	resident Senate State: MO
Calendar Year-To-Date Per Election for Office Sought		10942.80	Disburs	ement For: 🗶 Primary General
	7			Other (specify)
Full Name of Payee LIVE TRANSFERS AND DONOR CR Invoice paid after close of books	EATION LI	_C Memo	Item [Date of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave				
Suite GM8			<i>,</i>	Amount
City	State	Zip Code		949.89
SAN JUAN	PR	00909		Transaction ID: SE-S631961 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		01 05 7 2022
Name of Federal Candidate:		✗ Support	Office S	Sought: House District: 00
MURRAY, PATTY, , ,		Oppose	P	resident Senate State: WA
Calendar Year-To-Date Per Election for Office Sought	7 7	10942.79	Disburs 2022	ement For: ✓ Primary General Other (specify) ✓
(a) SUBTOTAL of Itemized Independent Expenditures				1899.78
(,,				
(b) SUBTOTAL of Unitemized Independent Expenditure	es			
(c) TOTAL Independent Expenditures			• [
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			

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Date

TEMIZED INDEPENDENT EXPENDITURES	;		PAGE 92 OF 144
NAME OF COMMITTEE (In Full)			FOR LINE 24 OF FORM 3X
UNITED WOMEN'S HEALTH ALLIAN	JCF PAC		FEC IDENTIFICATION NUMBER ▼
OMITED WOMEN OTHER CENTRALES.			C C00755694
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on M M / D D / Y Y Y Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA Invoice paid after close of books	ATION LLC	☐ Memo	Item Date of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave			
Suite GM8			Amount
City	State	Zip Code	949.89
SAN JUAN	PR	00909	Transaction ID : SE-S631963 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	01 05 7 2022
Name of Federal Candidate:		✗ Support	Office Sought: House District: 00
VAN HOLLEN, CHRIS, , ,		Oppose	President Senate State: MD
Calendar Year-To-Date Per Election for Office Sought	7	10942.79	Disbursement For: ✓ Primary General 2022 Other (specify) ▶
Full Name of Payee		Memo	
LIVE TRANSFERS AND DONOR CF Invoice paid after close of books	REATION LL		12 29 2021
Mailing Address 1607 Ponce de Leon ave			
Suite GM8			Amount
City	State	Zip Code	945.57
SAN JUAN	PR	00909	Transaction ID : SE-S631965 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	01 / 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		✗ Support	Office Sought: House District: 00
CORNYN, JOHN, , Sen,		Oppose	President Senate State: TX
Calendar Year-To-Date Per Election for Office Sought	7 1 7	11888.36	Disbursement For: ✓ Primary General 2026 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	\$		1895.46
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres		·
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized	•	
MASTROIANNI, STEPHANIE, , ,	[Electronically File	[ed] Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

2021

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Date

TEMIZED INDEPENDENT EXPENDITURES				PAGE 93 OF 144 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 D	ate of Public Distribution/Dissemination
Mailing Address				01 12 7 2022
1607 Ponce de Leon ave Suite GM8			A	mount
City	State	Zip Code		870.69
SAN JUAN	PR	00909		ransaction ID : SE-S785260 ate of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		01 06 7 2022
Name of Federal Candidate:		X Support	Office S	ought: House District:00
CORNYN, JOHN, , Sen,		Oppose		esident X Senate State: TX
Calendar Year-To-Date Per Election for Office Sought		11888.36	Disburse	ement For: X Primary General
				Other (specify) ▶
Full Name of Payee LIVE TRANSFERS AND DONOR CR	EATION LL	C Memo	Item D	ate of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave				
Suite GM8			A	mount
City	State	Zip Code		870.69
SAN JUAN	PR	00909		ransaction ID : SE-S785262 ate of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		01 06 7 2022
Name of Federal Candidate:		x Support	Office S	ought: House District: 00
TILLIS, THOM, R., Sen,		Oppose		esident State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	11888.33	Disburse 2026	ement For: ■ Primary General Other (specify) ■
(a) SUBTOTAL of Itemized Independent Expenditures				1741.38
(b) SUBTOTAL of Unitemized Independent Expenditure	es		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
MASTROIANNI, STEPHANIE, , ,	Electronically File	ed] Date	e 01	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	-	_ Date	, 01	2022

TEMIZED INDEPENDENT EXPENDITURES			PAGE 94 OF 144
			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	rt filed on
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	☐ Memo	Item Date of Public Distribution/Dissemination 01 12 2022
Mailing Address 1607 Ponce de Leon ave			
Suite GM8			Amount
City	State	Zip Code	870.69
SAN JUAN	PR	00909	Transaction ID : SE-S785264 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	01 06 7 2022
Name of Federal Candidate:		X Support	Office Sought: X House District: 14
LAWRENCE, BRENDA, LULENAR, ,		Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	<u> </u>	11888.33	Disbursement For: ✓ Primary General 2022 Other (specify) ✓
Full Name of Payee LIVE TRANSFERS AND DONOR CR Mailing Address 1607 Ponce de Leon ave	EATION LL	C Memo	Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Suite GM8			
City SAN JUAN	State PR	Zip Code 00909	870.69 Transaction ID : SE-S785266 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising	_1	Category/ Type 004	M - M / D - D / Y - Y - Y
Name of Federal Candidate:		✗ Support	Office Sought: House District: 08
LESKO, DEBBIE, , ,		Oppose	President Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought	<u> </u>	11888.32	Disbursement For: ■ Primary General 2022 Other (specify) ■
(a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditure			
(c) TOTAL Independent Expenditures			>
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	•	• • • • • • • • • • • • • • • • • • • •
MASTROIANNI, STEPHANIE, , ,	[Electronically Fil	ded] Date	9 01 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

TEMIZED INDEPENDENT EXPENDITURES				PAGE 95 OF 144 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	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	Item Da	te of Public Distribution/Dissemination		
Mailing Address 1607 Ponce de Leon ave			Am	01 12 2022
Suite GM8				louit .
City	State	Zip Code	L	870.69
SAN JUAN	PR	00909		ansaction ID : SE-S785268 te of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	4	01 06 7 2022
Name of Federal Candidate:		X Support	Office So	ught: House District:00
SHAHEEN, JEANNE, , ,		Oppose	Pre	sident Senate State: NH
Calendar Year-To-Date Per Election for Office Sought		11888.34	Disburser 2026	1
	1			Other (specify)
Full Name of Payee LIVE TRANSFERS AND DONOR CF	REATION LL	.C Memo	Item Da	te of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave				1 12 1202
Suite GM8			Am	nount
City	State	Zip Code		870.69
SAN JUAN	PR	00909		ansaction ID : SE-S785270 te of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ 004		M M / D D / Y Y Y
relephone rundraising		Type 004		01 06 2022
Name of Federal Candidate:		✗ Support	Office So	ught: House District: 00
BLUNT, ROY, , ,		Oppose	Pre	sident Senate State: MO
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	11888.37	Disburser 2022	nent For: x Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			Г	1741.38
(-,				
(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	ed1 -	M = M	/ D D / Y Y Y Y
Signature	Гистонициу Г и	_ Date	e 01	05 2022

TEMIZED INDEPENDENT EXPENDITORES				PAGE 96 OF 144 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	M	
Mailing Address 1607 Ponce de Leon ave			Amour	01 12 2022 .t
Suite GM8		T = 0 .		070.00
City SAN JUAN	State PR	Zip Code 00909		870.69 action ID : SE-S785272 f Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	М	01
Name of Federal Candidate:		Support	Office Sough	t: House District: 00
MURRAY, PATTY, , ,		Oppose	Preside	\\\\\
Calendar Year-To-Date Per Election for Office Sought	7 7	11888.36	Disbursement 2022 Of	For: x Primary General
Full Name of Payee		☐ Memo	Item Date o	f Public Distribution/Dissemination
LIVE TRANSFERS AND DONOR CR	EATION LL	C		01 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1607 Ponce de Leon ave Suite GM8			Amour	ıt
City	State	Zip Code		870.69
SAN JUAN	PR	00909	I	action ID : SE-S785274 f Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	M	01 06 7 2022
Name of Federal Candidate:		x Support	Office Sough	t: House District:00
VAN HOLLEN, CHRIS, , ,		Oppose	Preside	nt Senate State: MD
Calendar Year-To-Date Per Election for Office Sought	, , ,	11888.36	Disbursement 2022 Of	refor: Y Primary General
(a) SUBTOTAL of Itemized Independent Expenditures			-	1741.38
(b) SUBTOTAL of Unitemized Independent Expenditur	es		•	
(c) TOTAL Independent Expenditures			· [
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
MASTROIANNI, STEPHANIE, , ,	Electronically File	ed]	M = M /	05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		Date	9 01	05 2022

TEMIZED INDEPENDENT EXPENDITURES				PAGE 97 OF 144
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
UNITED WOMEN'S HEALTH ALLIAN	CE PAC			FEC IDENTIFICATION NUMBER ▼
ONTED WOMENSTIEAETTALLIAN	OL I AC			C C00755694
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed	on M M / D D / Y Y Y Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	☐ Memo	Item	Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1607 Ponce de Leon ave				
Suite GM8				Amount
City	State	Zip Code		943.89
SAN JUAN	PR	00909		Transaction ID : SE-S785276 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		01 14 2022
Name of Federal Candidate:		X Support	Office	e Sought: House District: 00
CORNYN, JOHN, , Sen,		Oppose		President State: TX
Calendar Year-To-Date Per Election for Office Sought	7	11888.36	Disbu 2026	rsement For: Primary General Other (specify) ▶
Full Name of Payee LIVE TRANSFERS AND DONOR CR	EATIONIII	Memo	Item	Date of Public Distribution/Dissemination
	LATION LL			01 19 2022
Mailing Address 1607 Ponce de Leon ave Suite GM8				Amount
City	State	Zip Code		943.89
SAN JUAN	PR	00909		Transaction ID : SE-S785278 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		01 14 2022
Name of Federal Candidate:		✗ Support	Office	Sought: House District: 00
TILLIS, THOM, R., Sen,		Oppose		President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 1 7	11888.33	Disbu 2026	rrsement For: x Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				1887.78
, ,				
(b) SUBTOTAL of Unitemized Independent Expenditur	es		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ite or authorized			
MASTROIANNI, STEPHANIE, , ,	Electronically Fil	ed] Doto	M =	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

TEMIZED INDEPENDENT EXPENDITURES				PAGE 98 OF 144 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
UNITED WOMEN'S HEALTH ALLIAN	ICE PAC			C C00755694
				O
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M M / D D / Y Y Y Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	☐ Memo	Item Date	of Public Distribution/Dissemination
Mailing Address				01 19 / 2022
1607 Ponce de Leon ave			Amo	unt
Suite GM8 City	State	Zip Code	— F	943.89
SAN JUAN	PR	00909		nsaction ID : SE-S785280
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		of Disbursement or Obligation 14 2022
Name of Federal Candidate:		✗ Support	Office Soug	aht: X House District: 14
LAWRENCE, BRENDA, LULENAR, ,		Oppose	Presi	MI
Calendar Year-To-Date Per Election for Office Sought		11888.33	Disburseme	ent For: 🗶 Primary General
Per Election for Office Sought	7			Other (specify)
Full Name of Payee LIVE TRANSFERS AND DONOR CR	PEATION II	☐ Memo	Item Date	of Public Distribution/Dissemination
	LATION LL			01 / 19 / 2022
Mailing Address 1607 Ponce de Leon ave			Amo	unt
Suite GM8 City	State	Zip Code		943.89
SAN JUAN	PR	00909	- I	nsaction ID : SE-S785282
Purpose of Expenditure		Category/		of Disbursement or Obligation
Telephone Fundraising		Type 004		01 14 2022
Name of Federal Candidate:		✗ Support	Office Soug	ght: X House District: 08
LESKO, DEBBIE, , ,		Oppose	Presi	dent Senate State: AZ
Calendar Year-To-Date		11888.32	Disburseme	ent For: 🗶 Primary 🔲 General
Per Election for Office Sought	7 7	11000.02	2022	Other (specify) ▶
			_	
(a) SUBTOTAL of Itemized Independent Expenditures			· •	1887.78
(h) CURTOTAL of Unitersized Index on deat Funerality				
(b) SUBTOTAL of Unitemized Independent Expenditure	res		•	
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
MASTROIANNI, STEPHANIE, , ,	Electronically Fil	ed] -	M = M /	12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		Date	e 01	12 2022

