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PAGE 1 / 320

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For Other Than An Authorized Committee

							Office Use Onl	у
1. NAME COMM	OF IITTEE (in full)	TYPE OR PRINT		mple: If typing, r the lines.	type	12FE4M	5	
	D WOMEN'S H	IEALTH ALLIA	NCE PAC					
								<u></u>
ADDRESS	(number and street)	2021 L ST NW S	TE 101-193					
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th	heck if different an previously ported. (ACC)					DC	20036	
2. FEC II	DENTIFICATION N		CITY 🔺		S		ZIP(
C	C00755694		3. IS THIS REPORT	NE ^N (N)	W OR	x (A)	IENDED	
4. TYPE (Choos	OF REPORT e One)	(b) Monthly Report	Feb 20 (M2)	Ma	y 20 (M5)	Aug	20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Qi	uarterly Reports:	Due On:	Mar 20 (M3)	Jun	20 (M6)	Sep	20 (M9)	Dec 20 (M12) (Non-Election Year Only)
	April 15		Apr 20 (M4)	Jul	20 (M7)	Oct	20 (M10)	Jan 31 (YE)
	Quarterly Report (Q1) (c) 12-Day		Primary (12P)		General	(12G)	Runoff (12R)
	July 15 Quarterly Report (Q2) PRE-E		Operation (10)		On a sint (400)	
	October 15		for the:	Convention (12)	()	Special (125)	
×	Quarterly Report (January 31 Year-End Report (Election on	M M / C	D D /	Y Y Y Y Y	in th State	
	July 31 Mid-Year Report (Non-electi Year Only) (MY)	on (d) 30-Day POST-	Election	General (30G)		Runoff (3	30R)	Special (30S)
	Termination Repor		for the:	M M / T		vvvvv	in th	
	(TER)		Election on			T = T = T = T	in th State	
5. Coverir	ng Period	M / D D / 17 01	2021	through	M M 12	/ D D / 31	2021	Y
I certify tha	t I have examined t	his Report and to th		wledge and bel	ief it is true	e, correct and	d complete.	
Type or Pri	nt Name of Treasur	MASTROIANNI, er	SICPHANIE, , ,					
Signature o	MA.	STROIANNI, STEPHAN	IE, , ,	[Electronically F	iled] Da	ate 04	/ D D 15	/ Y Y Y Y 2022
NOTE: Subr	mission of false, erro	neous, or incomplete	information may su	bject the persor	signing thi	s Report to th	ne penalties of	52 U.S.C. § 30109
I '	Office Use						FEC FC Rev. 0	
	Only]	

6.

7.

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 05/2016) Page 2 Write or Type Committee Name UNITED WOMEN'S HEALTH ALLIANCE PAC M D D М D M T. 07 01 2021 12 31 2021 Report Covering the Period: From: To: COLUMN A COLUMN B This Period Calendar Year-to-Date (a) Cash on Hand 23558.27 Januarv 1. 2021 (b) Cash on Hand at 144400.66 Beginning of Reporting Period..... 1031642.90 1772927.05 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 1796485.32 1176043.56 6(a) and 6(c) for Column B)..... 1086344.77 1706786.53 Total Disbursements (from Line 31).....

8. Cash on Hand at Close of Reporting Period 89698.79 89698.79 (subtract Line 7 from Line 6(d)) Debts and Obligations Owed TO 9. the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 35815.03 Schedule C and/or Schedule D)

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

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

UNITED WOMEN'S HEALTH ALLIANCE PAC

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A)	33476.00	37018.00
	008466.00	1725000.05
(ii) Unitemized	998166.90	1735909.05
(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	1031642.90	1772927.05
	10010-12:00	
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry	1031642.90	1772927.05
Totals to Line 33, page 5)►	1031042.90	
. Transfers From Affiliated/Other Party Committees	0.00	0.00
Tany committees		
All Loans Received	0.00	0.00
. Loan Repayments Received	0.00	0.00
Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
. Refunds of Contributions Made		
to Federal Candidates and Other		
Political Committees	0.00	0.00
. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
. Transfers from Non-Federal and Levin Funds	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
Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	1031642.90	1772927.05
Tatel Federal Descints		
. Total Federal Receipts (subtract Line 18(c) from Line 19)▶	1031642.90	1772927.05
	1051042.30	1772927.05

Page 3

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016) Page 4 COLUMN A COLUMN B **II. Disbursements Total This Period Calendar Year-to-Date** 21. Operating Expenditures: Allocated Federal/Non-Federal (a) Activity (from Schedule H4) 0.00 0.00 Federal Share (i) 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 1624173.46 Expenditures 1004906.70 (c) Total Operating Expenditures 1624173.46 (add 21(a)(i), (a)(ii), and (b)) 1004906.70 22. Transfers to Affiliated/Other Party Committees..... 0.00 0.00 23 Contributions to Federal Candidates/Committees 0.00 and Other Political Committees... 0.00 24. Independent Expenditures (use Schedule E)..... Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)..... 79943.07 79943.07 25. 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 Loans Made..... Refunds of Contributions To: (a) Individuals/Persons Other 0.00 27. 28. 0.00 Than Political Committees 2670.00 1495.00 (b) Political Party Committees 0.00 0.00 Other Political Committees (C) (such as PACs)..... 0.00 0.00 Total Contribution Refunds (d) (add Lines 28(a), (b), and (c))...... 1495.00 2670.00 29. Other Disbursements (Including Non-Federal Donations)..... 0.00 0.00 30. Federal Election Activity (52 U.S.C. § 30101(20)) (a) Allocated Federal Election Activity (from Schedule H6) (i) Federal Share 0.00 0.00 (ii) "Levin" Share..... 0.00 0.00 (b) Federal Election Activity Paid Entirely With Federal Funds 0.00 0.00 Total Federal Election Activity (add (C) Lines 30(a)(i), 30(a)(ii) and 30(b)) 0.00 0.00 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 1086344.77 1706786.53 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... 1086344.77 1706786.53

DETAILED SUMMARY PAGE

of Disbursements

COLUMN A

Total This Period

FFC	Form	3X	(Rev	05/2016)
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III. Net Contributions/ Operating Expenditures

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

(subtract Line 37 from Line 36)

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 1604170 46
1624173.46

COLUMN B

Calendar Year-to-Date

Page 5

:97 ʿA=G79 @@5 B9CIG`H9LH`F9 @5 H98 ʿHC`5 ʿF9DCFHžG7<98I@9 ʿCF`=H9A=N5 H=CB

Form/Schedule: F3XA Transaction ID :

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

Form/Schedule: F3XA Transaction ID:

During this period, the PAC repaid \$13,000 of the Debt to "STEPHANIE MASTROIANNI". The invoices that are being reimbursed, are attached to this report as MEMO Schedule B21's, all dated 09-01-2021, with MEMO TEXT designating them part of the reimbursement. The invoices original date is included in the MEMO TEXT as well.

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

Form/Schedule: F3XA Transaction ID :

Any Schedule E that did not clear by close of books, has been marked MEMO, and carried on Schedule D into 2022.

Form/Schedule: F3XA Transaction ID:

This amendment is to correct a mistake on the dissemination date of 8 x Schedule E's attached, for the amounts of 1120.xx. The date has been corrected and is now in alignment with the F24. Also to be noted: This report has 8 x voided Schedule E's that were not included, in the amounts of 1140.xx on 11/10. The F24 reporting them has been amended to reflect accordingly.

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

Form/Schedule: F3XA Transaction ID :

The purpose of this second amendment is to correct the Schedule D record for "Live Transfers", and correct the date on a few of Decembers Schedule B's and E's for the relevant invoices

Form/Schedule: Transaction ID:

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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116			for each category o Detailed Summary		X 11a 11b 11c 12 13 14 15 16 17								
or	y information copied from such Reports and St for commercial purposes, other than using the				on for the purpose of soliciting contributions								
	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AI	LIANCE	E PAC										
	Full Name of Individual (Last, First, Middle Initi ALFORD, JAMES, , ,	al) or Full C	Organization Name		Date of Receipt								
	Mailing Address 23442 EL TORO RD APT W219	01-1-	The Oracle	09 / 08 / Y Y Y Y 2021									
	City LAKE FOREST	State CA	Zip Code 92630	-	Transaction ID : SA11AI-26404445								
	FEC ID number of contributing federal political committee.	C		7	Amount of Each Receipt this Period 35.00								
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	Full Name of Individual (Last, First, Middle Initi ALFORD, JAMES, , ,	Date of Receipt											
	Mailing Address 23442 EL TORO RD APT W219				09 / D D / Y Y Y Y 09 30 2021								
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	Mailing Address 23442 EL TORO RD APT W219	1			09 / D D / Y Y Y Y 2021								
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$\left \right\rangle$	NAME OF COMMITTEE (In Full)														
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Α.	Full Name of Individual (Last, First, Middle Initia ANASTASI, JOHN, , ,	al) or Full C	Organization Name		Date	of R	Receipt								
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SCHEDULE A (FEC Form 3X) Ľ

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	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	LLIANCE	PAC										
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Full Name of Individual (Last, First, Middle ANASTASI, JOHN, , , Mailing Address 3180 N LAKE SHORE DR APT 22H City CHICAGO	Initial) or Full C	Zip Code 60657			/ acti	ion	29 ID:S		2021 - 2641467 nis Period	77
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SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

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	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AL	LIANCE	PAC	
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17									
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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SCHEDULE A (FEC Form 3X) ľ

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۷ ۸.	Full Name of Individual (Last, First, Middle Ini BOERBOOM, NEIL, , ,	itial) or Full C	organization Name		Date of Receipt												
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TTEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17	
			berson for the purpose of soliciting contributions e to solicit contributions from such committee.	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALT	H ALLIANCE	PAC		
A. BOOTH, ROBERT, , , Mailing Address 1660 GRANDLE CT	dle Initial) or Full O	rganization Name	Date of Receipt	
City CINCINNATI	State OH	Zip Code 45230	Transaction ID : SA11AI-26340963 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		50.00	
Name of Employer (for Individual) Retired	Occu Reti	upation (for Individual) red	Memo Item	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]	
Full Name of Individual (Last, First, Mide B. BOOTH, ROBERT, , ,	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. BOOTH, ROBERT, , ,		Date of Receipt	
Mailing Address 1660 GRANDLE CT			09 23 2021	
City CINCINNATI	State OH	Zip Code 45230	Transaction ID : SA11AI-26364469 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) ired	Memo Item	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00]	
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name BOOTH, ROBERT, , ,		Date of Receipt		
Mailing Address 1660 GRANDLE CT			10 / D D / Y Y Y Y 10 14 2021	
City CINCINNATI	State OH	Zip Code 45230	Transaction ID : SA11AI-26369045 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		50.00	
Name of Employer (for Individual) Retired	Occu Retir	upation (for Individual) red	Memo Item	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00]	
SUBTOTAL of Receipts This Page (option	' nal)		150.00	

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

SCHEDULE A	(FEC	Form	3X)	
ITEMIZED RECEIPTS				

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 34 OF

320

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17	
	y information copied from such Reports and Stat for commercial purposes, other than using the na				
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALI	LIANCE	PAC		
Full Name of Individual (Last, First, Middle In BOOTH, ROBERT, , , Mailing Address 1660 GRANDLE CT		ial) or Full Organization Name		Date of Receipt	
	City	State	Zip Code	Transaction ID : SA11AI-26380851	
	CINCINNATI	OH	45230	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		100.00	
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item	
	Retired	Ret	ired	-	
	Receipt For:	Aggregate	Year-to-Date V	—	
	Primary General				
	Other (specify) v		250.00		
В.	Full Name of Individual (Last, First, Middle Initial BRADY, NANCY, , ,) or Full C	organization Name	Date of Receipt	
	Mailing Address 8808 OMEARA CT			07 15 2021	
	City	State	Zip Code	Transaction ID : SA11AI-26346091	
	BAKERSFIELD	CA	93311	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	ŝ.		35.00	
	Name of Employer (for Individual) Retired		upation (for Individual) ired	Memo Item	
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General				
	Other (specify) v		, 280.00		
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name BRADY, NANCY, , , Mailing Address 8808 OMEARA CT		Date of Receipt			
			07 / D D / Y Y Y Y 21 2021		
	City	State	Zip Code	Transaction ID : SA11AI-26395097	
	BAKERSFIELD	CA	93311	Amount of Each Receipt this Period	
	C ID number of contributing leral political committee.			35.00	
	Name of Employer (for Individual) Retired	Occ Reti	upation (for Individual) red	Memo Item	
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General Other (specify)		280.00		
s	UBTOTAL of Receipts This Page (optional)		•	170.00	

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

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

1.