TEMIZED INDEPENDENT EXPENDITORES				PAGE 99 OF 144 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		
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	☐ Memo		of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave			L	01 19 2022
Suite GM8			Amou	ınt
City	State	Zip Code		943.89
SAN JUAN	PR	00909		saction ID : SE-S785284 of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		01 / 14 / 2022
Name of Federal Candidate:		✗ Support	Office Soug	ht: House District: 00
SHAHEEN, JEANNE, , ,		Oppose	Presid	□ N⊔
Calendar Year-To-Date Per Election for Office Sought	, , ,	11888.34	Disburseme 2026	nt For: Primary General Other (specify) ▶
Full Name of Payee		Memo	Item Date	of Public Distribution/Dissemination
LIVE TRANSFERS AND DONOR CR	EATION LL	С	Г	01 19 / 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			Amou	ınt
City	State	Zip Code		943.89
SAN JUAN	PR	00909	I	saction ID : SE-S785286 of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		01 14 2022
Name of Federal Candidate:		✗ Support	Office Soug	ht: House District: 00
BLUNT, ROY, , ,		Oppose	Presid	lent Senate State: MO
Calendar Year-To-Date Per Election for Office Sought	7	11888.37	Disburseme 2022	nt For: x Primary General Other (specify) ▶
				Stile (openly) =
(a) SUBTOTAL of Itemized Independent Expenditures				1887.78
(b) SUBTOTAL of Unitemized Independent Expenditure	es		· •	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 candidate party committee) any political party committee or its	te or authorized	•		•
MASTROIANNI, STEPHANIE, , ,	Electronically File	ed] Date	e 01	12 2022
Signature		_ Date	, , , , , , , , , , , , , , , , , , ,	لحنجا لحا

TEMIZED INDEPENDENT EXPENDITURES				PAGE 100 OF 144 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	te of Public Distribution/Dissemination
Mailing Address				01 19 2022
1607 Ponce de Leon ave Suite GM8			Am	nount
City	State	Zip Code	— Г	943.89
SAN JUAN	PR	00909		ansaction ID : SE-S785288 te of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		01 14 2022
Name of Federal Candidate:		X Support	Office So	ught: House District: 00
MURRAY, PATTY, , ,		Oppose	l	sident State: WA
Calendar Year-To-Date Per Election for Office Sought		11888.36	Disburser	1
	, , , , , , , , , , , , , , , , , , , ,			Other (specify)
Full Name of Payee LIVE TRANSFERS AND DONOR CR	EATION LL	C Memo	Item Da	te of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave				لىنى لنا لتا
Suite GM8			Am	nount
City	State	Zip Code		943.89
SAN JUAN	PR	00909		ansaction ID : SE-S785290 te of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		01 14 7 2022
Name of Federal Candidate:		x Support	Office So	ught: House District: 00
VAN HOLLEN, CHRIS, , ,		Oppose	Pre	sident Senate State: MD
Calendar Year-To-Date Per Election for Office Sought	7 7	11888.36	Disburser 2022	nent For: Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			•	1887.78
(b) SUBTOTAL of Unitemized Independent Expenditur	es		• _	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
MASTROIANNI, STEPHANIE, , ,	Electronically Fil	ed]	M M M M	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		Date	, 01	2022

TEMIZED INDEPENDENT EXPENDITURES				PAGE 101 OF 144
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
UNITED WOMEN'S HEALTH ALLIAN		FEC IDENTIFICATION NUMBER ▼		
ONTED WOMEN OTTER TO THE	02170			C C00755694
Check if 24-hour report 48-hour report	New repo	ort Amends repor		M / D D / Y Y Y Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	☐ Memo I	М	f Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave				
Suite GM8			Amoun	t
City	State	Zip Code		886.05
SAN JUAN	PR	00909		action ID : SE-S785292 f Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	M	01 24 7 2022
Name of Federal Candidate:		X Support	Office Sought	: House District: 00
CORNYN, JOHN, , Sen,		Oppose	Preside	TV
Calendar Year-To-Date Per Election for Office Sought	7 1 7	11888.36	Disbursement 2026 Ot	For: x Primary General her (specify) ▶
Full Name of Payee LIVE TRANSFERS AND DONOR CR Mailing Address 1607 Ponce de Leon ave	EATION LL	C Memo I	М	f Public Distribution/Dissemination
Suite GM8			Amoun	t
City SAN JUAN	State	Zip Code 00909	Trans	886.05 action ID : SE-S785294
Purpose of Expenditure		00909	Date o	f Disbursement or Obligation
Telephone Fundraising		Category/ Type 004	M	01 24 7 2022
Name of Federal Candidate:		✗ Support	Office Sought	: House District: 00
TILLIS, THOM, R., Sen,		Oppose	Preside	nt Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	<i>y y</i>	11888.33	Disbursement 2026 Ot	For: x Primary General her (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditure (c) TOTAL Independent Expenditures	es		...	1772.10
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized	•		
MASTROIANNI, STEPHANIE, , ,	Electronically Fil	ed] Date	M = M / 01	19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Cianatura	*	_ Date	٧,	

TEMIZED INDEPENDENT EXPENDITURES				PAGE	102 OF 144
NAME OF COMMITTEE (In Full)					E 24 OF FORM 3X
UNITED WOMEN'S HEALTH ALLIANCE PAC					ATION NUMBER ▼
OTTI D WOMEN OTHER ETTINGEN	02170			C C00755	594
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	M / D D	/ Y Y Y Y Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	☐ Memo		1 M / D D	ion/Dissemination
Mailing Address 1607 Ponce de Leon ave				01 26	2022
Suite GM8			Amou	nt	
City	State	Zip Code	$-\Gamma$		886.05
SAN JUAN	PR	00909		action ID : SE-S7 of Disbursement	
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		01 / 24	2022
Name of Federal Candidate:		✗ Support	Office Sough	nt: X House	District:14
LAWRENCE, BRENDA, LULENAR, ,		Oppose	Preside		State: MI
Calendar Year-To-Date			Disbursemen		
Per Election for Office Sought		11888.33	2022	other (specify)	, <u> </u>
Full Name of Payee LIVE TRANSFERS AND DONOR CR	EATION LL	C Memo		of Public Distribut	ion/Dissemination
Mailing Address 1607 Ponce de Leon ave			Amou	nt	
Suite GM8 City	State	Zip Code			886.05
SAN JUAN	PR	00909	Trans	saction ID : SE-S of Disbursement	785298
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		01 / 24	/ Y Y Y Y Y 2022
Name of Federal Candidate:		✗ Support	Office Sough	nt: X House	District:08
LESKO, DEBBIE, , ,		Oppose	Preside	ent Senate	State: AZ
Calendar Year-To-Date Per Election for Office Sought	7	11888.32	Disbursemen	nt For: x Prin	nary General
(a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditure (c) TOTAL Independent Expenditures	es		•		1772.10
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ite or authorized			the reporting ent	ity is not a political
MASTROIANNI, STEPHANIE, , ,	Electronically Fil	ed] Date	01	19	2022 2022

TEMIZED INDEPENDENT EXPENDITURES				PAGE 103 OF 144
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
UNITED WOMEN'S HEALTH ALLIAN		FEC IDENTIFICATION NUMBER ▼		
OTTI D VVOIVIETO TIE/LETT/LEE/A	OL 1710			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		Memo	Item Date of	f Public Distribution/Dissemination
LIVE TRANSFERS AND DONOR CREA	TION LLC			01 26 7 2022
Mailing Address 1607 Ponce de Leon ave			Amoun	
Suite GM8			Amoun	
City	State	Zip Code		886.05
SAN JUAN	PR	00909		action ID: SE-S785300 f Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		01 24 2022
Name of Federal Candidate:		X Support	Office Sought	: House District:00
SHAHEEN, JEANNE, , ,		Oppose	Preside	N⊔
Colondon Vana Ta Data			Disbursement	
Calendar Year-To-Date Per Election for Office Sought	<u>, , , , , , , , , , , , , , , , , , , </u>	11888.34	2026	her (specify)
Full Name of Payee		☐ Memo	Item Date of	f Public Distribution/Dissemination
LIVE TRANSFERS AND DONOR CR	EATION LL	.C		M / D D / Y Y Y Y
Mailing Address 4507 Pages de Lagrage				01 26 2022
1607 Ponce de Leon ave Suite GM8			Amoun	t
City	State	Zip Code	$-\Gamma$	886.05
SAN JUAN	PR	00909	Trans	action ID : SE-S785302 f Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	М	01 24 2022
Name of Federal Candidate:		✗ Support	Office Sought	: House District: 00
BLUNT, ROY, , ,		Oppose	Preside	MO
Calendar Year-To-Date			Disbursement	For: X Primary General
Per Election for Office Sought	7	11888.37	2022	her (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			• .	1772.10
				, , , , , , , , , , , , , , , , , , , ,
(b) SUBTOTAL of Unitemized Independent Expenditure	es		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
MASTROIANNI, STEPHANIE, , ,	Electronically Fil	led1 -	M M /	10 / Y Y Y Y Y
	I il	Date	01	19 2022

TEMIZED INDEPENDENT EXPENDITURES			PAGE 104 OF 144
			FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIAN	ICE DAC		FEC IDENTIFICATION NUMBER ▼
UNITED WOWEN 3 HEALTH ALLIAN	ICE FAC		C C00755694
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	☐ Memo	Item Date of Public Distribution/Dissemination 01 26 2022
Mailing Address 1607 Ponce de Leon ave			
Suite GM8			Amount
City	State	Zip Code	886.05
SAN JUAN	PR	00909	Transaction ID : SE-S785304 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	01 / 24 / 2022
Name of Federal Candidate:		X Support	Office Sought: House District: 00
MURRAY, PATTY, , ,		Oppose	President Senate State: WA
Calendar Year-To-Date Per Election for Office Sought	7 7	11888.36	Disbursement For: ✓ Primary General 2022 Other (specify) ✓
Full Name of Payee LIVE TRANSFERS AND DONOR CR Mailing Address 1607 Ponce de Leon ave	REATION LL	Memo	Date of Public Distribution/Dissemination M 01
Suite GM8 City	State	Zip Code	886.05
SAN JUAN	PR	00909	Transaction ID : SE-S785306 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	M - M / D - D / Y - Y - Y
Name of Federal Candidate:		✗ Support	Office Sought: House District: 00
VAN HOLLEN, CHRIS, , ,		Oppose	President Senate State: MD
Calendar Year-To-Date Per Election for Office Sought	· · · · ·	11888.36	Disbursement For: ✓ Primary General 2022 Other (specify) ✓
(a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures	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	<i>led]</i> Date	9 01 19 2022

TEMIZED INDEPENDENT EXPENDITURES				PAGE 105 OF 144 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
UNITED WOMEN'S HEALTH ALLIAN	ICE PAC			C C00755694
				O TANA
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 D	Pate of Public Distribution/Dissemination
LIVE TRANSFERS AND DONOR CREA	TION LLC			02 02 / 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				mount
City	State	Zip Code		1006.05
SAN JUAN	PR	00909		ransaction ID : SE-S785308 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		01 28 2022
Name of Federal Candidate:		Support	Office S	ought: House District: 00
CORNYN, JOHN, , Sen,		Oppose		resident Senate State: TX
Calendar Year-To-Date			Disburse	ement For: 🗶 Primary General
Per Election for Office Sought	<i>_</i>	11888.36	2026	Other (specify) ▶
Full Name of Payee		Memo	Item D	Pate 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				02 02 2022
Suite GM8			Α	mount
City	State	Zip Code		1006.05
SAN JUAN	PR	00909		Transaction ID : SE-S785310 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		01 28 / Y Y Y Y Y Y Y
Name of Federal Candidate:		x Support	Office S	cought: House District: 00
TILLIS, THOM, R., Sen,		Oppose		resident Senate State: NC
				ement For: X Primary General
Calendar Year-To-Date Per Election for Office Sought		11888.33	2026	Other (specify) >
(a) SUBTOTAL of Itemized Independent Expenditures				2012.10
(b) SUBTOTAL of Unitemized Independent Expenditu	res		· • _	
(a) TOTAL lades and out Foreign ditures				
(c) TOTAL Independent Expenditures	•••••		•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
MASTROIANNI, STEPHANIE, , ,	[Electronically File	ed1 -	M = M	/ D D / Y Y Y Y
Signature		Date	9 01	26 2022

TEMELO MOLI EMOLITI EXILEMONIONEO				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 Y
Full Name of Payee	TIONILLO	☐ Memo	Item	Date of Public Distribution/Dissemination
LIVE TRANSFERS AND DONOR CREA	TION LLC			02 02 7 2022
Mailing Address 1607 Ponce de Leon ave				Annual
Suite GM8				Amount
City	State	Zip Code		1006.05
SAN JUAN	PR	00909		Transaction ID: SE-S785312 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	4	01 28 2022
Name of Federal Candidate:		✗ Support	Office	e Sought: X House District: 14
LAWRENCE, BRENDA, LULENAR, ,		Oppose		President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	, , ,	11888.33	Disbu 2022	rsement For: Primary General Other (specify) ▶
Full Name of Payee		Memo	Item	Date of Public Distribution/Dissemination
LIVE TRANSFERS AND DONOR CR	EATION LL		, item	M M / D D / Y Y Y
Mailing Address				02 02 2022
1607 Ponce de Leon ave Suite GM8				Amount
City	State	Zip Code		1006.05
SAN JUAN	PR	00909		Transaction ID : SE-S785314 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/		M M / D D / Y Y Y
relephone i unuraising		Type 004		01 28 2022
Name of Federal Candidate:		✗ Support	Office	e Sought: House District: 08
LESKO, DEBBIE, , ,		Oppose		President Senate State: AZ
Calendar Year-To-Date		11888.32	Disbu 2022	rrsement For: 🗶 Primary General
Per Election for Office Sought	7-1-1-7-		2022	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures .			▶	2012.10
(L) CURTOTAL of Heliconical Index and ast Formatilities				
(b) SUBTOTAL of Unitemized Independent Expenditure	es		▶	
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	te or authorized			
MASTROIANNI, STEPHANIE, , ,	Electronically Fil	ed1 -	M	M / D D / Y Y Y Y
Signature	Jiwany 1 W	Dat	e 0	1 26 2022

TEMIZED INDEPENDENT EXPENDITURES			PAGE 107 OF 144
			FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIAN	ICE DAC		FEC IDENTIFICATION NUMBER ▼
UNITED WOWEN 3 HEALTH ALLIAN	ICE PAC		C C00755694
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on M M / D D / Y Y Y Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	☐ Memo	Item Date of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave			
Suite GM8			Amount
City	State	Zip Code	1006.05
SAN JUAN	PR	00909	Transaction ID : SE-S785316 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	4 01 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		X Support	Office Sought: House District: 00
SHAHEEN, JEANNE, , ,		Oppose	President Senate State: NH
Calendar Year-To-Date Per Election for Office Sought	7 7	11888.34	Disbursement For: x Primary General 2026 Other (specify) ▶
Full Name of Payee LIVE TRANSFERS AND DONOR CR Mailing Address 1607 Ponce de Leon ave	REATION LL	.C Memo	Date of Public Distribution/Dissemination O2 Amount
Suite GM8 City	State	Zip Code	1006.05
SAN JUAN	PR	00909	Transaction ID : SE-S785318 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	M M / D D / Y Y Y Y
Name of Federal Candidate:		x Support	Office Sought: House District: 00
BLUNT, ROY, , ,		Oppose	President Senate State: MO
Calendar Year-To-Date Per Election for Office Sought	7 7	11888.37	Disbursement For: ✓ Primary General 2022 Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditu			
(c) TOTAL Independent Expenditures			·
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	•	•
MASTROIANNI, STEPHANIE, , ,	[Electronically Fil	ded] Date	e 01 26 2022

TEMIZED INDEPENDENT EXPENDITURES				PAGE 108 OF 144 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	rt filed on	/ M / D D / Y Y Y Y Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TIONILLO	☐ Memo	Item Date	of Public Distribution/Dissemination
	TION LLC			02 / 02 / 2022
Mailing Address 1607 Ponce de Leon ave			Amou	unt
Suite GM8	04-4-	7:- 0-1-		4000.05
City SAN JUAN	State PR	Zip Code 00909	Trans	1006.05 saction ID : SE-S785320
Purpose of Expenditure				of Disbursement or Obligation
Telephone Fundraising		Category/ Type 004		01 28 2022
Name of Federal Candidate:		X Support	Office Soug	ht: House District: 00
MURRAY, PATTY, , ,		Oppose	Presid	dent Senate State: WA
Calendar Year-To-Date		11888.36	Disburseme	nt For: 🗶 Primary General
Per Election for Office Sought	7 7	11000.30	2022	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			A may	
Suite GM8			Amou	ant.
City	State	Zip Code		1006.05
SAN JUAN	PR	00909		saction ID : SE-S785322 of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		01 28 7 2022
Name of Federal Candidate:		✗ Support	Office Soug	ht: House District:00
VAN HOLLEN, CHRIS, , ,		Oppose	Presid	MD
Calendar Year-To-Date		44000.26	Disburseme	nt For: 🗶 Primary General
Per Election for Office Sought	T T	11888.36	2022	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			· [2012.10
(b) SUBTOTAL of Unitemized Independent Expenditure	es		.	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	ed]	M = M /	26 2022
Signature		Date	01	2022

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDENT EXPENDITURES				PAGE 109 OF 144 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
UNITED WOMEN'S HEALTH ALLIANO	CE PAC			C C00755694
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	"M / D "D / Y "Y "Y "Y
			. D.1.	of Dublic Distribution Discounting to
Full Name of Payee LIVE TRANSFERS AND DONOR CREAT	TION LLC	Memo		of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave			Amou	سنبا لبا لن
Suite GM8 City	State	Zip Code		1006.43
SAN JUAN	PR	00909	Trans	raction ID : SE-S785324 of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	N.	02 / 03 / 2022
Name of Federal Candidate:		✗ Support	Office Sough	nt: House District: 00
CORNYN, JOHN, , Sen,		Oppose	Preside	ent Senate State: TX
Calendar Year-To-Date Per Election for Office Sought	, , , ,	11888.36	Disbursemer 2026	nt For: x Primary General Other (specify) ▶
Full Name of Payee		Memo		of Public Distribution/Dissemination
LIVE TRANSFERS AND DONOR CR	EATION LL			02 / 09 / 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			Amou	nt
City	State	Zip Code		1006.43
SAN JUAN	PR	00909		saction ID : SE-S785326 of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		
Name of Federal Candidate:		Support	Office Sough	nt: House District: 00
TILLIS, THOM, R., Sen,		Oppose	Preside	NC NC
Calendar Year-To-Date Per Election for Office Sought	7 7	11888.33	Disbursemer 2026	ther (specify) ▶
•				
(a) SUBTOTAL of Itemized Independent Expenditures.			•	2012.86
(b) SUBTOTAL of Unitemized Independent Expenditure	es			
			, L	
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	e or authorized			
MASTROIANNI, STEPHANIE, , ,	Electronically File	ed] .	M M /	02 / Y Y Y Y Y
Signature		Date	9 02	02 2022

TEMIZED INDEPENDENT EXPENDITURES				PAGE 110 OF 144
NAME OF COMMITTEE (In Full)			1	FOR LINE 24 OF FORM 3X
UNITED WOMEN'S HEALTH ALLIAN	ICE PAC			FEC IDENTIFICATION NUMBER ▼
OTTI DE WOMEN OTTE A TENTA NEED WA				C C00755694
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	M / D D / Y Y Y Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	☐ Memo	М	of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave				
Suite GM8			Amour	nt
City	State	Zip Code		1006.43
SAN JUAN	PR	00909		action ID : SE-S785328 of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		02 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		X Support	Office Sough	t: K House District: 14
LAWRENCE, BRENDA, LULENAR, ,		Oppose	Preside	ent Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	7 1 7	11888.33	Disbursement 2022 O	t For: x Primary General ther (specify) ▶
Full Name of Payee LIVE TRANSFERS AND DONOR CR Mailing Address	EATION LL	.C Memo		of Public Distribution/Dissemination
1607 Ponce de Leon ave Suite GM8			Amour	nt
City	State	Zip Code		1006.43
SAN JUAN	PR	00909		saction ID : SE-S785330 of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	M	02 03 / 2022
Name of Federal Candidate:		✗ 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	11888.32	Disbursement 2022 O	t For: x Primary General ther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditure				2012.86
(c) TOTAL Independent Expenditures			· [
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	•		• •
MASTROIANNI, STEPHANIE, , ,	Electronically Fil	led] Date	02 /	02 / 2022

TEMIZED INDEPENDENT EXPENDITURES				PAGE 111 OF 144
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
UNITED WOMEN'S HEALTH ALLIAN	CE PAC			FEC IDENTIFICATION NUMBER ▼
ONTED WOMEN OTIE/(ETTT/(EE)/(N	OLINO			C C00755694
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed	on M M / D D / Y Y Y Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	☐ Memo	Item	Date of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave	Amount			
Suite GM8				Amount
City	State	Zip Code		1006.43
SAN JUAN	PR	00909		Transaction ID : SE-S785332 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		02 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		✗ Support	Office	Sought: House District: 00
SHAHEEN, JEANNE, , ,		Oppose		President Senate State: NH
Calendar Year-To-Date Per Election for Office Sought	7	11888.34	Disbu 2026	rsement For: ✓ Primary General Other (specify) ✓
Full Name of Payee LIVE TRANSFERS AND DONOR CR Mailing Address	EATION LL	C Memo	Item	Date of Public Distribution/Dissemination
1607 Ponce de Leon ave Suite GM8				Amount
City	State	Zip Code		1006.44
SAN JUAN	PR	00909		Transaction ID : SE-S785334 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		02 / 03 / 2022
Name of Federal Candidate:		✗ Support	Office	Sought: House District: 00
BLUNT, ROY, , ,		Oppose		President Senate State: MO
Calendar Year-To-Date Per Election for Office Sought	7	11888.37	Disbu 2022	rsement For: x Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			•	2012.87
(b) SUBTOTAL of Unitemized Independent Expenditure	es		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ite or authorized			
MASTROIANNI, STEPHANIE, , ,	Electronically Fil	ed] Dota	M	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