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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320

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17	
Any information copied from such Reports and State or for commercial purposes, other than using the nar			
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALL	IANCE PAC		
Full Name of Individual (Last, First, Middle Initial) BRADY, NANCY, , , Mailing Address 8808 OMEARA CT		Date of Receipt	
	State Zip Code CA 93311	Transaction ID : SA11AI-26399383	
		Amount of Each Receipt this Period 35.00	
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item	
Receipt For: A Primary General Other (specify) ▼	ggregate Year-to-Date ▼ 280.00		
Full Name of Individual (Last, First, Middle Initial) BRADY, NANCY, , ,	or Full Organization Name	Date of Receipt	
Mailing Address 8808 OMEARA CT	09 28 2021		
City BAKERSFIELD	State Zip Code CA 93311	Transaction ID : SA11AI-26408641	
FFC ID number of contributing		Amount of Each Receipt this Period	
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item	
Receipt For: A Primary General Other (specify) ▼	ggregate Year-to-Date ▼ 280.00		
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name BRADY, NANCY, , , Mailing Address 8808 OMEARA CT		Date of Receipt	
		10 / D D / Y Y Y Y Y 10 08 2021	
City BAKERSFIELD	State Zip Code CA 93311	Transaction ID : SA11AI-26410685	
FEC ID number of contributing		Amount of Each Receipt this Period	
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item	
Receipt For: Ar Primary General Other (specify) Image: Constraint of the specify of the specific o	ggregate Year-to-Date ▼ 280.00		
SUBTOTAL of Receipts This Page (optional)	▶	105.00	

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

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

1.

SCHEDULE A	(FEC	Form	3X)	
ITEMIZED RECEIPTS				

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
			e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALT	TH ALLIANCE	PAC	
Full Name of Individual (Last, First, Mid A. BRADY, NANCY, , , Mailing Address 8808 OMEARA CT City BAKERSFIELD FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify) ▼	State CA CC Occ Reti	Zip Code 93311 upation (for Individual)	Date of Receipt
B. BRAVO, BONNIE, , ,	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name BRAVO, BONNIE, , , Mailing Address 3660 VISTA CAMPANA N		Date of Receipt
OCEANSIDE FEC ID number of contributing federal political committee. Name of Employer (for Individual) Best Efforts Receipt For: Primary General Other (specify) ▼	CA C Occ Bes	92057 upation (for Individual) at Efforts Year-to-Date ▼ 225.00	Transaction ID : SA11AI-26423913 Amount of Each Receipt this Period 150.00 Memo Item
Full Name of Individual (Last, First, Mid BRICK, LARRY, , , Mailing Address 9071 W SHARON WAY City LA HABRA FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	State CA CC Occ Reti	Zip Code 90631 upation (for Individual)	Date of Receipt
SUBTOTAL of Receipts This Page (option	nal)		235.00

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

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SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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320

TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using			person for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE	E PAC	
Full Name of Individual (Last, First, Middle A. BRICK, LARRY, , , Mailing Address 9071 W SHARON WAY City LA HABRA FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	CA CA CCA CCA CCC Reti	Zip Code 90631 upation (for Individual)	Date of Receipt
Full Name of Individual (Last, First, Middle B. BRICK, LARRY, , , Mailing Address 9071 W SHARON WAY City LA HABRA	Initial) or Full C	Zip Code 90631	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify) ▼	Ret	upation (for Individual) ired Year-to-Date ▼ 260,00	Memo Item
Full Name of Individual (Last, First, Middle BRICK, LARRY, , , Mailing Address 9071 W SHARON WAY City LA HABRA FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	State CA C Occ Reti	Zip Code 90631 upation (for Individual)	Date of Receipt 12 02 2021 Transaction ID : SA11AI-26382525 Amount of Each Receipt this Period 75.00 Memo Item
SUBTOTAL of Receipts This Page (optional)			160.00

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

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

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320

		Detailed Summary Page		' 11a		11b	11c	12						
Any information and free 1. D	and Otata and			13		14	15	16	-	17				
Any information copied from such Reports a or for commercial purposes, other than usir														
NAME OF COMMITTEE (In Full)	-													
UNITED WOMEN'S HEALT	H ALLIANCE	PAC												
Full Name of Individual (Last, First, Mido A. BROADWATER, WILMA, , ,	lle Initial) or Full O	rganization Name		Date of	f Re	ceipt								
Mailing Address 419 W MAIN ST				M M / D / Y										
City	State	Zip Code		Trans	act	ion ID :	SA11AI	-26401	975	_				
OAKDALE	IL	62268		Amoun	t of	Each F	Receipt th	nis Peri	iod					
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Receipt For:	Aggregate	Year-to-Date V												
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Mailing Address 419 W MAIN ST				м м 08	/	D 27		2021	Y Y	Ŷ				
City	State	Zip Code		Trans	acti	on ID :	SA11AI-	26402:	307					
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Mailing Address 419 W MAIN ST				^M 09	/	D 17		y 2021		Ŷ				
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Name of Employer (for Individual) Retired	Occ Reti	upation (for Individual) red		M	emo	tem								
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

FOR LINE NUMBER:

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116	EMIZED RECEIPTS		Detailed Summary Page		X	11a		_	11b	11c		12						
Anv	/ information copied from such Reports and St	atements m	av not be sold or used by any ne	erson	ן ר f	13 or the			14 ose o	15 f solicitir		16 ontribu		7				
	for commercial purposes, other than using the																	
	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AI	LLIANCE	E PAC															
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	Mailing Address 419 W MAIN ST								12 02 2021									
	City	State	Zip Code		ŝ	Trar	ารล	ctio	n ID	: SA11A	I-264	42055	3					
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-	Mailing Address 419 W MAIN ST				I	[™] 12	M	1	23			021	Y					
	City	State	Zip Code		ŝ	Trar	nsa	ctio	n ID :	: SA11A	1-264	42483	3					
-	OAKDALE	IL	62268		A	Amou	nt o	of E	ach I	Receipt	this I	Period						
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	Full Name of Individual (Last, First, Middle Init BROWN, CORNELIA, , ,	ial) or Full C	Drganization Name			Date	of I	Rec	eipt									
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0		State	Zip Code			Tra	nsa	ictio	on ID	: SA11A	I-26	39173	5					
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	FEC ID number of contributing federal political committee.	С			ļ	_		y			_	35	00					
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	Primary General Other (specify)	345.00																
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TOTAL This Period (last page this line number only)......

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

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PAGE 40 OF

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		Detailed Summary Page	×	11a	11b	11c	12						
				13	14	15	16	17					
Any information copied from such Reports ar or for commercial purposes, other than using													
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	I ALLIANCE	E PAC											
Full Name of Individual (Last, First, Middle A. BROWN, CORNELIA, , ,	e Initial) or Full C	organization Name		Date of	Receipt								
Mailing Address 1955 SAN PABLO AVE APT 220B				07 08 2021									
City OAKLAND	State CA	Zip Code 94612				D : SA11A		-					
FEC ID number of contributing federal political committee.	С							5.00					
Name of Employer (for Individual) Retired	Occ Ret	upation (for Individual) ired		Me	emo Iterr	ı							
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Full Name of Individual (Last, First, Middle B. BROWN, CORNELIA, , ,	e Initial) or Full C	organization Name		Date of	Receipt								
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City OAKLAND	State CA	Zip Code 94612				D : SA11A Receipt							
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Full Name of Individual (Last, First, Middle C. BROWN, CORNELIA, , ,	e Initial) or Full C	organization Name		Date of	Receipt								
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Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 345.00]										
SUBTOTAL of Receipts This Page (optional)				,		105	.00					

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

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

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320

		Detailed Summary Page	×	-	11b	11c	12						
				13	14	15	16	17					
Any information copied from such Reports ar or for commercial purposes, other than using													
NAME OF COMMITTEE (In Full)	I ALLIANCE	PAC											
Full Name of Individual (Last, First, Middle A. BROWN, WILLIAM, , ,	e Initial) or Full C	rganization Name		Date of	Receipt								
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City LAFAYETTE	State CA	Zip Code 94549				SA11A Receipt t		-					
FEC ID number of contributing federal political committee.	С				-	-	75	.00					
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Full Name of Individual (Last, First, Middle B. BROWN, WILLIAM, , ,	e Initial) or Full C	rganization Name		Date of	Receipt								
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City LAFAYETTE	State CA	Zip Code 94549	A			: SA11AI Receipt t							
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Full Name of Individual (Last, First, Middle C. BROWN, CORNELIA, , ,	e Initial) or Full C	rganization Name		Date of	Receipt								
Mailing Address 1955 SAN PABLO AVE APT 220B				м м 08		26	2021	_					
City OAKLAND	State CA	Zip Code 94612	A			D: SA11A Receipt t							
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Name of Employer (for Individual) Retired	Occ Reti	upation (for Individual) red		Me	emo Item	1							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 345.00]										
SUBTOTAL of Receipts This Page (optional)				7		130	.00					

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SCHEDULE A (FEC Form 3X) Ľ

Use separate schedule(s)

FOR LINE NUMBER:

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IТ	EMIZED RECEIPTS		Use separate schedule(s)	(ch	neck only	y one)				
			for each category of the Detailed Summary Page		K 11a 13	11b	11c		2 6	17
	ny information copied from such Reports and S for commercial purposes, other than using the				for the	purpose of	f soliciting	g contr	ributio	ons
	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	LLIANCE	PAC							
Α.	Full Name of Individual (Last, First, Middle In BROWN, CORNELIA, , ,	itial) or Full O	rganization Name		Date of	Receipt				
	Mailing Address 1955 SAN PABLO AVE APT 220B City	State	Zip Code		09	/ 01		202	-	
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	Name of Employer (for Individual) Retired	Occ Reti	upation (for Individual) red		M	emo Item				
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	Other (specify) ▼		345.00							
в.	Full Name of Individual (Last, First, Middle In BROWN, CORNELIA, , ,	itial) or Full O	rganization Name		Date of	Receipt				
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	Other (specify)		345.00							
<u>с</u> .	Full Name of Individual (Last, First, Middle In BROWN, CORNELIA, , ,	itial) or Full O	rganization Name		Date of	Receipt				
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	City OAKLAND	State CA	Zip Code 94612			action ID	-		-	
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	Receipt For:	Aggregate	Year-to-Date V							
	Other (specify)		345.00							
5	UBTOTAL of Receipts This Page (optional)							1	35.00)

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17									
Any information copied from such Reports an or for commercial purposes, other than using			erson for the purpose of soliciting contributions									
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE	PAC										
A. Full Name of Individual (Last, First, Middle BROWN, WILLIAM, , , Mailing Address 100 SECLUDED PL	Initial) or Full O	Date of Receipt										
City LAFAYETTE	State CA	Zip Code 94549	Transaction ID : SA11AI-26419475 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		55.00									
Name of Employer (for Individual) Retired	Occı Reti	upation (for Individual) red	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 320.00]									
B. BUDDINGH, HENRY, , , Mailing Address 1689 JUNIPER ST	Initial) or Full O	rganization Name	Date of Receipt									
City	State	Zip Code										
LIVERMORE	CA	94551	Transaction ID : SA11AI-26415027 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: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]									
Full Name of Individual (Last, First, Middle C. BUDDINGH, HENRY, , ,	Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 1689 JUNIPER ST			11 22 2021									
City LIVERMORE	State CA	Zip Code 94551	Transaction ID : SA11AI-26418667									
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period									
Name of Employer (for Individual) Retired	Occu Retir	ipation (for Individual) ed	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00]									
SUBTOTAL of Receipts This Page (optional))	155.00									

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17										
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions e to solicit contributions from such committee.										
	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	LLIANCE	PAC											
Α.	Full Name of Individual (Last, First, Middle Ini CASSELBURY, SUSIE, , , Mailing Address 25849 PA-29													
				07 26 2021										
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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any information coded from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions for commentation purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) UNITED WOMENS HEALTH ALLIANCE PAC Full Name of individual (Last, First, Middle Initial) or Full Organization Name A. COLLINS, BEN., Date of Receipt Mailing Address 1225 RIVEROAKS DR Zip Code Cit, Nat, HEIGHTTS VA Zip Code Zip Code Columbar of contributing federal political committee. C Name of Employer (for Individual) Relied Relied Receipt For Aggregate Year-to-Date ▼ Other (specify) ▼ Aggregate Year-to-Date ▼ Other (specify) ™ <th></th> <th>EMIZED RECEIPTS</th> <th></th> <th></th> <th>category of the Summary Page</th> <th></th> <th>11a 13</th> <th></th> <th>11b 14</th> <th>F</th> <th>11c 15</th> <th>12</th> <th>17</th>		EMIZED RECEIPTS			category of the Summary Page		11a 13		11b 14	F	11c 15	12	17				
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FEC Schedule A (Form 3X) Rev. 06/2016

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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Any information copied from such Reports and or for commercial purposes, other than using			13 14 15 16 17 erson for the purpose of soliciting contributions from such committee											
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH														
A. CONNER, JOHN, , , Mailing Address 512 S MARKET ST														
City WINAMAC	State	Zip Code 46996	09 30 2021 Transaction ID : SA11AI-26409161											
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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$\left \right\rangle$	NAME OF COMMITTEE (In Full)											
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	LLIANCE PAC	
Full Name of Individual (Last, First, Middle Init DAVIS, SALLY, , , Mailing Address 34554 MERION CT City DADE CITY	ial) or Full Organization Name State Zip Code FL 33525	Date of Receipt 10 / 04 / 2021 Transaction ID : SA11AI-26409659
FEC ID number of contributing federal political committee.	C Occupation (for Individual)	Amount of Each Receipt this Period 35.00 Memo Item
Retired Receipt For: Primary General Other (specify) ▼	Retired Aggregate Year-to-Date ▼ 280.00	
Full Name of Individual (Last, First, Middle Init DAVIS, SALLY, , , Mailing Address 34554 MERION CT		Date of Receipt
City DADE CITY FEC ID number of contributing federal political committee.	State Zip Code FL 33525	Transaction ID : SA11AI-26415361 Amount of Each Receipt this Period 45.00
Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify) ▼	Occupation (for Individual) Retired Aggregate Year-to-Date ▼ , 280.00	Memo Item
C. Full Name of Individual (Last, First, Middle Init DAVIS, SALLY, , , Mailing Address 34554 MERION CT	ial) or Full Organization Name	Date of Receipt 11 18 2021 Transaction ID : SA11AI-26418119
DADE CITY FEC ID number of contributing federal political committee. Name of Employer (for Individual)	FL 33525 Occupation (for Individual)	Amount of Each Receipt this Period 55.00 Memo Item
Retired Receipt For: Primary General Other (specify)	Retired Aggregate Year-to-Date ▼ 280.00	
SUBTOTAL of Receipts This Page (optional)		▶ 135.00

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

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

Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17
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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AL	LIANCE PAC	
Full Name of Individual (Last, First, Middle Initi A. DAVIS, SALLY, , , Mailing Address 34554 MERION CT City DADE CITY FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify) ▼	al) or Full Organization Name State Zip Code FL 33525 C Occupation (for Individual) Retired Aggregate Year-to-Date ▼ 280.00 280.00	Date of Receipt 12 07 2021 Transaction ID : SA11AI-26421239 Amount of Each Receipt this Period 60.00 Memo Item
Full Name of Individual (Last, First, Middle Initi DELAMAR, EARNESTINE, , , Mailing Address 3839 SAINT BARNABAS RD APT T3 City SUITLAND FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify) ▼	al) or Full Organization Name State Zip Code MD 20746 C Occupation (for Individual) Retired Aggregate Year-to-Date ▼	Date of Receipt
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SUBTOTAL of Receipts This Page (optional)		160.00

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

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

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SCHEDULE A	(FEC	Form	3X)
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Use separate schedule(s) for each category of the

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
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	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AL	LIANCE	PAC	
Α.	Full Name of Individual (Last, First, Middle Initia DESPO, NICHOLAS, , , Mailing Address 7781 LAKE BLVD	al) or Full O	rganization Name	Date of Receipt
				09 23 2021
	City	State	Zip Code	Transaction ID : SA11AI-26363999
	JAMESTOWN	PA	16134	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		35.00
	Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item
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в.	Full Name of Individual (Last, First, Middle Initia \ensuremath{DESPO} , NICHOLAS, , ,	al) or Full O	rganization Name	Date of Receipt
	Mailing Address 7781 LAKE BLVD			M M / D D / Y Y Y Y 11 03 2021
	City	State	Zip Code	Transaction ID : SA11AI-26415521
	JAMESTOWN	PA	16134	Amount of Each Receipt this Period
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	Name of Employer (for Individual) Retired	Occ Ret	upation (for Individual) ired	Memo Item
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с.	Full Name of Individual (Last, First, Middle Initia DEWOLF, MAXINE, , ,	al) or Full O	rganization Name	Date of Receipt
	Mailing Address 514 N JENNINGS RD			07 08 2021
	City	State	Zip Code	Transaction ID : SA11AI-26343117
	INDEPENDENCE	MO	64056	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		35.00
	Name of Employer (for Individual) Retired	Occu Retii	upation (for Individual) red	Memo Item
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FEC Schedule A (Form 3X) Rev. 06/2016

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

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or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such NAME OF COMMITTEE (In Full) NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. DEWOLF, MAXINE, , . Mailing Address 514 N JENNINGS RD City INDEPENDENCE Name of Employer (for Individual) Retired Receipt For: Other (specify) Mailing Address 514 N JENNINGS RD City INDEPENDENCE Mailing Address 514 N JENNINGS RD City INDEPENDENCE Mamo of Employer (for Individual) <t< td=""><td>committee.</td></t<>	committee.
VINITED WOMEN'S HEALTH ALLIANCE PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. DEWOLF, MAXINE, , , Mailing Address 514 N JENNINGS RD City INDEPENDENCE Name of Employer (for Individual) Receipt For: Primary General Other (specify) ▼ Mailing Address 514 N JENNINGS RD C Mame of Employer (for Individual) Receipt For: Primary General Other (specify) ▼ Mailing Address 514 N JENNINGS RD City INDEPENDENCE Mailing Address 514 N JENNINGS RD City Mailing Address 514 N JENNINGS RD City INDEPENDENCE Mailing Address 514 N JENNINGS RD City INDEPENDENCE Mailing Address 514 N JENNINGS RD City INDEPENDENCE FEC ID number of contributing federal political committee. Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ <t< td=""><td>6346505 9 Period 35.00 2021</td></t<>	6346505 9 Period 35.00 2021
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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City		State		Zip Code		Tra	ansa	actior	n ID : :	SA11AI-	264	20373	;					
WILL	IAMSBURG	VA		23188		Amo	unt	of Ea	ach Re	eceipt thi	is P	eriod						
	FEC ID number of contributing federal political committee.							50.00										
Name Retire	of Employer (for Individual)	Occupation (for Individual) Retired						Memo Item										
Recei	pt For:	Aggregate	Yea	r-to-Date ▼														
Other (specify) General 275.00																		
SUBTO	TAL of Receipts This Page (optional)							9			-	120.0)0					

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	× 11a	a 🗌	11b		11c	12	— 17				
Any information copied from such Reports an or for commercial purposes, other than using													
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH					ibution								
A. DOHERTY, BEATRICE, , , Mailing Address 38 INWOOD DR			М 0	Date of Receipt									
City MILLTOWN	State NJ	Zip Code 08850											
FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period									
Name of Employer (for Individual) Retired	Occi Reti	upation (for Individual) red		Merr	no Iten	n							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 205.00]										
B. DOHERTY, BEATRICE, , , Mailing Address 38 INWOOD DR	Initial) or Full O	rganization Name	Date	of F	leceipt	t D	/ Y	- Y - Y	Y				
City	State	Zip Code		nsac	tion II			2021					
MILLTOWN FEC ID number of contributing federal political committee.	C	08850	Amo	unt o	f Each	h Re	eceipt th	nis Perio 35	d 5.00				
Name of Employer (for Individual) Retired	Occ Ret	upation (for Individual) ired		Mem	no Iten	n							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 205.00]										
Full Name of Individual (Last, First, Middle C. DOHERTY, BEATRICE, , ,	Initial) or Full O	rganization Name	Date	of F	Receipt	t							
Mailing Address 38 INWOOD DR			M 1	1		04	/ Y	2021	_				
City MILLTOWN	State NJ	Zip Code 08850						-2637660 nis Perio					
FEC ID number of contributing federal political committee.	С				<u>7</u>	_			5.00				
Name of Employer (for Individual) Retired	Occi Reti	upation (for Individual) red		Men	no Iter	n							
Receipt For: Primary General Other (specify)	Year-to-Date ▼ 205.00]											
SUBTOTAL of Receipts This Page (optional)	·			_	7	-	5	95	5.00				