TEMIZED INDEPENDENT EXPENDITURES				PAGE 112 OF 144
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
UNITED WOMEN'S HEALTH ALLIAN	CE PAC			FEC IDENTIFICATION NUMBER ▼
ONTED WOMENSTIEAETT ALLIAN	OL I AO			C C00755694
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed or) M M / D D / Y Y Y Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	☐ Memo	Item [Date of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave				Amount
Suite GM8			1	anount
City	State	Zip Code		1006.44
SAN JUAN	PR	00909		Transaction ID : SE-S785336 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		02 03 / 2022
Name of Federal Candidate:		X Support	Office S	Sought: House District:00
MURRAY, PATTY, , ,		Oppose		resident Senate State: WA
Calendar Year-To-Date Per Election for Office Sought	7 1 7	11888.36	Disburs 2022	ement For: Primary General Other (specify) ▶
Full Name of Payee LIVE TRANSFERS AND DONOR CR Mailing Address 1607 Ponce de Leon ave	EATION LL	C Memo	Item [Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Suite GM8			F	Amount
City	State	Zip Code		1006.44
SAN JUAN	PR	00909		Transaction ID : SE-S785338 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		02 03 7 2022
Name of Federal Candidate:		✗ Support	Office S	Sought: House District: 00
VAN HOLLEN, CHRIS, , ,		Oppose		resident Senate State: MD
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	11888.36	Disburs 2022	ement For: Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			• [2012.88
(b) SUBTOTAL of Unitemized Independent Expenditure	res		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
MASTROIANNI, STEPHANIE, , ,	Electronically Fil	ed] Dota	M = M	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

SCHEDULE E (FEC Form 3X) TEMIZED INDEPENDENT EXPENDITURES			PAGE 113 OF 144
			FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIAN	ICE PAC		FEC IDENTIFICATION NUMBER ▼
ONTED WOMEN OTHER ETTIMES	1021710		C C00755694
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	☐ Memo	M M / D D / Y Y Y Y
Mailing Address 1607 Ponce de Leon ave			02 16 2022 Amount
Suite GM8			
City SAN JUAN	State PR	Zip Code 00909	1071.48 Transaction ID : SE-S785340
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		✗ Support	Office Sought: House District: 00
CORNYN, JOHN, , Sen,		Oppose	President Senate State: TX
Calendar Year-To-Date Per Election for Office Sought	7 7	11888.36	Disbursement For: ✓ Primary General 2026 Other (specify) ✓
Full Name of Payee		☐ Memo	Item Date of Public Distribution/Dissemination
LIVE TRANSFERS AND DONOR CR	REATION LL		02 16 2022
Mailing Address 1607 Ponce de Leon ave			Amount
Suite GM8	1-	T =	
City SAN JUAN	State	Zip Code 00909	1071.48 Transaction ID : SE-S785342
Purpose of Expenditure		Catanani	Date of Disbursement or Obligation
Telephone Fundraising		Category/ Type 004	02 10 2022
Name of Federal Candidate:		✗ Support	Office Sought: House District: 00
TILLIS, THOM, R., Sen,		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	<u> </u>	11888.33	Disbursement For: ✓ Primary General 2026 Other (specify) ✓
(a) SUBTOTAL of Itemized Independent Expenditures			2142.96
(b) SUBTOTAL of Unitemized Independent Expenditure	res		•
(c) TOTAL Independent Expenditures			
(-) 1			
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized		
MASTROIANNI, STEPHANIE, , ,	(Electronically Fil	edl -	M M / D D / Y Y Y Y

[Electronically Filed]

2022

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Date

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SCHEDULE E (FEC FORM 3X) TEMIZED INDEPENDENT EXPENDITURES	;			PAGE 114 OF 144
NAME OF COMMITTEE (I. F. II)				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIAN	ICE DAC			FEC IDENTIFICATION NUMBER ▼
ONITED WOMEN 3 HEALTH ALLIAN	NCE PAC			C C00755694
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed	on M M / D D / Y Y Y Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	ATION LLC	☐ Memo	Item	Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1607 Ponce de Leon ave		02 10 2022		
Suite GM8				Amount
City	State	Zip Code		1071.48
SAN JUAN	PR	00909		Transaction ID : SE-S785344 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		02 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		X Support	Office	e Sought: House District: 14
LAWRENCE, BRENDA, LULENAR, ,		Oppose		President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	7	11888.33	Disbu 2022	rsement For:
Full Name of Payee LIVE TRANSFERS AND DONOR CF	REATION LL	.C Memo	Item	Date of Public Distribution/Dissemination M 02
1607 Ponce de Leon ave Suite GM8				Amount
City	State	Zip Code		1071.47
SAN JUAN	PR	00909		Transaction ID : SE-S785346 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		02 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		✗ Support	Office	e Sought: K House District: 08
LESKO, DEBBIE, , ,		Oppose		President Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought	7	11888.32	Disbu 2022	orsement For: Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	3		. ▶	2142.95
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidaparty committee) any political party committee or its	ate or authorized			
MASTROIANNI, STEPHANIE, , ,	[Electronically Fil	[ed] Date	e 0	2 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

02

Date

TEMIZED INDEPENDENT EXPENDITURES			PAGE 115 OF 144
			FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIAN	ICE DAC		FEC IDENTIFICATION NUMBER ▼
UNITED WOWEN 3 REALTH ALLIAN	ICE FAC		C C00755694
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	☐ Memo	Item Date of Public Distribution/Dissemination 02 16 2022
Mailing Address 1607 Ponce de Leon ave			
Suite GM8			Amount
City	State	Zip Code	1071.47
SAN JUAN	PR	00909	Transaction ID : SE-S785348 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	02 10 2022
Name of Federal Candidate:		X Support	Office Sought: House District: 00
SHAHEEN, JEANNE, , ,		Oppose	President Senate State: NH
Calendar Year-To-Date Per Election for Office Sought	, ,	11888.34	Disbursement For: x Primary ☐ General 2026 ☐ Other (specify) ▶
Full Name of Payee LIVE TRANSFERS AND DONOR CR Mailing Address 1607 Ponce de Leon ave	REATION LL	.C Memo	Item Date of Public Distribution/Dissemination M 02
Suite GM8	Ctoto	Zin Codo	1071.47
City SAN JUAN	State PR	Zip Code 00909	Transaction ID : SE-S785350 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	M M / D D / Y Y Y
Name of Federal Candidate:		✗ Support	Office Sought: House District: 00
BLUNT, ROY, , ,		Oppose	President Senate State: MO
Calendar Year-To-Date Per Election for Office Sought	<u>, , , , , , , , , , , , , , , , , , , </u>	11888.37	Disbursement For: ✓ Primary General 2022 Other (specify) ✓
(a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditu			
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	•	• • • • • • • • • • • • • • • • • • • •
MASTROIANNI, STEPHANIE, , ,	[Electronically Fil	led] Date	9 02 09 7 2022

TEMIZED INDEPENDENT EXPENDITURES			PAGE 116 OF 144
NAME OF COMMITTEE (In Full)			FOR LINE 24 OF FORM 3X
UNITED WOMEN'S HEALTH ALLIAN	CF PAC		FEC IDENTIFICATION NUMBER ▼
OTTI D WOMEN O HEXETTI NEED WA			C C00755694
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on M M / D D / Y Y Y Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	☐ Memo	Item Date of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave			
Suite GM8			Amount
City	State	Zip Code	1071.47
SAN JUAN	PR	00909	Transaction ID : SE-S785352 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	02 10 2022
Name of Federal Candidate:		✗ Support	Office Sought: House District: 00
MURRAY, PATTY, , ,		Oppose	President Senate State: WA
Calendar Year-To-Date Per Election for Office Sought	7 1 7	11888.36	Disbursement For: x Primary General 2022 Other (specify) ▶
Full Name of Payee LIVE TRANSFERS AND DONOR CR Mailing Address 1607 Ponce de Leon ave	EATION LL	C Memo	Item Date of Public Distribution/Dissemination
Suite GM8			Amount
City	State	Zip Code	1071.47
SAN JUAN	PR	00909	Transaction ID : SE-S785354 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	02 / 10 / 2022
Name of Federal Candidate:		✗ Support	Office Sought: House District: 00
VAN HOLLEN, CHRIS, , ,		Oppose	President Senate State: MD
Calendar Year-To-Date Per Election for Office Sought	7 7	11888.36	Disbursement For: ✓ Primary General 2022 Other (specify) ✓
(a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditure			
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ite or authorized	•	• • • • • • • • • • • • • • • • • • • •
MASTROIANNI, STEPHANIE, , ,	Electronically Fil	<i>ed]</i> Date	e 02 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

SCH ITEM

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

Signature

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES				
TIEMIZED INDEFENDENT EXPENDITORES				PAGE 117 OF 144 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	ort filed on	M / D D / Y Y Y Y Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	ATION LLC	☐ Memo	M	f Public Distribution/Dissemination 02 23 Y 2022
Mailing Address 1607 Ponce de Leon ave				02 20 2022
Suite GM8			Amoun	t
City	State	Zip Code		1059.30
SAN JUAN	PR	00909		action ID : SE-S785356 f Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	M	02 18 7 2022
Name of Federal Candidate:		X Support	Office Sought	t: House District: 00
CORNYN, JOHN, , Sen,		Oppose	Preside	nt Senate State: TX
Calendar Year-To-Date Per Election for Office Sought	7 1 7	11888.36	Disbursement 2026 Ot	For: Primary General ther (specify) ▶
Full Name of Payee		☐ Memo	Item Date o	f Public Distribution/Dissemination
LIVE TRANSFERS AND DONOR CF	REATION LL	.C		02 / 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			Amoun	it
City	State	Zip Code		1059.30
SAN JUAN	PR	00909		action ID : SE-S785358 f Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	М	02 / 18 / Y Y Y Y Y Y
Name of Federal Candidate:		✗ Support	Office Sought	: House District: 00
TILLIS, THOM, R., Sen,		Oppose	Preside	nt 🗶 Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	11888.33	Disbursement 2026 Ot	For: x Primary General cher (specify) ▶
•			•	
(a) SUBTOTAL of Itemized Independent Expenditures	;		•	2118.60
(b) SUBTOTAL of Unitemized Independent Expenditu	res		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized			

[Electronically Filed]

2022

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02

Date

TEMIZED INDEPENDENT EXPENDITURES					PAGE 11	8 OF 144
NAME OF COMMITTEE (In Full)						24 OF FORM 3X
UNITED WOMEN'S HEALTH ALLIAN	CE PAC			FEC II	DENTIFICAT	TION NUMBER ▼
	021710			C	C0075569	4
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	M /	D D /	Y Y Y Y Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	☐ Memo		of Public	Distributio	n/Dissemination
Mailing Address 1607 Ponce de Leon ave				-		
Suite GM8			Amou	ınt		
City	State	Zip Code	I :			1059.30
SAN JUAN	PR	00909			ID : SE-S78 irsement or	
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		02	18	2022
Name of Federal Candidate:		X Support	Office Soug	ht:	X House	District:14
LAWRENCE, BRENDA, LULENAR, ,		Oppose	Presid	_	Senate	State: MI
Calendar Year-To-Date			Disburseme	nt For:	 x Prima	
Per Election for Office Sought	77-	11888.33	2022	Other (sp	pecify) ▶	
Full Name of Payee LIVE TRANSFERS AND DONOR CR Mailing Address 1607 Ponce de Leon ave	EATION LL	.C Memo	_	02	Distributio	n/Dissemination
Suite GM8						1 10000
City SAN JUAN	State PR	Zip Code 00909	Tran	saction	ID : SE-S78	35362
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		02	18	2022
Name of Federal Candidate:		✗ 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	7 7	11888.32	Disburseme	nt For: Other (sp	x Prima	ry General
(a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditure			· -	1 9		2118.60
, ,					7	
(c) TOTAL Independent Expenditures			•			
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized					
MASTROIANNI, STEPHANIE, , ,	Electronically Fil	<i>led]</i> Date	02 /	16)22

TEMIZED INDEPENDENT EXPENDITURES				PAGE 119 OF 144
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
UNITED WOMEN'S HEALTH ALLIAN	ICE PAC			FEC IDENTIFICATION NUMBER ▼
ONTED WOMEN OTHER ETTIMES.	1021710			C C00755694
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	M
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	☐ Memo	_	of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave	02 20 2022			
Suite GM8			Amou	ınt
City	State	Zip Code		1059.30
SAN JUAN	PR	00909		saction ID : SE-S785364 of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		02 18 2022
Name of Federal Candidate:		✗ Support	Office Sough	ht: House District:00
SHAHEEN, JEANNE, , ,		Oppose	Presid	N⊔
			Disburseme	
Calendar Year-To-Date Per Election for Office Sought	, , , ,	11888.34	2026	Other (specify) ▶
Full Name of Payee LIVE TRANSFERS AND DONOR CR Mailing Address 1607 Ponce de Leon ave	EATION LL	.C Memo	_	of Public Distribution/Dissemination 02 / 23 / 2022
Suite GM8 City	State	Zip Code		1059.30
SAN JUAN	PR	00909	Tran	saction ID : SE-S785366 of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising	1	Category/ Type 004		02 18 2022
Name of Federal Candidate:		x Support	Office Sough	ht: House District:00
BLUNT, ROY, , ,		Oppose	Presid	MO
Calendar Year-To-Date Per Election for Office Sought	7	11888.37	Disbursemen	nt For: x Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			· -	2118.60
(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	ate or authorized			
MASTROIANNI, STEPHANIE, , ,	Electronically Fi	led] Date	e 02	16 2022

TEMIZED INDEPENDENT EXPENDITURES				PAGE 120 OF 144
NAME OF COMMITTEE (In Full)			1	FOR LINE 24 OF FORM 3X
UNITED WOMEN'S HEALTH ALLIAN	ICE PAC		FE	C IDENTIFICATION NUMBER ▼
ONTED WOMEN OF TEXT TIME IN				C00755694
Check if 24-hour report 48-hour report	New repo	ort Amends repo	t filed on	/ D D / Y Y Y Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	☐ Memo	tem Date of P	rublic Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave				
Suite GM8			Amount	
City	State	Zip Code		1059.30
SAN JUAN	PR	00909		ion ID : SE-S785368 Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	02	
Name of Federal Candidate:		✗ Support	Office Sought:	House District:00
MURRAY, PATTY, , ,		Oppose	President	Senate State: WA
Calendar Year-To-Date Per Election for Office Sought	<u> </u>	11888.36	Disbursement For 2022 Other	or: x Primary General r (specify) ▶
Full Name of Payee LIVE TRANSFERS AND DONOR CR Mailing Address 1607 Ponce de Leon ave	REATION LL	C Memo	M 02	rublic Distribution/Dissemination
Suite GM8			Amount	
City	State	Zip Code		1059.30
SAN JUAN	PR	00909		tion ID : SE-S785370 Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	02	
Name of Federal Candidate:		x Support	Office Sought:	House District:00
VAN HOLLEN, CHRIS, , ,		Oppose	President	Senate State: MD
Calendar Year-To-Date Per Election for Office Sought	<u> </u>	11888.36	Disbursement For 2022 Other	or: x Primary General r (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditure				2118.60
(c) TOTAL Independent Expenditures			•	, , , , , , , ,
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	•		,
MASTROIANNI, STEPHANIE, , ,	Electronically Fil	[ed] Date	M M / D	6 2022

TEMIZED INDEPENDENT EXPENDITURES				PAGE 121 OF 144
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
UNITED WOMEN'S HEALTH ALLIAN	CE PAC			FEC IDENTIFICATION NUMBER ▼
ONTED WOMEN OTIE/LETTIALED/NO	OL 1710			C C00755694
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed	on M M / D D / Y Y Y Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	☐ Memo	Item	Date of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave				
Suite GM8				Amount
City	State	Zip Code		1036.08
SAN JUAN	PR	00909		Transaction ID : SE-S839950 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		03
Name of Federal Candidate:		X Support	Office	e Sought: House District: 00
CORNYN, JOHN, , Sen,		Oppose		President State: TX
Calendar Year-To-Date Per Election for Office Sought	7	11888.36	Disbu 2026	rsement For: Primary General Other (specify) ▶
Full Name of Payee LIVE TRANSFERS AND DONOR CR Mailing Address	EATION LL	.C Memo	Item	Date of Public Distribution/Dissemination
1607 Ponce de Leon ave Suite GM8				Amount
City	State	Zip Code		1036.08
SAN JUAN	PR	00909		Transaction ID : SE-S839952 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		03 01 / 2022
Name of Federal Candidate:		✗ Support	Office	Sought: House District: 00
TILLIS, THOM, R., Sen,		Oppose		President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 1 7	11888.33	Disbu 2026	rsement For: x Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			• •	2072.16
(b) SUBTOTAL of Unitemized Independent Expenditure	es		• •	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ite or authorized			
MASTROIANNI, STEPHANIE, , ,	Electronically Fil	[ed] Data	M	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

TEMIZED INDEPENDENT EXPENDITURES				PAGE 122 OF 144
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
UNITED WOMEN'S HEALTH ALLIAN	CE PAC			FEC IDENTIFICATION NUMBER ▼
ONTED WOMENOTIE/LETTIALED/IN				C C00755694
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	M = M / D = D / Y = 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				
Suite GM8			Amou	punt
City	State	Zip Code		1036.09
SAN JUAN	PR	00909		nsaction ID : SE-S839954 of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		03 / 01 / 2022
Name of Federal Candidate:		✗ Support	Office Soug	ght: X House District: 14
LAWRENCE, BRENDA, LULENAR, ,		Oppose	Presid	MI
Calendar Year-To-Date Per Election for Office Sought	7	11888.33	Disburseme	ent For: ✓ Primary General Other (specify) ✓
Full Name of Payee LIVE TRANSFERS AND DONOR CR Mailing Address 1607 Ponce de Leon ave	EATION LL	C Memo	Item Date	of Public Distribution/Dissemination
Suite GM8			Amou	punt
City	State	Zip Code		1036.09
SAN JUAN	PR	00909		nsaction ID : SE-S839956 of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		03 / 01 / 2022
Name of Federal Candidate:		x Support	Office Soug	ght: 🗶 House District: 08
LESKO, DEBBIE, , ,		Oppose	Presid	dent Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought		11888.32	Disburseme	ent For: x Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditure (c) TOTAL Independent Expenditures	es			2072.18
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	te or authorized	•		•
MASTROIANNI, STEPHANIE, , ,	Electronically File	<i>ed]</i> Date	02 /	23 2022
Cianatura		_ Date	UΖ	2022

SCHEDULE E (FEC FORM 3X) TEMIZED INDEPENDENT EXPENDITURES				PAGE 123 OF 144
NAME OF COMMITTEE (I. F. II)				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIAN	ICE DAC			FEC IDENTIFICATION NUMBER ▼
ONITED WOMEN 3 HEALTH ALLIAN	ICL PAC			C C00755694
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed	on M M / D D / Y Y Y Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	ATION LLC	☐ Memo	Item	Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1607 Ponce de Leon ave				02 23 2022
Suite GM8				Amount
City	State	Zip Code		1036.09
SAN JUAN	PR	00909		Transaction ID : SE-S839958 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		03 01 / 2022
Name of Federal Candidate:		✗ Support	Office	e Sought: House District: 00
SHAHEEN, JEANNE, , ,		Oppose		President Senate State: NH
Calendar Year-To-Date Per Election for Office Sought	7	11888.34	Disbu 2026	rrsement For:
Full Name of Payee LIVE TRANSFERS AND DONOR CF Mailing Address 1607 Ponce de Leon ave	REATION LL	.C Memo	Item	Date of Public Distribution/Dissemination
Suite GM8				Amount
City	State	Zip Code		1036.08 Transaction ID : SE-S839960
SAN JUAN	PR	00909		Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		03 / 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		✗ Support	Office	e Sought: House District: 00
BLUNT, ROY, , ,		Oppose		President Senate State: MO
Calendar Year-To-Date Per Election for Office Sought	, , ,	11888.37	Disbu 2022	orsement For: Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	S		. •	2072.17
(b) SUBTOTAL of Unitemized Independent Expenditu	res		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
MASTROIANNI, STEPHANIE, , ,	[Electronically Fil	[ed] Date	e 0	2 23 2022

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Date

TEMIZED INDEPENDENT EXPENDITURES			PAGE 124 OF 144
			FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIAN			FEC IDENTIFICATION NUMBER ▼
UNITED WOWEN 3 REALTH ALLIAN	ICE FAC		C C00755694
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	☐ Memo	Item Date of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave			
Suite GM8			Amount
City	State	Zip Code	1036.09
SAN JUAN	PR	00909	Transaction ID : SE-S839962 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	03 / 01 / 2022
Name of Federal Candidate:		X Support	Office Sought: House District: 00
MURRAY, PATTY, , ,		Oppose	President Senate State: WA
Calendar Year-To-Date Per Election for Office Sought	7 1 7	11888.36	Disbursement For: ✓ Primary General 2022 Other (specify) ✓
Full Name of Payee LIVE TRANSFERS AND DONOR CR Mailing Address 1607 Ponce de Leon ave	REATION LL	.C Memo	Date of Public Distribution/Dissemination M 02 / D 23 / Y 2022 Amount
Suite GM8 City	State	Zip Code	1036.09
SAN JUAN	PR	00909	Transaction ID : SE-S839964 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	03 / 01 / 2022
Name of Federal Candidate:		x Support	Office Sought: House District: 00
VAN HOLLEN, CHRIS, , ,		Oppose	President X Senate State: MD
Calendar Year-To-Date Per Election for Office Sought	<u> </u>	11888.36	Disbursement For: ✓ Primary General 2022 Other (specify) ✓
(a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditure			
(c) TOTAL Independent Expenditures			>
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	•	• • • • • • • • • • • • • • • • • • • •
MASTROIANNI, STEPHANIE, , ,	Electronically Fil	<i>led]</i> Date	02 23 2022

TEMIZED INDEPENDENT EXPENDITURES				PAGE 125 OF 144
NAME OF COMMITTEE (In Fully				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIAN	CE PAC		FI	EC IDENTIFICATION NUMBER ▼
ONTED WOMEN OTHERETT ALLIAN	OLIAO			C00755694
Check if 24-hour report 48-hour report	New repo	ort Amends repor	t filed on	M / D D / Y Y Y Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	☐ Memo I	tem Date of	
Mailing Address 1607 Ponce de Leon ave				02 2022
Suite GM8			Amount	
City	State	Zip Code		1042.57
SAN JUAN	PR	00909		tion ID : SE-S839966 Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	M 03	M / D D / Y Y Y
Name of Federal Candidate:		✗ Support	Office Sought:	House District: 00
CORNYN, JOHN, , Sen,		Oppose	President	Senate State: TX
Calendar Year-To-Date			Disbursement F	For: X Primary General
Per Election for Office Sought	, , ,	11888.36	2026	er (specify) ►
Full Name of Payee LIVE TRANSFERS AND DONOR CR	EATION LL	.C Memo I	tem Date of	
Mailing Address 1607 Ponce de Leon ave			Amount	
Suite GM8	la	I =: 0 .		4040.50
City SAN JUAN	State PR	Zip Code 00909	Transac	1042.58 etion ID : SE-S839968 Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	Date of 1	M / D D / Y Y Y
Name of Federal Candidate:		✗ Support	Office Sought:	House District:00
TILLIS, THOM, R., Sen,		Oppose	President	□ NC
Calendar Year-To-Date Per Election for Office Sought	7 7	11888.33	Disbursement F 2026 Othe	For: x Primary General er (specify)
(a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditure (c) TOTAL Independent Expenditures	es			2085.15
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ite or authorized			
MASTROIANNI, STEPHANIE, , ,	Electronically Fil	[ed] Date	03	02 2022
		_ Date		