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

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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		Det	ailed Summa	ry Page	×	11a 13		11b 14		11c 15	12	ſ	17				
Any information copied from such Reports and Stat or for commercial purposes, other than using the n	tements ma ame and a	ay not address	be sold or us of any polition	ed by any pe cal committee	erson to sc	for the	pur pntrik	pose outio	e of ns fr	soliciting om sucl) contri n comr	butic nittee	ons e.				
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AL	NAME OF COMMITTEE (In Full)																
Full Name of Individual (Last, First, Middle Initia A. DOHERTY, BEATRICE, , , Mailing Address, 28 ININCOD DB	Date of Receipt																
Mailing Address 38 INWOOD DR City State Zip Code								tion	26	SA11AI-	2021 26381	1.0					
MILLTOWN	NJ		08850		Amount of Each Receipt this Period												
FEC ID number of contributing federal political committee.	С							-			3	35.00)				
Name of Employer (for Individual) Retired		upation ired	n (for Individu	al)		N	lemo	o Itei	m								
Receipt For: Primary General Other (specify) ▼	General Aggregate Year-																
Full Name of Individual (Last, First, Middle Initia B. DRASHER, CLAYTON, , ,	l) or Full C	Organiza	ation Name			Date (of Ba	acain	\+								
Mailing Address 1008 HIDEBOUND RD					Date of Receipt												
City BURNS	State TN		ip Code 37029		_	Transaction ID : SA11AI-26407559											
FEC ID number of contributing federal political committee.	С		57029			Amount of Each Receipt this Period											
Name of Employer (for Individual) Retired		upation tired	ו (for Individu	al)		Memo Item											
Receipt For:	Aggregate	Year-to	o-Date 🔻														
Other (specify) V	, 305.00																
Full Name of Individual (Last, First, Middle Initia DRASHER, CLAYTON, , ,	l) or Full C	Organiza	ation Name			Date o	of Re	eceip	ot								
Mailing Address 1008 HIDEBOUND RD						11	/	D	16	/ Y	2021	Y Y					
City BURNS	State TN		ip Code 37029		-					SA11AI							
FEC ID number of contributing federal political committee.	С					Amount of Each Receipt this Period											
Name of Employer (for Individual) Retired	upation ired	n (for Individu	al)		Memo Item												
Receipt For: Primary General Other (specify)	Aggregate	Year-to	o-Date V	305.00													
SUBTOTAL of Receipts This Page (optional)				······ •			-	9	-	9	14	10.00					

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

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

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			Detailed Summary Page	×	_		11b	11c	Ш	12									
					13		14	15		16	17								
			ay not be sold or used by any ddress of any political committe																
	IITTEE (In Full) OMEN'S HEALTH	ALLIANCE	PAC																
	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name DRASHER, CLAYTON, , ,								Date of Receipt										
Mailing Address	1008 HIDEBOUND RD				12 27 2021														
City		State	Zip Code	Transaction ID : SA11AI-26425569															
BURNS		TN	37029	Amount of Each Receipt this Period															
FEC ID number of federal political co	•	C		50.00															
Name of Employe	er (for Individual)	Осси	upation (for Individual)		M	em	o Item												
Retired		Reti	red																
Receipt For:	Canaral	Aggregate	Year-to-Date ▼																
Other (spec	ify) ▼		305.00																
Full Name of Indi B. EDWARDS, I	vidual (Last, First, Middle DARRYL, , ,		Date of	f R	eceipt														
Mailing Address	100 MELROSE AVE E APT 309				09 09 2021														
City		State	Zip Code		Transaction ID : SA11AI-20														
SEATTLE		WA	98102		Amount	t of	f Each F	Receipt th	is P	eriod									
FEC ID number of federal political co	•	С			400.00														
Name of Employe Retired	er (for Individual)		Occupation (for Individual) Retired					Memo Item											
Receipt For: Primary Other (spec	General ify) ▼	Aggregate	Aggregate Year-to-Date ▼ 400.00																
Full Name of Indi	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name E. ERICKSON, ROBERT, , ,																		
Mailing Address	644 WOODS AVE				07]	/ D [ү 20	21 21	Y								
City FLEMINGTON		State PA	Zip Code 17745					SA11AI-											
FEC ID number c federal political co	0	С			Amoun	t of	r Each F	Receipt th		eriod 35.0	0								
Name of Employe Retired	er (for Individual)	Occi Reti	upation (for Individual) red		М	em	io Item												
Receipt For: Primary Other (spec	General ify)	Aggregate	Aggregate Year-to-Date ▼ 240.00																
SUBTOTAL of Reco	eipts This Page (optional)			•			,	, y		485.0	0								

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

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17										
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions										
	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	LLIANCE	PAC											
Α.	Full Name of Individual (Last, First, Middle Ini ERICKSON, ROBERT, , ,	Date of Receipt												
	Mailing Address 644 WOODS AVE			07 29 2021										
	City FLEMINGTON	State PA	Zip Code 17745	Transaction ID : SA11AI-26396587										
			17745	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		35.00										
	Name of Employer (for Individual)	Occu	pation (for Individual)	Memo Item										
	Retired	Retir	red	_										
	Receipt For:	Aggregate	Year-to-Date 🔻											
	Primary General			1										
	Other (specify) v		240.00	1										
в.	Full Name of Individual (Last, First, Middle Ini ERICKSON, ROBERT, , ,	Date of Receipt												
	Mailing Address 644 WOODS AVE			M M / D D / Y Y Y Y Y 10 28 2021										
	City	State	Zip Code	Transaction ID : SA11AI-26414503										
	FLEMINGTON	PA	17745	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		30.00										
	Name of Employer (for Individual) Retired	Occu Reti	ipation (for Individual) red	Memo Item										
	Receipt For:	Aggregate	Year-to-Date 🔻											
	Primary General	1.99.094.0		1										
	Other (specify) v		, 240.00	1										
с.	Full Name of Individual (Last, First, Middle Ini ERICKSON, ROBERT, , ,	tial) or Full Or	ganization Name	Date of Receipt										
	Mailing Address 644 WOODS AVE			M M / D D / Y Y Y Y 11 03 2021										
	City	State	Zip Code	Transaction ID : SA11AI-26415357										
	FLEMINGTON	PA	17745	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		35.00										
	Name of Employer (for Individual) Retired	Occu Retir	pation (for Individual) ed	Memo Item										
	Receipt For:	Aggregate	Year-to-Date 🔻											
	Primary General Other (specify)		240.00]										
s	UBTOTAL of Receipts This Page (optional)			100.00										

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

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

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				Detailed Summary Page	×	11a 13	\vdash	1′ 14	1b 4	_	11c 15	12 16	17				
	y information copied from such Reports and Stat for commercial purposes, other than using the na					or the		po	se of a	sol	iciting	contribut	ions				
	NAME OF COMMITTEE (IN Full) UNITED WOMEN'S HEALTH ALL	LIANCE	ΞP	AC													
A.	Full Name of Individual (Last, First, Middle Initial FESSLER, DOUGIE, , ,	Date of Receipt															
	Mailing Address 80 W SIERRA MADRE BLVD	State		Zin Code	11 23 2021 Transaction ID : SA11AI-26418799												
	City SIERRA MADRE	CA		Zip Code 91024			nt of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С					_	,			-	100.0					
	Name of Employer (for Individual) Best Efforts		•	tion (for Individual) forts		M	emo	o It	em								
	Receipt For: Primary General Other (specify) ▼	ar-to-Date ▼ 235.00															
B.	Full Name of Individual (Last, First, Middle Initial FESSLER, DOUGIE, , ,) or Full O	Drga	nization Name		Date of	Re	ece	ipt								
	Mailing Address 80 W SIERRA MADRE BLVD	1			12 / D D / Y Y Y Y 2021												
	City SIERRA MADRE	State CA		Zip Code 91024	Transaction ID : SA11AI-26384895 Amount of Each Receipt this Period 100.00												
	FEC ID number of contributing federal political committee.	С															
	Name of Employer (for Individual) Best Efforts		•	tion (for Individual) forts	Memo Item												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ , 235.00													
с.	Full Name of Individual (Last, First, Middle Initial FETTERS, LINDA, , ,) or Full O	Drga	nization Name		Date of	Re	ece	ipt								
	Mailing Address 3718 ASPEN RD	1				м м 09	1	E	D D D 28	ľ	/ Y	y y 2021	Y				
	City MOOSE LAKE	State MN		Zip Code 55767								26408657 s Period	,				
	FEC ID number of contributing federal political committee.	С						75.00									
	Name of Employer (for Individual) Retired	Occi Reti	•	tion (for Individual)		Memo Item											
	Receipt For: Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 250.00													
S	UBTOTAL of Receipts This Page (optional)			•••••				ŋ			,	275.0	00				
т	OTAL This Period (last page this line number on	ly)						-									

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17										
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.										
NAME OF COMMITTEE (In Full)	TH ALLIANCE	PAC											
A. FETTERS, LINDA, , , Mailing Address 3718 ASPEN RD	Idle Initial) or Full C	rganization Name	Date of Receipt										
City MOOSE LAKE	State MN	Zip Code 55767	12 30 2021 Transaction ID : SA11AI-26426193 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		75.00										
Name of Employer (for Individual) Retired Receipt For:	Reti		Memo Item										
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]										
Full Name of Individual (Last, First, Mic B. FIENEN, JOHN, , ,	ddle Initial) or Full C	rganization Name	Date of Receipt										
Mailing Address 500 W JACKSON ST	01-1-	Zu Osta	09 / D D / Y Y Y Y 09 14 2021										
City SAINT PETER	State MN	Zip Code 56082	Transaction ID : SA11AI-26405851 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		50.00										
Name of Employer (for Individual) Retired		upation (for Individual) ired	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00]										
Full Name of Individual (Last, First, Mic C. FIENEN, JOHN, , ,	Idle Initial) or Full C	rganization Name	Date of Receipt										
Mailing Address 500 W JACKSON ST APT 203			09 / 16 / Y Y Y Y 2021										
City SAINT PETER	State MN	Zip Code 56082	Transaction ID : SA11AI-26406363 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		50.00										
Name of Employer (for Individual) Retired	Occ Reti	upation (for Individual) red	Memo Item										
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00	1										
SUBTOTAL of Receipts This Page (optio	nal)	•	175.00										