TEMIZED INDEPENDENT EXPENDITURES				PAGE 126 OF 144
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
UNITED WOMEN'S HEALTH ALLIAN	ICE PAC			FEC IDENTIFICATION NUMBER ▼
				C C00755694
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y Y Y Y
Full Name of Payee	TIONILLO	☐ Memo	Item Date	of Public Distribution/Dissemination
LIVE TRANSFERS AND DONOR CREA	TION LLC		Г	03 02 7 2022
Mailing Address 1607 Ponce de Leon ave			Amou	nt
Suite GM8			Amou	
City	State	Zip Code		1042.58
SAN JUAN	PR	00909		saction ID: SE-S839970 of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		03 09 7 2022
Name of Federal Candidate:		✗ Support	Office Sough	nt: X House District: 14
LAWRENCE, BRENDA, LULENAR, ,		Oppose	Presid	MI
Calendar Year-To-Date			Disbursemer	
Per Election for Office Sought		11888.33	2022	Other (specify) ▶
Full Name of Payee LIVE TRANSFERS AND DONOR CR	EATION LL	.C Memo	1_	of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave			Amou	nt
Suite GM8	Ta	I =		1010.50
City SAN JUAN	State PR	Zip Code 00909	Tran	1042.58 saction ID : SE-S839972 of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		03 09 2022
Name of Federal Candidate:		✗ Support	Office Sough	nt: Nouse District: 08
LESKO, DEBBIE, , ,		Oppose	Presid	
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	11888.32	Disbursemer	nt For: x Primary General
(a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditure (c) TOTAL Independent Expenditures	res		· [.	2085.16
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
MASTROIANNI, STEPHANIE, , ,	Electronically Fil	led] Date	03	02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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TEMIZED INDEPENDENT EXPENDITURES			PAGE 127 OF 144
			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 Man / Dab / 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			03 02 2022
Suite GM8			Amount
City	State	Zip Code	1042.58
SAN JUAN	PR	00909	Transaction ID : SE-S839974 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	03
Name of Federal Candidate:		X Support	Office Sought: House District: 00
SHAHEEN, JEANNE, , ,		Oppose	President Senate State: NH
Calendar Year-To-Date Per Election for Office Sought		11888.34	Disbursement For: Primary General 2026 Other (specify) ▶
Full Name of Payee LIVE TRANSFERS AND DONOR CR Mailing Address 1607 Ponce de Leon ave Suite GM8	EATION LL	.C Memo	Item Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	1042.58
SAN JUAN	PR	00909	Transaction ID : SE-S839976 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	03 / 09 / 2022
Name of Federal Candidate:		x Support	Office Sought: House District: 00
BLUNT, ROY, , ,		Oppose	President Senate State: MO
Calendar Year-To-Date Per Election for Office Sought	1 1	11888.37	Disbursement For: ✓ Primary General 2022 Other (specify) ✓
(a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditure			
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its	ite or authorized	•	·
MASTROIANNI, STEPHANIE, , ,	Electronically Fil	led]	9 03 02 7 2022
0: 1		Date	, 03 02 2022

TEMIZED INDEPENDENT EXPENDITURES				PAGE 128 OF 144
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 rep	ort Amends repo	rt filed on	M / D D / Y Y Y Y
Full Name of Payee	TIONILLO	☐ Memo	Item Date o	f Public Distribution/Dissemination
LIVE TRANSFERS AND DONOR CREA	TION LLC			03
Mailing Address 1607 Ponce de Leon ave			Amoun	
Suite GM8			Amoun	
City	State	Zip Code		1042.58
SAN JUAN	PR	00909		action ID: SE-S839978 If Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	М	03 09 2022
Name of Federal Candidate:		X Support	Office Sought	t: House District:00
MURRAY, PATTY, , ,		Oppose	Preside	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Calendar Year-To-Date			Disbursement	
Per Election for Office Sought		11888.36	2022	ther (specify)
Full Name of Payee LIVE TRANSFERS AND DONOR CR	EATION LL	.C Memo	Item Date o	f Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave			Amoun	nt .
Suite GM8 City	State	Zip Code		1042.58
SAN JUAN	PR	00909	Trans	action ID : SE-S839980 f Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	M	03 09 7 2022
Name of Federal Candidate:		✗ Support	Office Sought	t: House District:00
VAN HOLLEN, CHRIS, , ,		Oppose	Preside	MD
Calendar Year-To-Date Per Election for Office Sought		11888.36	Disbursement	
			Ot	ther (specify)
(a) SUBTOTAL of Itemized Independent Expenditures			•	2085.16
(b) SUBTOTAL of Unitemized Independent Expenditure	res		-	
(c) TOTAL Independent Expenditures			• .	, , , , , , ,
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
MASTROIANNI, STEPHANIE, , ,	Electronically Fil	led1 _	M = M /	02 / Y Y Y Y Y
Cianatura	omeany I'll	Date	03	02 2022

TEMIZED INDEPENDENT EXPENDITURES				PAGE 129 OF 144
NAME OF COMMITTEE (In Full)			1	FOR LINE 24 OF FORM 3X
UNITED WOMEN'S HEALTH ALLIAN	ICF PAC		FE	C IDENTIFICATION NUMBER ▼
OTTI D WOMEN O HEXETT ALEMAN				C00755694
Check if 24-hour report 48-hour report	New repo	ort Amends repo	t filed on	/ D D / Y Y Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	☐ Memo	tem Date of P	ublic Distribution/Dissemination / Page 19 19 19 19 19 19 19 19 19 19 19 19 19
Mailing Address 1607 Ponce de Leon ave				
Suite GM8			Amount	
City	State	Zip Code	— Г	880.47
SAN JUAN	PR	00909		on ID : SE-S839982 isbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	03	09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		✗ Support	Office Sought:	House District: 00
CORNYN, JOHN, , Sen,		Oppose	President	Senate State: TX
Calendar Year-To-Date Per Election for Office Sought	7 1 7	11888.36	Disbursement For 2026 Other	or: x Primary General General General
Full Name of Payee LIVE TRANSFERS AND DONOR CR Mailing Address	EATION LL	C Memo	tem Date of P	ublic Distribution/Dissemination
1607 Ponce de Leon ave Suite GM8			Amount	
City	State	Zip Code		880.47
SAN JUAN	PR	00909		ion ID : SE-S839984 isbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	03	
Name of Federal Candidate:		✗ Support	Office Sought:	House District:00
TILLIS, THOM, R., Sen,		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	11888.33	Disbursement Fo	or: x Primary General (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditure				1760.94
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	•		*
MASTROIANNI, STEPHANIE, , ,	Electronically Fil	ed] Date	M = M / D	9 2022

TEMIZED INDEPENDENT EXPENDITURES					PAGE 130 OF 144
NAME OF COMMITTEE (In Full)					FOR LINE 24 OF FORM 3X
UNITED WOMEN'S HEALTH ALLIAN	ICE PAC			FEC	IDENTIFICATION NUMBER ▼
ONTED WOMEN OTHER THINKE IN	02170			C	C00755694
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	M = M	/ D D / Y Y Y Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	☐ Memo	Item Da	e of Pub	lic Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave					
Suite GM8			Am	ount	
City	State	Zip Code			880.47
SAN JUAN	PR	00909			ID: SE-S839986 pursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		03	09 / 2022
Name of Federal Candidate:		X Support	Office Soi	uaht:	➤ House District: 14
LAWRENCE, BRENDA, LULENAR, ,		Oppose		sident	Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	7 1 7	11888.33	Disbursen 2022		✓ Primary General Specify) ▶
Full Name of Payee LIVE TRANSFERS AND DONOR CR Mailing Address 1607 Ponce de Leon ave	EATION LL	.C Memo		e of Pub	lic Distribution/Dissemination
Suite GM8 City	State	Zip Code	<u> —</u> г		880.47
SAN JUAN	PR	00909		ansactio	n ID : SE-S839988 bursement or Obligation
Purpose of Expenditure Telephone Fundraising	1	Category/ Type 004		03	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		✗ Support	Office Soi	ught:	₩ House District:08
LESKO, DEBBIE, , ,		Oppose	Pre	sident	Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought		11888.32	Disbursen 2022		▼ Primary General specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditure (c) TOTAL Independent Expenditures	res		• [1760.94
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 agent.	d committee or agent of			
MASTROMANIA, STEFMANIE, , ,	Electronically Fil	<i>led]</i> Date	03	09	2022

TEMIZED INDEPENDENT EXPENDITURES				PAGE 131 OF 144
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
UNITED WOMEN'S HEALTH ALLIAN	CE PAC			FEC IDENTIFICATION NUMBER ▼
OTTI D VVOIVIETO TIE/LETT/LEE/A	OL 1710			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		☐ Memo	Itom Date 0	f Public Distribution/Dissemination
LIVE TRANSFERS AND DONOR CREA	TION LLC	□ Memo	M	03
Mailing Address 1607 Ponce de Leon ave			Amaun	
Suite GM8			Amoun	
City	State	Zip Code		880.47
SAN JUAN	PR	00909		action ID : SE-S839990 f Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	М	03 09 2022
Name of Federal Candidate:		X Support	Office Sought	:: House District:00
SHAHEEN, JEANNE, , ,		Oppose	Preside	□ N⊔
Colondor Veer To Dote			Disbursement	
Calendar Year-To-Date Per Election for Office Sought		11888.34	2026	her (specify)
Full Name of Payee		☐ Memo	Item Date of	f Public Distribution/Dissemination
LIVE TRANSFERS AND DONOR CR	EATION LL	.C		03 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1607 Ponce de Leon ave				03 09 2022
Suite GM8			Amoun	t
City	State	Zip Code		880.47
SAN JUAN	PR	00909	Trans	action ID : SE-S839992 f Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	M	03
Name of Federal Candidate:		✗ Support	Office Sought	:: District: 00
BLUNT, ROY, , ,		Oppose	Preside	MO
Calendar Year-To-Date			Disbursement	
Per Election for Office Sought	7	11888.37	2022	ther (specify) \blacktriangleright
(a) SUBTOTAL of Itemized Independent Expenditures			•	1760.94
(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	te or authorized			
MASTROIANNI, STEPHANIE, , ,	Electronically Fil	ledl -	M M /	00 / 71717
	I il	Date	03	09 2022

NAME OF COMMITTEE (In Full)

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

	PAGE 13	32 OF 144
	FOR LINE	24 OF FORM 3X
FEC		TION NUMBER ▼
С	C0075569	
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of Pub	olic Distributio	n/Dissemination
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ınt		
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sactior	n ID: SE-S83 oursement or	
03	09	2022
ht:	House	District:00
ent	x Senate	State: WA
nt For:	x Prima	ry General
Other (specify) ▶	
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03	09	2022
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UNITED WOMEN'S HEALTH ALLIANCE PAC C C00755694						
Check if 24-hour report 48-hour report New report Amends report filed on 48-hour report						
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	Item D	Date of Public Distribution/Dissemination				
Mailing Address 1607 Ponce de Leon ave		03 09 2022 mount				
Suite GM8						
City SAN JUAN	State	Zip Code 00909		880.47 Transaction ID: SE-S839994		
				Date of Disbursement or Obligation		
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		03 09 7 2022		
Name of Federal Candidate:		✗ Support	Office S	Sought: House District: 00		
MURRAY, PATTY, , ,		Oppose		resident State: WA		
Calendar Year-To-Date Per Election for Office Sought		11888.36	Disburse	ement For: 🗶 Primary General		
	,			Other (specify)		
Full Name of Payee LIVE TRANSFERS AND DONOR CR	REATION LL	C Memo	Item D	Date of Public Distribution/Dissemination		
Mailing Address				03		
1607 Ponce de Leon ave Suite GM8			А	mount		
City	State	Zip Code		880.47		
SAN JUAN	PR	00909	I	Transaction ID : SE-S839996 Date of Disbursement or Obligation		
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		03 09 / 2022		
Name of Federal Candidate:		✗ Support	Office S	Sought: House District: 00		
VAN HOLLEN, CHRIS, , ,		Oppose	l	resident Senate State: MD		
Calendar Year-To-Date Per Election for Office Sought	A 1 1 A	11888.36	Disburse 2022	ement For: Primary General Other (coesify)		
	,			Other (specify) ►		
(a) SUBTOTAL of Itemized Independent Expenditures			. [1760.94		
(b) SUBTOTAL of Unitemized Independent Expenditure	res		•			
(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 M	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Signature		_ Date	03	2022		
				FEC Schedule E (Form 3X) Rev. 05/2016		