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

SCHEDULE A (FEC Form 3X) ľ

Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS			(ch	eck only											
			for each category of the Detailed Summary Page	×	11a 13	\vdash	11b	11c		12 16	1	17			
	ny information copied from such Reports and Sta for commercial purposes, other than using the r NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AL	name and a	ddress of any political committee		for the	purp	ose of	soliciting	g con	ntributi	ons				
	Full Name of Individual (Last, First, Middle Initia														
Α.	FIENEN, JOHN, , ,		- <u>jan_anon</u> - tano		Date of	Rec	eipt								
	Mailing Address 500 W JACKSON ST APT 203				M M	/	D D D 24	/ Y)21	Y				
	City SAINT PETER	State MN	Zip Code 56082	Transaction ID : SA11AI-26419029 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С								35.0	0				
	Name of Employer (for Individual) Retired	Occu Reti	upation (for Individual) red		Me	emo	ltem								
	Receipt For:	Aggregate	Year-to-Date 🔻												
	Other (specify) ▼		300.00												
в.	Full Name of Individual (Last, First, Middle Initia FIENEN, JOHN, , ,	ll) or Full O	rganization Name		Date of	Rec	eipt								
	Mailing Address 500 W JACKSON ST APT 203				12 18 2021										
	City SAINT PETER	State MN	Zip Code 56082	_				SA11AI-							
	FEC ID number of contributing federal political committee.	С	50062	Amount of Each Receipt this Period											
	Name of Employer (for Individual) Retired	Occi Reti		Memo Item											
	Receipt For:	Aggregate	Year-to-Date ▼												
	Other (specify) ▼		300.00												
с.	Full Name of Individual (Last, First, Middle Initia FINGER, JOHN, , ,	ll) or Full O	rganization Name		Date of	Rec	eipt								
	Mailing Address 420 ANDREW DR				07 ^M	1	D D D 01	/ Y	202	21	Y				
	City DACONO	State CO	Zip Code 80514				-	SA11AI		-	-				
	FEC ID number of contributing federal political committee.	С			<u> </u>		,	, y	_	50.0	0				
Name of Employer (for Individual) Retired			upation (for Individual) red		M	emo	ltem								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 295.00												
s	UBTOTAL of Receipts This Page (optional)		•			. ,	,	9		185.0	0]			

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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			De	tailed Summary Page	-	_	11a 13		11b		11c		12 16	17
	y information copied from such Reports and Stat					for	r the I		oose		soliciting	g con	ntributi	ons
or	for commercial purposes, other than using the n	ame and	address	s of any political committee	e to s	olic	cit con	ntrib	utior	ns fr	om suc	h cor	nmitte	90.
$\left \right\rangle$	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALI	LIANCI	E PA	с										
<u>А.</u>	Full Name of Individual (Last, First, Middle Initial FINGER, JOHN, , ,	l) or Full (Organiz	ation Name		Da	ate of	Re	ceip	t				
	Mailing Address 420 ANDREW DR					N	и м 07	/		р 14	/ Y	ү 20)21	Y
	City DACONO	State CO		ïp Code 80514							SA11AI			
				00514	_	An	nount	of	Each	ו Re	eceipt th	nis Pe	eriod	_
	FEC ID number of contributing federal political committee.	С				Ē	_	_	7	_			50.0	0
	Name of Employer (for Individual) Retired		cupatior etired	n (for Individual)			Me	emo	Iter	n				
		Aggregate	e Year-t	o-Date ▼										
	Other (specify)			295.00										
— B	Full Name of Individual (Last, First, Middle Initial FINGER, JOHN, , ,	l) or Full (Organiz	ation Name		Da	ate of	Re	ceip					
	Mailing Address 420 ANDREW DR				09 09 2021							21	Y	
	City	State	Z	ïp Code		Т	ransa	acti	on II	D : S	A11AI-	2640	4947	_
	DACONO	CO		80514	Amount of Each Receipt this							nis Pe	eriod	
	FEC ID number of contributing federal political committee.	С			Memo Item							35.0	0	
	Name of Employer (for Individual) Retired		cupation	n (for Individual)										
		Aggregate	e Year-t	o-Date ▼										
	Other (specify)		,	295.00										
<u> </u>	Full Name of Individual (Last, First, Middle Initial FINGER, JOHN, , ,	l) or Full (Organiz	ation Name		Da	ate of	Re	ceip	t				
	Mailing Address 420 ANDREW DR					N	09	/		D 24	/ Y	202	21 21	Y
	City DACONO	State CO		ïp Code 80514		1	F rans	act	ion I	D : \$	SA11AI	-2640	08033	_
				00514	_	An	nount	of	Each	ו Re	eceipt th	nis Pe	eriod	_
	FEC ID number of contributing federal political committee.	С				Ļ	_		y		y		50.0	0
	Name of Employer (for Individual) Retired		cupatior tired	n (for Individual)			Me	emc	lter	n				
	Receipt For:	Aggregate	e Year-t	o-Date ▼										
	Other (specify)		-	295.00										
s	UBTOTAL of Receipts This Page (optional)			•	 _	Ē		_	y			_	135.0	0

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

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	ny information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	LLIANCE	E PAC	
Α.	Full Name of Individual (Last, First, Middle Ini FINGER, JOHN, , , Mailing Address 420 ANDREW DR	tial) or Full (Drganization Name	Date of Receipt
	City	State	Zip Code	Transaction ID : SA11AI-26418851
	DACONO	со	80514	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		60.00
	Name of Employer (for Individual)	Occ	cupation (for Individual)	Memo Item
	Retired	Ret	tired	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 295.00	
			-19° - 19° - 18°	
в.	Full Name of Individual (Last, First, Middle Ini FINHOLM, TIMOTHY, , ,	tial) or Full (Drganization Name	Date of Receipt
	Mailing Address 9198 WISTERIA ST			10 28 2021
	City	State	Zip Code	Transaction ID : SA11AI-26374487
	LADSON	SC	29456	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		350.00
	Name of Employer (for Individual) Retired		cupation (for Individual) tired	Memo Item
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General			1
	Other (specify) v	L	, 350.00	
C.	Full Name of Individual (Last, First, Middle Ini FRANKLIN, MARK, , ,	tial) or Full (Drganization Name	Date of Receipt
	Mailing Address 1017 SHADOWLAWN DR			09 / D D / Y Y Y Y 23 2021
	City	State	Zip Code	Transaction ID : SA11AI-26364243
	TOLEDO	ОН	43609	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer (for Individual) Retired		cupation (for Individual) ired	Memo Item
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General Other (specify)		250.00	
s	UBTOTAL of Receipts This Page (optional)		····· •	660.00

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TTEMIZED RECEIPTS		r each category of the etailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17									
			erson for the purpose of soliciting contributions to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full)	H ALLIANCE PA	٨C										
Full Name of Individual (Last, First, Midd FREEMAN, KELMITH, , , Mailing Address 1151 NW 92ND ST	e Initial) or Full Organi	zation Name	Date of Receipt									
			08 17 2021									
City OKLAHOMA CITY	State Z	Zip Code 73114	Transaction ID : SA11AI-26399941									
		73114	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		50.00									
Name of Employer (for Individual)	Occupatio	on (for Individual)	Memo Item									
Retired	Retired											
Receipt For:	Aggregate Year-	-to-Date ▼										
Primary General			1									
Other (specify) v		585.00										
Full Name of Individual (Last, First, Midd B. FREEMAN, JANICE, , ,	e Initial) or Full Organi	zation Name	Date of Receipt									
Mailing Address 2613 TEABERRY DR			08 / D D / Y Y Y Y 2021									
City		Zip Code	Transaction ID : SA11AI-26401445									
NORTH CHESTERFIELD	VA	23236	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		50.00									
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Mailing Address 1151 NW 92ND ST			09 / D D / Y Y Y Y 2021									
City		Zip Code	Transaction ID : SA11AI-26403413									
OKLAHOMA CITY	OK	73114	Amount of Each Receipt this Period									
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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE	PAC											
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS		

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Any information copied from such Reports and Statements may not be solid or used by any person for the purpose of soliciting contributions for such committee. NAME OF COMMITTEE (in Full) UNITED WOMEN'S HEALTH ALLIANCE PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. GARRAHAN-MASTERS, MARY, , , Mailing Address 501 HARRIET LN Oily HAVERTOWN FEC ID number of contributing federal political committee. Name of Employer (for Individual) Receipt For: Primary General Other (specify) State FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Aggregate Year-to-Date ▼ Mailing Address 501 HARRIET LN Occupation (for Individual) Retired Receipt For: Mailing Address 501 HARRIET LN Aggregate Year-to-Date ▼ Other (specify) State Zip Code Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt 0ity B. GARRAHAN-MASTERS, MARY, , , Mailing Address 501 HARRIET LN Oily Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt <		EMIZED RECEIPTS			or each category of the Detailed Summary Page		X	11a 13		-	1b 4		11c 15		12 16	17				
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\rangle	UNITED WOMEN'S HEALTH	ALLIANCE	PAC								
Α.	Full Name of Individual (Last, First, Middle GEPHARK, ANN, , ,	Initial) or Full O	rganization Name		Date of	f Re	ceipt				
	Mailing Address 337 GRACE VILLAGE DR				M M 11	/	30			021	Y
	City	State	Zip Code		Trans	acti	on ID :	SA11AI-	-264	20123	;
	WINONA LAKE	IN	46590		Amoun	t of	Each F	Receipt th	nis F	'eriod	
	FEC ID number of contributing federal political committee.	C					y		_	50.0	00
	Name of Employer (for Individual) Retired	Occu Reti	ipation (for Individual) red		М	emo	Item				
	Receipt For:			_							
	Primary General	Aggregate	Year-to-Date 🔻								
	Other (specify) V		210.00	4							
в.	Full Name of Individual (Last, First, Middle GEPHARK, ANN, , ,	Initial) or Full O	rganization Name		Date of	f Re	ceipt				
	Mailing Address 337 GRACE VILLAGE DR				M M 12	/	12)21	Y
	City	State	Zip Code		Trans	acti	on ID :	SA11AI-	-264	22157	
	WINONA LAKE	IN	46590		Amoun	t of	Each F	Receipt th	nis P	'eriod	
	FEC ID number of contributing federal political committee.	С							_	40.0	00
	Name of Employer (for Individual) Retired	Occi Reti	upation (for Individual) red		M	emo	Item				
	Receipt For:	Aggregate	Year-to-Date 🔻								
	Primary General			11							
	Other (specify)		210.00	4							
с.	Full Name of Individual (Last, First, Middle GEPHARK, ANN, , ,	Initial) or Full O	rganization Name		Date of	f Re	ceipt				
	Mailing Address 337 GRACE VILLAGE DR				12 ^M	/	D 17)21)	Y
	City	State	Zip Code		Trans	sacti	ion ID :	SA11AI	-264	23357	,
	WINONA LAKE	IN	46590		Amoun	t of	Each F	Receipt th	nis F	'eriod	
	FEC ID number of contributing federal political committee.	С			<u> </u>		y .	9	_	25.0	00
	Name of Employer (for Individual) Retired	Occu Retir	ipation (for Individual) ed		М	emo	Item				
	Receipt For:	Aggregate	Year-to-Date 🔻								
	Primary General Other (specify)		210.00	1							
s	UBTOTAL of Receipts This Page (optional).		, <u> </u>	•		_	, .	. ,	_	115.0	00
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TOTAL This Period (last page this line number only)......