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

	PAGE 133 OF 144
	FOR LINE 24 OF FORM 3X
FEC	IDENTIFICATION NUMBER ▼
C	C00755694
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of Pub	olic Distribution/Dissemination
M 03 M	16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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nsaction	n ID: SE-S839998 bursement or Obligation
03	16 2022
ight:	House District:00
ident	Senate State: TX
ent For:	▼ Primary General
Other (specify) ▶
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				FOR LINE 24 OF FORM 3X	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIAN	ICE DAC			FEC IDENTIFICATION NUMBER ▼	
ONITED WOMEN'S HEALTH ALLIAN	IOL I AO			C C00755694	
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed o	n M = M / D = D / Y = Y = Y	
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	Item	Date of Public Distribution/Dissemination			
Mailing Address				03 / 16 / 2022	
1607 Ponce de Leon ave Suite GM8				Amount	
City	State	Zip Code		879.43	
SAN JUAN	PR	00909		Transaction ID : SE-S839998 Date of Disbursement or Obligation	
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		03 / 16 / 2022	
Name of Federal Candidate:		Cupport	Office	Sought: House District: 00	
CORNYN, JOHN, , Sen,		Support Oppose		Sought: House District: UV President X Senate State: TX	
			Dichur	sement For: 🗶 Primary General	
Calendar Year-To-Date Per Election for Office Sought	, , ,	11888.36	2026	Other (specify)	
Full Name of Payee		□ Mama	Itam	Date of Public Distribution/Dissemination	
LIVE TRANSFERS AND DONOR CF	REATION LL	.C Memo	item	03 16 2022	
Mailing Address 1607 Ponce de Leon ave					
Suite GM8				Amount	
City	State	Zip Code		879.43	
SAN JUAN	PR	00909		Transaction ID : SE-S840000 Date of Disbursement or Obligation	
Purpose of Expenditure		Catamanul	_	M M / D D / Y Y Y Y	
Telephone Fundraising		Category/ Type 004		03 16 2022	
Name of Federal Candidate:		✗ Support	Office	Sought: House District: 00	
TILLIS, THOM, R., Sen,		Oppose		President Senate State: NC	
Calendar Year-To-Date		44000.00	Disburs	sement For: 🗶 Primary General	
Per Election for Office Sought	7 7	11888.33	2026	Other (specify)	
(a) SUBTOTAL of Itemized Independent Expenditures	3			1758.86	
(b) SUBTOTAL of Unitemized Independent Expenditu	res				
(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.					
	[Electronically Fil	ded] Date	e 03	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Signature					

TEMIZED INDEPENDENT EXPENDITURES					PAGE 13	4 OF 144
NAME OF COMMITTEE (In Full)						24 OF FORM 3X
UNITED WOMEN'S HEALTH ALLIAN	CE PAC			FEC II	DENTIFICAT	TON NUMBER ▼
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Full Name of Payee		☐ Memo	Item Date	of Publi	c Distribution	n/Dissemination
LIVE TRANSFERS AND DONOR CREA	TION LLC			M M M	/ 16 D	2022
Mailing Address 1607 Ponce de Leon ave			Amou	ınt		
Suite GM8			Allioc			
City	State	Zip Code				879.44
SAN JUAN	PR	00909			ID: SE-S840 ursement or	
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	_	03	16	2022
Name of Federal Candidate:		✗ Support	Office Sough	ht:	X House	District:14
LAWRENCE, BRENDA, LULENAR, ,		Oppose	Presid		Senate	State: MI
Calendar Year-To-Date			Disburseme	- · L	✗ Prima	
Per Election for Office Sought	7	11888.33	2022 —		pecify) ▶	Contra
Full Name of Payee LIVE TRANSFERS AND DONOR CR	EATION LL	.C Memo		of Publi	c Distribution	n/Dissemination
Mailing Address			— L	03	16	2022
1607 Ponce de Leon ave			Amou	ınt		
Suite GM8 City	State	Zip Code				879.44
SAN JUAN	PR	00909			ID : SE-S84	
Purpose of Expenditure	FIX	00909	Date	of Disbu	ursement or	Obligation
Telephone Fundraising		Category/ Type 004		03	16	2022
Name of Federal Candidate:		x 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		11888.32	Disburseme	nt For:	x Prima	ry General
rei Liection for Office Sought	7		2022	Other (sp	pecify) ►	
(a) CURTOTAL of the second barbara and authorized						4750.00
(a) SUBTOTAL of Itemized Independent Expenditures			•	7	7	1758.88
(b) SUBTOTAL of Unitemized Independent Expenditure	es		•			
(c) TOTAL Independent Expenditures						
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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]	M = M /	16)22
0: 1		_ Date	9 03	16	2(122

TEMIZED INDEPENDENT EXPENDITURES				PAGE 135 OF 144
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
UNITED WOMEN'S HEALTH ALLIAN	ICF PAC			FEC IDENTIFICATION NUMBER ▼
OTTI D WOMEN O HEXETTI ALEMAN				C C00755694
Check if 24-hour report 48-hour report	New repo	ort Amends repo		/ D D / Y Y Y Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	☐ Memo	Item Date	of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave				
Suite GM8			Amou	unt
City	State	Zip Code		879.44
SAN JUAN	PR	00909		saction ID : SE-S840006 of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		03 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		X Support	Office Soug	ht: House District: 00
SHAHEEN, JEANNE, , ,		Oppose	Presid	dent Senate State: NH
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	11888.34	Disburseme 2026	nt For: x Primary ☐ General Other (specify) ▶
Full Name of Payee LIVE TRANSFERS AND DONOR CR Mailing Address 1607 Ponce de Leon ave	EATION LL	C Memo	Item Date	of Public Distribution/Dissemination
Suite GM8			Amou	unt
City	State	Zip Code	$ \Gamma$	879.44
SAN JUAN	PR	00909		nsaction ID : SE-S840008 of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004] [03 / 16 / 2022
Name of Federal Candidate:		x Support	Office Soug	ht: House District: 00
BLUNT, ROY, , ,		Oppose	Presid	dent Senate State: MO
Calendar Year-To-Date Per Election for Office Sought	7	11888.37	Disburseme	nt For: x Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditure			, L	1758.88
(c) TOTAL Independent Expenditures			· [
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	•		• •
MASTROIANNI, STEPHANIE, , ,	Electronically Fil	[ed] Date	03	16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

TE	MIZED INDEPENDENT EXPENDITURES	j			PAGE 136 OF 144
NΙΛ	ME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full) NITED WOMEN'S HEALTH ALLIAN	ICE PAC			FEC IDENTIFICATION NUMBER ▼
	WITED WOMEN'S HEALTH ALLIAN	ICL I AC			C C00755694
Ch	eck if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed	on M M / D D / Y Y Y Y
	Full Name of Payee LIVE TRANSFERS AND DONOR CREA	ATION LLC	☐ Memo	Item	Date of Public Distribution/Dissemination
-	Mailing Address 1607 Ponce de Leon ave				03 16 2022
	Suite GM8				Amount
f	City	State	Zip Code		879.44
	SAN JUAN	PR	00909		Transaction ID : SE-S840010 Date of Disbursement or Obligation
	Purpose of Expenditure Telephone Fundraising		Category/ Type 004	4	03 / 16 / 2022
İ	Name of Federal Candidate:		✗ Support	Office	Sought: House District: 00
	MURRAY, PATTY, , ,		Oppose		President Senate State: WA
	Calendar Year-To-Date Per Election for Office Sought	7	11888.36	Disbu 2022	orsement For: Primary General Other (specify) ▶
	Full Name of Payee LIVE TRANSFERS AND DONOR CR	REATION LL	.C Memo	Item	Date of Public Distribution/Dissemination M M M M / D D D / Y M Y M Y M Y M Y M Y M Y M Y M Y M Y
	1607 Ponce de Leon ave Suite GM8				Amount
ŀ	City	State	Zip Code		879.44
	SAN JUAN	PR	00909		Transaction ID : SE-S840012 Date of Disbursement or Obligation
	Purpose of Expenditure Telephone Fundraising		Category/ Type 004		03 / 16 / 2022
İ	Name of Federal Candidate:		✗ Support	Office	Sought: House District: 00
	VAN HOLLEN, CHRIS, , ,		Oppose		President Senate State: MD
	Calendar Year-To-Date Per Election for Office Sought	7	11888.36	Disbu 2022	orsement For: ✓ Primary General Other (specify) ►
	(a) SUBTOTAL of Itemized Independent Expenditures	3		. •	1758.88
	(b) SUBTOTAL of Unitemized Independent Expenditu	ıres		•	
	(c) TOTAL Independent Expenditures			•	
١	Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
	MASTROIANNI, STEPHANIE, , ,	[Electronically File	led]	M = 0'	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

NAME OF COMMITTEE (In Full)

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

					37 OF	144 DRM 3X
			FEC	IDENTIFICA:		
			С	C0075569	94	
s repor	t filed		- M	/ D D	/ Y Y	Y
Memo I	tem	Date	of Pub	lic Distribution	n/Dissemir	nation
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		Amou	nt			
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004			03 ^M	30)22
port	Office	Sough	nt:	House	District:	00
ose		Presid	ent	x Senate	State:	TX
]	Disbu 2026	rsemer		Prima specify) ▶	ary	General
Memo I	tem	Date	of Pub	lic Distribution	n/Dissemir	nation
			03 ^M	23)22
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					91	4.06
		Ι.		B I I 4		400
				n ID : SE-S8		
004		Date		,	Obligation) 22
004	Office	Date	of Disb	n ID : SE-S8	Obligation	YYY
port	Office	Date	of Disb	n ID : SE-S8 pursement or	Obligation / Y Y 20)22
		Date Sough Presid	of Disb	n ID: SE-S8 oursement or / 30 House Market Senate Market Prima	Obligation / Y Y 20 District: State:	00
port	Disbu	Date Sough Presid	of Disb	House Senate	Obligation / Y Y 20 District: State:	00 NC
port	Disbu	Date Sough Presid	of Disb	n ID: SE-S8 oursement or / 30 House Market Senate Market Prima	Obligation / Y Y 20 District: State:	00 NC General
port	Disbu	Date Sough Presid	of Disb	n ID: SE-S8 oursement or / 30 House Market Senate Market Prima	District: State:	00 NC General
port	Disbu	Date Sough Presid	of Disb	n ID: SE-S8 oursement or / 30 House Market Senate Market Prima	District: State:	00 NC General