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

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		Detailed Summary Page	×	11a		11b	11c		12										
	Detailed Summary Page						15		16	17									
Any information copied from such Reports a or for commercial purposes, other than using																			
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	H ALLIANCE	PAC																	
Full Name of Individual (Last, First, Middl A. GEPHARK, ANN, , ,	e Initial) or Full C	rganization Name		Date of	f Re	eceipt													
Mailing Address 337 GRACE VILLAGE DI	२			M M 12		27) / Y	Y 20) 21	Y									
City WINONA LAKE									25443 eriod										
FEC ID number of contributing federal political committee.	er of contributing							Amount of Each Receipt this Period											
Name of Employer (for Individual) Retired																			
Receipt For: Primary General Other (specify) ▼	Aggregate]																	
Full Name of Individual (Last, First, Middl B. GRAHAM, WEST, , ,	e Initial) or Full C	rganization Name		Date of	f Re	eceipt													
Mailing Address 4635 BORDER VILLAGE APT 6-2	RD			м м 08	/	23	/ Y	20)21	Y									
City SAN YSIDRO	State CA	Zip Code 92173					SA11AI- leceipt th	-		_									
FEC ID number of contributing federal political committee.	С								50.0	00									
Name of Employer (for Individual) Retired		upation (for Individual) ired		Memo Item															
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 290.00	1																
Full Name of Individual (Last, First, Middl C. GRAHAM, WEST, , ,	e Initial) or Full C	rganization Name		Date of	f Re	eceipt													
Mailing Address 4635 BORDER VILLAGE APT 6-2	RD			м м 08	/	D 24) / Y)21)	Y									
City SAN YSIDRO	State CA	Zip Code 92173					SA11AI			;									
FEC ID number of contributing federal political committee.	ů – Li – L					50.00													
Name of Employer (for Individual) Retired	Occ Reti	upation (for Individual) red	Memo Item																
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 290.00																	
SUBTOTAL of Receipts This Page (optiona	l)	•	·			,			125.0	0									

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

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

FOR LINE NUMBER:

(check only one)

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b			11b	12	<u>}</u>								
						14		15	16	17						
Any information copied from such Reports or for commercial purposes, other than us																
NAME OF COMMITTEE (In Full)	TH ALLIANCE	PAC														
Full Name of Individual (Last, First, Mic A. GRAHAM, WEST, , ,	Idle Initial) or Full C	rganization Name		Date of	Re	ceipt										
Mailing Address 4635 BORDER VILLAC APT 6-2				^M ^M 11	/	2	24	/ Y	y y 2021	Y						
City	State CA	Zip Code		Trans	acti	ion ID):S	A11AI-	2641902 [,]	1						
SAN YSIDRO	CA	92173	A	mount	t of	Each	Red	ceipt th	is Period							
FEC ID number of contributing federal political committee.	C					- 7 -		-9-	105.	00						
Name of Employer (for Individual) Retired	Occ Reti	upation (for Individual) red		Memo Item												
Receipt For:	Aggregate	Year-to-Date 🔻														
Other (specify) ▼	mary General															
Full Name of Individual (Last, First, Mic B. GRAHAM, WEST, , ,	ldle Initial) or Full C	rganization Name		Date of	Re	eceipt										
Mailing Address 4635 BORDER VILLAG APT 6-2						M M / D D / Y Y Y Y Y 11 26 2021										
City	State	Zip Code		Trans	acti	ion ID) : S	A11AI-	2641917	5						
SAN YSIDRO	CA	92173	A	mount	t of	Each	Re	ceipt th	is Period							
FEC ID number of contributing federal political committee.	C			85.0				00								
Name of Employer (for Individual) Retired	Occ Ret	upation (for Individual) ired	Memo Item			I										
Receipt For:	Aggregate	Year-to-Date ▼														
Primary General Other (specify) ▼	rimary General															
Full Name of Individual (Last, First, Mic C. GRAY, DORIS, , ,	Idle Initial) or Full C	rganization Name		Date of	Re	eceipt										
Mailing Address 16319 122ND AVE E				м м 08	/		D 11	/ Y	y y 2021	Y						
City	State	Zip Code		Trans	acti	ion IC) : S	A11AI-	2639878	3						
PUYALLUP	WA	98374	A	mount	t of	Each	Re	ceipt th	is Period							
FEC ID number of contributing federal political committee.	C					,		y	35.	00						
Name of Employer (for Individual)	Occ	upation (for Individual)		M	emo	ltem	ı									
Retired	Reti	· · · · · ·														
Receipt For:	Aggregate	Year-to-Date V														
Primary General Other (specify)		295.00														
SUBTOTAL of Receipts This Page (optio	nal)					,		9	225.	00						
TOTAL This Period (last page this line n	umber only)		. [-		-7-								

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
			person for the purpose of soliciting contributions be to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEAL	TH ALLIANCE	PAC	
Full Name of Individual (Last, First, Mi GRAY, DORIS, , , Mailing Address 16319 122ND AVE E City PUYALLUP	ddle Initial) or Full C	Zip Code 98374	Date of Receipt 08 13 13 2021 Transaction ID : SA11AI-26399451
FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For:	C Occ Reti	upation (for Individual)	Amount of Each Receipt this Period
E. Full Name of Individual (Last, First, Mi B. GRAY, DORIS, , , Mailing Address 16319 122ND AVE E	ddle Initial) or Full C	rganization Name	Date of Receipt
City PUYALLUP FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired	State WA C Occ Ret	Transaction ID : SA11AI-26423253 Amount of Each Receipt this Period 70.00 Memo Item	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 295.00]
Full Name of Individual (Last, First, Mi C. <u>GREENE, BETTY, , ,</u> Mailing Address 5886 DE ZAVALA RD			Date of Receipt
City SAN ANTONIO FEC ID number of contributing federal political committee.	State TX	Zip Code 78249	Transaction ID : SA11AI-26401691 Amount of Each Receipt this Period 75.00
Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	Reti	upation (for Individual) red Year-to-Date ▼ 655.00	Memo Item
SUBTOTAL of Receipts This Page (option	onal)	······]	180.00

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

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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116	EMIZED RECEIPTS for each category of the Detailed Summary Page					X 11a 11b 11c 12 13 14 15 16 17									
or	/ information copied from such Reports and Stat for commercial purposes, other than using the n														
	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALI	LIANCE	E P.	AC											
A .	Full Name of Individual (Last, First, Middle Initial GREENE, BETTY, , , Mailing Address 5886 DE ZAVALA RD) or Full O	rgar	nization Name		Date of Receipt									
		_	09 03 2021 Transaction ID : SA11AI-26403845												
	SAN ANTONIO	ТХ		78249	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С				35.00									
	Name of Employer (for Individual) Retired	Occi Reti	•	ion (for Individual)		Memo Item									
	Receipt For: Primary General Other (specify) ▼														
	Full Name of Individual (Last, First, Middle Initial GREENE, BETTY, , ,) or Full O	rgar	nization Name		Date of Receipt									
	Mailing Address 5886 DE ZAVALA RD	10 / Y Y Y Y Y 10 18 2021													
	City SAN ANTONIO	State Zip Code TX 78249				Transaction ID : SA11AI-26412525 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.					100.00									
	Name of Employer (for Individual) Retired	Occ Ret	•	ion (for Individual)		Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 655.00											
	Full Name of Individual (Last, First, Middle Initial GREENE, BETTY, , ,) or Full O	rgar	nization Name		Date of Receipt									
	Mailing Address 5886 DE ZAVALA RD					10 / D D / Y Y Y Y 28 2021									
	City SAN ANTONIO	State TX		Zip Code 78249		Transaction ID : SA11AI-26414507									
	FEC ID number of contributing federal political committee.	C		10249		Amount of Each Receipt this Period 40.00									
	Name of Employer (for Individual) Retired	Occi Reti	•	ion (for Individual)		Memo Item									
	Poppiet For:		\neg												
	Primary General Other (specify) 655.00														
sı	JBTOTAL of Receipts This Page (optional)					175.00									
т	OTAL This Period (last page this line number on	ly)		•••••	-										

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS	ZED RECEIPTS for each category of the Detailed Summary Page											
			13 14 15 16 17 verson for the purpose of soliciting contributions e to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full)	H ALLIANCE	PAC										
Full Name of Individual (Last, First, Middle A. GREENE, BETTY, , , Mailing Address 5886 DE ZAVALA RD	e Initial) or Full O	rganization Name	Date of Receipt									
City SAN ANTONIO	11 12 2021 Transaction ID : SA11AI-26417101 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		105.00									
Name of Employer (for Individual) Retired	Occu Reti	upation (for Individual) red	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 655.00]									
Full Name of Individual (Last, First, Middle B. GREENE, BETTY, , ,	e Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 5886 DE ZAVALA RD			11 23 2021									
City SAN ANTONIO	State TX	Zip Code 78249	Transaction ID : SA11AI-26418761 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		60.00									
Name of Employer (for Individual) Retired	Occi Reti	upation (for Individual) red	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 655.00]									
Full Name of Individual (Last, First, Middle C. GREENE, BETTY, , ,	e Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 5886 DE ZAVALA RD			M M / D D / Y Y Y Y 12 22 2021									
City SAN ANTONIO	State TX	Zip Code 78249	Transaction ID : SA11AI-26424557 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	ů (
Name of Employer (for Individual) Retired	ipation (for Individual) ed	Memo Item										
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 655.00	1									
SUBTOTAL of Receipts This Page (optional	l)		225.00									

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

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

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SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

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	RECEIPTS		for each category of the	X 11a 11b 11c 12									
			Detailed Summary Page										
				person for the purpose of soliciting contributions be to solicit contributions from such committee.									
	COMMITTEE (In Full) D WOMEN'S HEALTH	I ALLIANCE	PAC										
	of Individual (Last, First, Middle IER, JUDITH, , ,	e Initial) or Full O	rganization Name	Date of Receipt									
Mailing Add	dress 6841 W FOND DU LAC A	VE		07 01 2021									
City		State WI	Zip Code	Transaction ID : SA11AI-26391479									
MILWAUK		VVI	53218	Amount of Each Receipt this Period									
	mber of contributing itical committee.	С		25.00									
Name of E Retired	mployer (for Individual)	Occ Reti	upation (for Individual) red	Memo Item									
Receipt Fo		Aggregate	Year-to-Date ▼										
Other	ary General r (specify) ▼		255.00]									
	of Individual (Last, First, Middle HER, JUDITH, , ,	e Initial) or Full O	rganization Name	Date of Receipt									
	dress 6841 W FOND DU LAC A	VE		07 16 2021									
City MILWAUKI	EE	State WI	Zip Code 53218	Transaction ID : SA11AI-26394121 Amount of Each Receipt this Period									
	mber of contributing itical committee.	С		50.00									
Name of E Retired	mployer (for Individual)		upation (for Individual) ired	Memo Item									
Receipt Fo Prima Other		Aggregate	Year-to-Date ▼ 255.00]									
	of Individual (Last, First, Middle THER, JUDITH, , ,	e Initial) or Full O	rganization Name	Date of Receipt									
Mailing Add	dress 6841 W FOND DU LAC A	VE		M M / D D / Y Y Y Y 11 29 2021									
City MILWAUK	EE	State WI	Zip Code 53218	Transaction ID : SA11AI-26419655 Amount of Each Receipt this Period									
	mber of contributing tical committee.	С		30.00									
Retired	mployer (for Individual)	Occi Reti	upation (for Individual) red	Memo Item									
Receipt Fo		Aggregate	Year-to-Date ▼ 255.00										