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDENT EXPENDITURES			PAGE 138 OF 144		
NAME OF COMMITTEE (In Full)			FOR LINE 24 OF FORM 3X		
UNITED WOMEN'S HEALTH ALLIAN	ICE PAC		FEC IDENTIFICATION NUMBER ▼		
ONTED WOMEN OTHER ETTINGEN	1021710		C C00755694		
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on		
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	☐ Memo	Date of Public Distribution/Dissemination		
Mailing Address 1607 Ponce de Leon ave			00 20 2022		
Suite GM8			Amount		
City	State	Zip Code	914.06		
SAN JUAN	PR	00909	Transaction ID : SE-S840018 Date of Disbursement or Obligation		
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	03 30 7 2022		
Name of Federal Candidate:		X Support	Office Sought: House District: 14		
LAWRENCE, BRENDA, LULENAR, ,		Oppose	President Senate State: MI		
Calendar Year-To-Date Per Election for Office Sought	7 7	11888.33	Disbursement For: ✓ Primary General 2022 Other (specify) ✓		
Full Name of Payee LIVE TRANSFERS AND DONOR CR Mailing Address 1607 Ponce de Leon ave Suite GM8	REATION LL	Memo	Date of Public Distribution/Dissemination M M M 23 / 23 / 2022 Amount		
City	State	Zip Code	914.06		
SAN JUAN	PR	00909	Transaction ID : SE-S840020 Date of Disbursement or Obligation		
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	03 / 03 / Y 2022		
Name of Federal Candidate:		✗ Support	Office Sought: House District: 08		
LESKO, DEBBIE, , ,		Oppose	President Senate State: AZ		
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	11888.32	Disbursement For: Primary General Other (specify) ▶		
(a) SUBTOTAL of Itemized 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		of either, or (if the reporting entity is not a political		
MASTROIANNI, STEPHANIE, , ,	Electronically Fil	led] Date	03 23 2022		

TEMIZED INDEPENDENT EXPENDITURES				PAGE 139 OF 144
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
UNITED WOMEN'S HEALTH ALLIAN	CF PAC			FEC IDENTIFICATION NUMBER ▼
OTTI D WOMEN O HEXETTI NEED WA				C C00755694
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	M / D D / Y Y Y Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	☐ Memo	Item Date of	of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave				
Suite GM8			Amou	nt
City	State	Zip Code		914.06
SAN JUAN	PR	00909		action ID : SE-S840022 of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		03 / 03 / 2022
Name of Federal Candidate:		X Support	Office Sough	t: House District: 00
SHAHEEN, JEANNE, , ,		Oppose	Preside	ent Senate State: NH
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	11888.34	Disbursement 2026 O	t For: x Primary General ther (specify) ▶
Full Name of Payee LIVE TRANSFERS AND DONOR CR Mailing Address	EATION LL	C Memo		of Public Distribution/Dissemination
1607 Ponce de Leon ave Suite GM8			Amou	nt
City	State	Zip Code		914.06
SAN JUAN	PR	00909		saction ID : SE-S840024 of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	N	03 / 03 / 2022
Name of Federal Candidate:		x Support	Office Sough	t: House District: 00
BLUNT, ROY, , ,		Oppose	Preside	ent Senate State: MO
Calendar Year-To-Date Per Election for Office Sought	7	11888.37	Disbursemen 2022 O	t For: x Primary General ther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditure				1828.12
, ,				
(c) TOTAL Independent Expenditures			• [
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ite or authorized	•		•
MASTROIANNI, STEPHANIE, , ,	Electronically Fil	[ed] Date	03	23 2022

SCHEDULE E (FEC Form 3X)

TEMIZED INDEPENDENT EXPENDITURES				PAGE 140 OF 144 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 rep	ort Amends repo	ort filed or	1 M M / D D / Y Y Y Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	ATION LLC	☐ Memo	Item [Date of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave				35 252
Suite GM8			l A	Amount
City	State	Zip Code		914.05
SAN JUAN	PR	00909		Fransaction ID : SE-S840026 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		03
Name of Federal Candidate:		X Support	Office S	Sought: House District: 00
MURRAY, PATTY, , ,		Oppose	P	resident Senate State: WA
Calendar Year-To-Date Per Election for Office Sought	7	11888.36	Disburs 2022	ement For:
Full Name of Payee LIVE TRANSFERS AND DONOR CR Mailing Address 1607 Ponce de Leon ave	REATION LL	.C Memo		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Suite GM8			lí	Milouit
City SAN JUAN	State	Zip Code 00909		914.05 Transaction ID : SE-S840028
Purpose of Expenditure				Date of Disbursement or Obligation
Telephone Fundraising		Category/ Type 004		03 / 30 / 2022
Name of Federal Candidate:		✗ Support	Office S	Sought: House District: 00
VAN HOLLEN, CHRIS, , ,		Oppose		resident Senate State: MD
Calendar Year-To-Date Per Election for Office Sought	, , ,	11888.36	Disburs 2022	ement For: x Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditu	res		• [1828.10
(c) TOTAL Independent Expenditures			• [
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	•		
MASTROIANNI, STEPHANIE, , ,	[Electronically Fil	led] Date	03	23 2022

Date

TEMIZED INDEPENDENT EXPENDITURES					PAGE 14	1 OF 144
NAME OF COMMITTEE (In Full)						24 OF FORM 3X
UNITED WOMEN'S HEALTH ALLIAN	ICE PAC			FEC II	DENTIFICAT	TION NUMBER ▼
ONLES WOMEN OF TEXT TREES, IN	1021710			С	C0075569	4
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M /	D D /	Y Y Y Y Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	☐ Memo	_	of Public	Distribution 05	n/Dissemination
Mailing Address 1607 Ponce de Leon ave				01	00	2022
Suite GM8			Amou	ınt		
City	State	Zip Code	— I [909.09
SAN JUAN	PR	00909			ID: SE-S78	
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		M M M 12	29	2022
Name of Federal Candidate:		✗ Support	Office Soug	ht:	X House	District:14
LAWRENCE, BRENDA, LULENAR, ,		Oppose	Presid	_	Senate	State: MI
Calendar Year-To-Date			Disburseme	nt For:	X Prima	
Per Election for Office Sought	7	11888.33	2022	Other (sp	pecify) ▶	,
Full Name of Payee LIVE TRANSFERS AND DONOR CR	REATION LL	.C Memo		of Public	Distribution	n/Dissemination
Mailing Address 1607 Ponce de Leon ave			Amou	ınt		
Suite GM8 City	State	Zip Code				909.09
SAN JUAN	PR	00909	Tran	saction	ID: SE-S78	5246
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		12	29	2022
Name of Federal Candidate:		✗ 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	7 1 1 7	11888.32	Disburseme	nt For: Other (sp	rima pecify) ▶	ry General
(a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditu (c) TOTAL Independent Expenditures	res		•	1 7		1818.18
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	12	29		021

TEMIZED INDEPENDENT EXPENDITURES			PAGE 142 OF 144
NAME OF COMMITTEE (In Full)			FOR LINE 24 OF FORM 3X
UNITED WOMEN'S HEALTH ALLIAN	ICF PAC		FEC IDENTIFICATION NUMBER ▼
011112 110112110 112.12.11.1.1			C C00755694
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	ATION LLC	☐ Memo	M M / D D / Y Y Y Y
Mailing Address 1607 Ponce de Leon ave			01 05 2022
Suite GM8			Amount
City	State	Zip Code	909.09
SAN JUAN	PR	00909	Transaction ID : SE-S785248 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	12 29 7 2022
Name of Federal Candidate:		X Support	Office Sought: House District: 00
BLUNT, ROY, , ,		Oppose	President Senate State: MO
Calendar Year-To-Date Per Election for Office Sought	7 7	11888.37	Disbursement For: ■ Primary General 2022 Other (specify) ■
Full Name of Payee		☐ Memo	Item Date of Public Distribution/Dissemination
LIVE TRANSFERS AND DONOR CF	REATION LL	C	01 05 7 2022
Mailing Address 1607 Ponce de Leon ave			Amount
Suite GM8			Amount
City	State	Zip Code	909.09
SAN JUAN	PR	00909	Transaction ID : SE-S785250 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	12 / 29 / Y Y Y Y Y Y Y
Name of Federal Candidate:		✗ Support	Office Sought: House District: 00
MURRAY, PATTY, , ,		Oppose	President Senate State: WA
Calendar Year-To-Date Per Election for Office Sought	7 1 7	11888.36	Disbursement For: Primary General 2022 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	ş		1818.18
(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 File	ed] Data	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

2021

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Date

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

Signature

EMIZED INDEPENDENT EXPENDITURES				PAGE 143 OF 144			
				FOR LINE 24 OF FORM 3X			
IAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼							
UNITED WOMEN'S HEALTH ALLIANCE PAC							
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	Item	Date of Public Distribution/Dissemination O1					
Mailing Address 1607 Ponce de Leon ave		Amount					
Suite GM8		1 =					
City	State	Zip Code		909.09			
SAN JUAN Purpose of Expenditure	PR	00909		Transaction ID : SE-S785252 Date of Disbursement or Obligation			
Telephone Fundraising Category/ Type Of			1	12 29 7 2022			
Name of Federal Candidate:		X Support	Office	Sought: House District:00			
VAN HOLLEN, CHRIS, , ,		Oppose		President Senate State: MD			
Calendar Year-To-Date Per Election for Office Sought		11888.36	Disbu 2022	rsement For: Primary General Other (specify)			
	, , ,			Other (specify)			
Full Name of Payee LIVE TRANSFERS AND DONOR CR	Item	Date of Public Distribution/Dissemination					
Mailing Address 1607 Ponce de Leon ave		01 05 2022					
Suite GM8		Amount					
City	State	Zip Code		909.09			
SAN JUAN	PR	00909		Transaction ID : SE-S785254 Date of Disbursement or Obligation			
Purpose of Expenditure Telephone Fundraising	1	Category/ Type 004		12 29 / Y 2022			
Name of Federal Candidate:				Sought: House District: 00			
CORNYN, JOHN, , Sen,				Sought: House District: 00 President Senate State: TX			
Calendar Year-To-Date Per Election for Office Sought	7 1 7	11888.36	Disbu 2026	rsement For: Primary General Other (specify)			
(a) SUBTOTAL of Itemized Independent Expenditures			. •	1818.18			
(b) SUBTOTAL of Unitemized Independent Expenditures							
(c) TOTAL Independent Expenditures							
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.							

[Electronically Filed]

2021

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Date

SCHEDULE E (FEC FORM 3X) TEMIZED INDEPENDENT EXPENDITURES	;			PAGE 144 OF 144		
		FOR LINE 24 OF FORM 3X				
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC						
UNITED WOMEN 5 HEALTH ALLIAN	NCE PAC			C C00755694		
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed	on M = M / D = D / Y = Y = Y		
Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC Memo Item						
Mailing Address 1607 Ponce de Leon ave		01 05 2022				
Suite GM8		Amount				
City	State	Zip Code		909.09		
SAN JUAN	PR	00909		Transaction ID : SE-S785256 Date of Disbursement or Obligation		
		Category/ Type 004	1	12 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate:		✗ Support	Office	e Sought: House District: 00		
TILLIS, THOM, R., Sen,		Oppose		President Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought	7 7	11888.33	Disbu 2026	ursement For: Primary General Other (specify) ▶		
Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC Mailing Address 1607 Ponce de Leon ave						
Suite GM8				Amount		
City	State	Zip Code		909.09		
SAN JUAN	PR	00909		Transaction ID : SE-S785258 Date of Disbursement or Obligation		
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		12 / 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate:		✗ Support	Office	e Sought: House District: 00		
SHAHEEN, JEANNE, , ,		Oppose		President Senate State: NH		
Calendar Year-To-Date Per Election for Office Sought	7	11888.34	Disbu 2026	orsement For: Primary General Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures	•	1818.18				
(b) SUBTOTAL of Unitemized Independent Expenditures						
(c) TOTAL Independent Expenditures			•	115208.54		
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] Date	e 1	2 29 2021		

Date