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	VIIZED RECEIPTS for each category of the Detailed Summary Page				×	11a 13	a		11b 14	11 15	ł	12 16		17						
	ny information copied from such Reports and Sta for commercial purposes, other than using the r																			
	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AL	LIANCE	ΕP	AC																
Α.	Full Name of Individual (Last, First, Middle Initia HAGER, THOMAS, , , Mailing Address 695 SUMMER LN	al) or Full O	orgar	nization Name		Date	of	Re	ceipt	D /	Y	YY	Y							
											07 07 2021									
	City WHITE SALMON	State Zip Code WA 98672								Transaction ID : SA11AI-26392575 Amount of Each Receipt this Period										
			_	90072	_ /	Amo	unt	of	Each	Receip	t this	s Peric	d	_						
	FEC ID number of contributing federal political committee.	С				Ľ						5	0.00							
	Name of Employer (for Individual) Retired	Occu Reti	•	ion (for Individual)		Ц	Me	emo	Item											
	Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 230.00																			
в.	Full Name of Individual (Last, First, Middle Initia HAGER, THOMAS, , ,	al) or Full O	rgar	nization Name		Date	e of	Re	ceipt											
	Mailing Address 695 SUMMER LN					[™]	_™ 2	1	D 09	D /	Y	y y 2021	Y							
	City	State		Zip Code		Tra	insi	acti	on ID	: SA11	AI-2	63845	19							
	WHITE SALMON	FEC ID number of contributing					Amount of Each Receipt this Period													
	FEC ID number of contributing federal political committee.								,			10	0.00							
	Name of Employer (for Individual) Retired	Occi Reti		ion (for Individual)			Me	emo	Item											
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00																		
с.	Full Name of Individual (Last, First, Middle Initia HAM, LEWIS, , ,	al) or Full O	rgar	nization Name		Date	e of	Re	ceipt											
	Mailing Address 5500 CALLE REAL APT C-226					0	8	/	D 07		Y	y 2021	Y							
	City SANTA BARBARA	State Zip Code							Transaction ID : SA11AI-26398157 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	C							,				0.00							
	Name of Employer (for Individual)Occupation (for Individual)RetiredRetired						Me	emo	Item											
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 385.00																		
s	UBTOTAL of Receipts This Page (optional)			•••••					9		,	200	0.00							

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

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

FOR LINE NUMBER:

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		Detailed Summary Page	×	11a		11		11c	12				
Any information copied from such Reports and	Statements ma	w not be sold or used by any n	erson f	13 or the	purr	14 pos		15 olicitina	16 contribut	17 ions			
or for commercial purposes, other than using th													
$ angle$ UNITED WOMEN'S HEALTH λ	ALLIANCE	PAC											
Full Name of Individual (Last, First, Middle In HAM, LEWIS, , ,	nitial) or Full O	rganization Name		Date of	Re	ecei	pt						
Mailing Address 5500 CALLE REAL APT C-226				м м 12	/		02	/ Y	y y 2021	Y			
City	State	Zip Code	Transaction ID : SA11AI-26420555										
SANTA BARBARA	CA	93111 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	C		150.00										
Name of Employer (for Individual) Retired	Occi Reti	upation (for Individual) red		Me	emo	b Ite	em						
Receipt For:	Aggregate	Year-to-Date ▼											
Primary General			1										
Other (specify) v		385.00											
Full Name of Individual (Last, First, Middle II . HAM, LEWIS, , ,	nitial) or Full O	rganization Name		Date of	Re	ecei	pt						
Mailing Address 5500 CALLE REAL APT C-226		12 / D D / Y Y Y Y Y 21 / 2021											
City	State	Zip Code	Transaction ID : SA11AI-26424403										
SANTA BARBARA	CA	93111	A	mount	of	Ead	ch Re	ceipt th	is Period				
FEC ID number of contributing federal political committee.	С					- -		-	75.0	0			
Name of Employer (for Individual) Retired	Occ Ret	upation (for Individual) red		Me	emo) Ite	em						
Receipt For:	Aggregate	Year-to-Date V											
Primary General			11.										
Other (specify) v		385.00)										
Full Name of Individual (Last, First, Middle II	nitial) or Full O	rganization Name		Date of	Re	ecei	ot						
Mailing Address 5500 CALLE REAL APT C-226				м м 12	/		22	/ Y	y y 2021	Y			
	State CA	Zip Code							26424623				
SANTA BARBARA		93111	A	mount	of	Ead	ch Re	ceipt th	is Period				
FEC ID number of contributing federal political committee.	C			_	_	y			110.0	0			
Name of Employer (for Individual) Retired	Occi Reti	upation (for Individual) red		Me	emo	o Ite	em						
Receipt For:	Aggregate	Year-to-Date 🔻											
Primary General	ggi oguto												
Other (specify)		385.00											
SUBTOTAL of Receipts This Page (optional)	<u> </u>	\	.						335.0	0			
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SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	EMIZED RECEIPTS			or each category of the Detailed Summary Page	×	11a 13		11b 14	11c	12 16	17							
	ny information copied from such Reports and Sta for commercial purposes, other than using the r																	
	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AL	LIANCE	ΞP	AC														
Α.	Full Name of Individual (Last, First, Middle Initia HAMMELL, SUSAN, , , Mailing Address 817 SUMMIT AVE	al) or Full O)rga	nization Name	_	M	of F	Receipt	D / Y	YYY	- Y							
						08		0		2021	_							
		State		Zip Code					: SA11AI									
	WESTFIELD	NJ		07090	_ /	٩mou	nt o	f Each	Receipt t	nis Perio	d							
	FEC ID number of contributing federal political committee.	С				75.00												
	Name of Employer (for Individual)	Occ	upa	tion (for Individual)		ſ	Nem	no Item										
	Retired	Reti	ired															
	Receipt For:	Aggregate	Yea	ar-to-Date 🔻														
	Primary General			075.00														
	Other (specify) ▼	L	Ţ	375.00														
В.	Full Name of Individual (Last, First, Middle Initia HAMMELL, SUSAN, , ,	al) or Full O	rga	nization Name	ı	Date	of F	Receipt										
	Mailing Address 817 SUMMIT AVE					[™] 09	M	/ D	D / Y 9	2021	Y							
	City	State		Zip Code		Tran	sac	tion ID	: SA11AI	2635957	9							
	WESTFIELD	NJ 07090							Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		75.00														
	Name of Employer (for Individual) Retired	Occ Ret	tion (for Individual)															
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 375.00														
с.	Full Name of Individual (Last, First, Middle Initia HAMMELL, SUSAN, , ,	al) or Full O	rga	nization Name		Date	of F	Receipt										
	Mailing Address 817 SUMMIT AVE					[™] 11	М	/ D	о / Ү 6	2021	Y							
		State		Zip Code					: SA11A									
	WESTFIELD	NJ		07090	_ /	Amou	nt o	of Each	Receipt t	nis Perio	d							
	FEC ID number of contributing federal political committee.	С						y .	9	50	.00							
	Name of Employer (for Individual) Retired	Occi Reti	•	tion (for Individual)			Vlen	no Item										
Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 375.00																		
5	UBTOTAL of Receipts This Page (optional)			•				7	. ,	200	.00							

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

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	EMIZED RECEIPTS			for each category of the Detailed Summary Page)	′ 11a 13		11b 14		11c 15	12		17						
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	Mailing Address 817 SUMMIT AVE				12 09 2021								Y						
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	Mailing Address 142 WATCH HILL RD					[™] 07	VI /	D 1:	^р 5	/ Y	2021		Y						
	City	State		Zip Code	Transaction ID : SA11AI-26346205														
	WESTERLY	RI 02891							Amount of Each Receipt this Period										
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SCHEDULE A (FEC Form 3X) ľ

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	Mailing Address 7830 CAMINO REAL APT 409				M M / D D / Y														
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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	Mailing Address 7830 CAMINO REAL APT 409				10 / 22 / 2021											
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	Mailing Address 7830 CAMINO REAL APT 409	- 1		^M 12	/	01	/ Y	ү 20)21	Y						
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	City	State	Zip Code		Trans	sact	ion ID : S	SA11AI-	263	91477						
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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	★ 11a 11b 11c 12 13 14 15 16 17									
	y information copied from such Reports and Stat for commercial purposes, other than using the n			son for the purpose of soliciting contributions									
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Α.	Full Name of Individual (Last, First, Middle Initial HUDSON, JODIE, , , Mailing Address PO BOX 692) or Full C	Organization Name	Date of Receipt									
	City LAKE ARTHUR	State LA	Zip Code 70549	07 08 2021 Transaction ID : SA11AI-26392703 Amount of Each Receipt this Period									
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	City LAKE ARTHUR	State LA	Zip Code 70549	07 20 2021 Transaction ID : SA11AI-26394663 Amount of Each Receipt this Period									
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C.	Full Name of Individual (Last, First, Middle Initial HUDSON, JODIE, , ,) or Full C	Organization Name	Date of Receipt									
	Mailing Address PO BOX 692	1 -		09 27 / Y Y Y Y 2021									
	City LAKE ARTHUR	State LA	Zip Code 70549	Transaction ID : SA11AI-26408427 Amount of Each Receipt this Period									
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SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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

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	EMIZED RECEIPTS		Detailed Summary Page		× 11a		11		11c		12	
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	Mailing Address 2950 KIRKBRIDE WAY APT 212				м 09	· /	/	30	/ Y)21)	Y
	City	State	Zip Code		Trans	sact	tion	ID : 5	SA11AI-	264	09267	,
	INDIANAPOLIS	IN	46222	_	Amoun	t of	Ead	ch Re	eceipt th	nis P	'eriod	
	FEC ID number of contributing federal political committee.	С			<u> </u>		-			_	25.	00
	Name of Employer (for Individual) Retired	Occu Reti	upation (for Individual) red		N	lem	o Ite	əm				
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	Mailing Address 2950 KIRKBRIDE WAY APT 212				^M 12	'	/	14	/ Y)21 [°]	Y
	City	State	Zip Code		Tran	sac	tion	ID : \$	SA11AI	-264	2259	9
	INDIANAPOLIS	IN	46222	_	Amoun	t of	Ea	ch Re	eceipt th	nis F	'eriod	
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FEC Schedule A (Form 3X) Rev. 06/2016

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SCHEDULE A (FEC Form 3X) ľ

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FOR LINE NUMBER:

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	y information copied from such Reports and Sta for commercial purposes, other than using the				for the	purpose of	soliciting	contri	butic	ns		
	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AL	LIANCE	PAC									
Α.	Full Name of Individual (Last, First, Middle Initi JOHNSON, HENRY, , ,	al) or Full C	rganization Name		Date of	Receipt						
	Mailing Address 2950 KIRKBRIDE WAY APT 212				12 ^M	/ D 1		2021	1.1			
	City INDIANAPOLIS	State IN	Zip Code 46222			action ID : of Each F						
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в.	Full Name of Individual (Last, First, Middle Initi JONES, CAROLE, , ,	al) or Full C	rganization Name		Date of	Receipt						
	Mailing Address 2550 KENSINGTON GARDNE UNIT 205				07	/ D 1		2021	Y Y			
	City ELLICOTT CITY	State MD	Zip Code 21043			action ID : of Each F						
	FEC ID number of contributing federal political committee.	С							25.00			
	Name of Employer (for Individual) Retired		upation (for Individual) ired		M	emo Item						
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с.	Full Name of Individual (Last, First, Middle Initi JONES, CAROLE, , ,	al) or Full C	rganization Name		Date of	Receipt						
	Mailing Address 2550 KENSINGTON GARDNE UNIT 205		Zin Code		09	/ 13		2021				
	City ELLICOTT CITY	State MD	Zip Code 21043	-		action ID : of Each F	-					
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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17
	and Statements may not be sold or used by any p ng the name and address of any political committe	person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	H ALLIANCE PAC	
Full Name of Individual (Last, First, Mide JONES, CAROLE, , , Mailing Address 2550 KENSINGTON GA	· · · · ·	Date of Receipt
City	State Zip Code	Transaction ID : SA11AI-26417373
ELLICOTT CITY	MD 21043	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 ▼	
Primary General		1
Other (specify) ▼	240.00	
Full Name of Individual (Last, First, Mide JONES, CAROLE, , ,	dle Initial) or Full Organization Name	Date of Receipt
Mailing Address 2550 KENSINGTON GA UNIT 205		12 18 2021
City	State Zip Code	Transaction ID : SA11AI-26423395
ELLICOTT CITY	MD 21043	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	35.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		1
Other (specify) ▼	240.00	1
Full Name of Individual (Last, First, Mide C. JORJORIAN, ELEANOR, , ,	dle Initial) or Full Organization Name	Date of Receipt
Mailing Address 232 FAIRFAX DR		07 15 2021
City	State Zip Code	Transaction ID : SA11AI-26344603
WARWICK	RI 02888	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	225.00]
SUBTOTAL of Receipts This Page (option	nal)	105.00

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

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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		Detailed Summary Page	×	-		11b	11c		12	
Any information copied from such R	onorte and Statements m	hy not be cold or used by any n		13		14	15		16 tributi	17
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NAME OF COMMITTEE (In Full)										
UNITED WOMEN'S HI	EALTH ALLIANCE	PAC								
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Mailing Address 232 FAIRFAX D	२			м м 08	/	03	/ Y	y 202	21	Y
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TOTAL This Period (last page this line number only)......

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

(check only one)

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		Detailed Summary Page		× 11a	1	11b	11c	12	2	
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Any information copied from such Reports or for commercial purposes, other than us										
NAME OF COMMITTEE (In Full)										
UNITED WOMEN'S HEAL		FAC								
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				11	,	05	/ 1	2021	i _	· -
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SUBTOTAL of Receipts This Page (option	onal)		 ▶		,		,		60.0	0

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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		Detailed Summary Page	2	' 11a		11b	11c		12		
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NAME OF COMMITTEE (In Full)	TH ALLIANCE	PAC									
Full Name of Individual (Last, First, M A. JORJORIAN, ELEANOR, , ,	iddle Initial) or Full C	rganization Name		Date of	f R	eceipt					
Mailing Address 232 FAIRFAX DR				M M 12	_	/ D D 21	· / Y		021	Y	
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Mailing Address 1241 ISLAND DR APT 101				08] ′	26 D	/ Y)21	Y	
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City	State	Zip Code		Trans	ac	tion ID :	SA11AI-	·263	65495	j	
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	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AI	LIANCE	PAC									
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	Mailing Address 1042 NEUMARK AVE					м м 09	_	30		Y	y y 2021	Y
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	City	State	Zip Coc	le		Trans	acti	ion ID	: SA11	AI-26	370733	
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		Detailed Summary Page	×	11a		11b	11c		12						
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Any information copied from such Reports or for commercial purposes, other than us															
NAME OF COMMITTEE (In Full)	TH ALLIANCE	PAC													
Full Name of Individual (Last, First, Mic A. KEENAN, WILLIAM, , ,	dle Initial) or Full O	rganization Name		Date of	f R	eceipt									
Mailing Address 5100 SHARON RD UNIT 1201				м м 07	1	05) / Y	Y 20)21	Y					
City	State	Zip Code		Trans	act	tion ID :	SA11AI-	2639	91875						
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Mailing Address 32 GRANT AVE				^M 07] '	01) / Y	Y 20	21 21	Y					
City	State	Zip Code		Trans	sac	tion ID :	SA11AI-	2634	40813						
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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		Detailed Summary Page		_		11b	11c	12		
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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$\left \right\rangle$	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AI	LIANC	E P	AC												
<u> </u>	Full Name of Individual (Last, First, Middle Initi KELLIHER, ANNE, , ,	ial) or Full (Orgar	ization Name		Date of Receipt										
	Mailing Address 32 GRANT AVE															
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	NORWOOD	MA		02062	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С			35.00											
	Name of Employer (for Individual) Retired		ccupati etired	ion (for Individual)	Memo Item											
	Receipt For:	Aggregate	e Yea	r-to-Date ▼												
	Primary General Other (specify) ▼		-	230.00												
	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name KELLIHER, ANNE, , ,							eceipt								
	Mailing Address 32 GRANT AVE				12 / D D / Y Y Y Y 12 17 2021											
	City	State		Zip Code		Trans	acti	ion ID	: SA	11AI-:	2642	3349				
	NORWOOD	MA		02062		Amoun										
	FEC ID number of contributing federal political committee.	С		50.00												
	Name of Employer (for Individual) Retired	Oc Re		Memo Item												
	Receipt For:	Aggregate	e Yea	r-to-Date 🔻												
	Primary General															
	Other (specify) v	L	y	230.00												
C.	Full Name of Individual (Last, First, Middle Initi KELLY, ROSALEEN, , ,	ial) or Full (Orgar	ization Name		Date o	f Re	eceipt								
	Mailing Address 54 HACIENDA CIR					^M 07	/	2		/ Y	202	21 ^Y	Y			
	City	State		Zip Code		Tran	sact	ion ID	: SA	11AI-	2639	6327				
	ORINDA	CA		94563		Amoun	t of	Each	Rece	eipt th	is Pe	eriod				
	FEC ID number of contributing federal political committee.	С				<u> </u>		y .		y		100.0	0			
	Name of Employer (for Individual) Retired		ccupati etired	on (for Individual)		N	lemo	b Item								
	Receipt For: Primary General	Aggregate	e Yea	r-to-Date ▼												
	Other (specify)	L		300.00												
s	UBTOTAL of Receipts This Page (optional)			••••••				,		g		185.0	0			

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

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

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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TEMIZED RECEIPTS		Detailed Summary Page				11b	11c	1	2											
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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALT	H ALLIANCE	PAC																		
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Full Name of Individual (Last, First, Mide B. KENT, PHILIP, , ,		Date of Receipt																		
Mailing Address 1601 W GILFORD RD		M M 08	1	D 13		202	Y 1	Y												
City	State	Zip Code		Trans	act	ion ID :	SA11AI	-26399	379											
CARO	MI	48723		Amount of Each Receipt this Period																
FEC ID number of contributing federal political committee.	C			150.00																
Name of Employer (for Individual) Retired		Occupation (for Individual) Retired					Memo Item													
Receipt For: Primary General Other (specify) ▼	Aggregate	Aggregate Year-to-Date ▼ 260.00																		
Full Name of Individual (Last, First, Mide C. KENT, PHILIP, , ,	dle Initial) or Full O	rganization Name		Date o	f Re	eceipt														
Mailing Address 1601 W GILFORD RD				09	1	D 07		202		Y										
City	State	Zip Code		Trans	sact	tion ID	: SA11AI	-26404	4225											
CARO	MI	48723		Amoun	t of	Each I	Receipt tl	his Pe	riod											
FEC ID number of contributing federal political committee.	С			<u> </u>		, .	. ,		50.0	0										
Name of Employer (for Individual) Retired	Occu Retir	ipation (for Individual) ed		M	lem	o Item														
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 260.00]																	
SUBTOTAL of Receipts This Page (option	nal)		•		l	, .	. ,	2	250.0	0										

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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320

		Detailed Summary Page		X 11a		11b	11c	12					
(13		14	15	16	17				
Any information copied from such Reports or for commercial purposes, other than us													
NAME OF COMMITTEE (IN FUII) UNITED WOMEN'S HEAL ⁻	TH ALLIANCE	PAC											
Full Name of Individual (Last, First, Mic A. KENT, PHILIP, , ,	Idle Initial) or Full C	rganization Name		Date of	f Rec	ceint							
Mailing Address 1601 W GILFORD RD				12	_	23		ү ү 2021	Y				
City	State	Zip Code		Trans	actio	on ID :	SA11AI-	2642479 [.]	7				
CARO	MI	48723		Amoun	t of E	Each F	Receipt th	is Period					
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 60.00 Memo Item										
Name of Employer (for Individual) Retired	Occ	upation (for Individual)											
Receipt For:													
Primary General	Aggregate	Year-to-Date ▼											
Other (specify) v		260.00	4										
Full Name of Individual (Last, First, Mic B. KING, EARL, , ,													
Mailing Address 20815 ADELINE DR	Mailing Address 20815 ADELINE DR							y y 2021	Y				
City	State	Zip Code		Trans	26399057	7							
COLFAX	CA	95713		Amount of Each Receipt this Period									
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Name of Employer (for Individual) Retired	Occ Ret	upation (for Individual) ired		Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]										
Full Name of Individual (Last, First, Mic C. KING, EARL, , ,	Idle Initial) or Full C	rganization Name		Date of	f Rec	ceipt							
Mailing Address 20815 ADELINE DR				^M 09	/	02		ү 2021	Y				
City	State	Zip Code		Trans	sactio	on ID :	SA11AI-	2640369	5				
COLFAX	CA	95713		Amoun	t of E	Each F	Receipt th	is Period					
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Name of Employer (for Individual) Retired	Occ Reti	upation (for Individual) red		M	emo	ltem							
Receipt For: Primary General Other (specify)	imary General Agglegate Tear-to-Date V												
SUBTOTAL of Receipts This Page (option	nal)					y		105.	00				

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SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	EMIZED RECEIPTS	for each category of the Detailed Summary Page						11b 14	11c	12 16	17				
	y information copied from such Reports and Sta for commercial purposes, other than using the														
	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AL	LIANCE	E PA	١C											
Α.	Full Name of Individual (Last, First, Middle Initia KING, EARL, , , Mailing Address 20815 ADELINE DR	al) or Full C	Drgani	zation Name	Date of Receipt										
	City COLFAX	State CA		Zip Code 95713				-	: SA11AI Receipt th						
	FEC ID number of contributing federal political committee.	С				Amount of Each Receipt this Period									
	Name of Employer (for Individual) Retired Receipt For:	Ret	ired	on (for Individual)		М	emo	Item							
	Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00														
В.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name KING, EARL, , , Mailing Address 20815 ADELINE DR						f Rec	D	D / Y	Y Y	Y				
	City	State		Zip Code		11 Trans	actio	18 2 n ID :	SA11AI	2021 -2641825	51				
	COLFAX	CA		95713	Amount of Each Receipt this Pe						d				
	FEC ID number of contributing federal political committee.	С			30.00										
	Name of Employer (for Individual) Retired		Occupation (for Individual) Retired					Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-	to-Date ▼ 250.00											
с.	Full Name of Individual (Last, First, Middle Initia KOCHISS, JOHN, , ,	al) or Full C	Organi	zation Name		Date o	f Red	ceipt							
	Mailing Address 88 EAGER RD					м м 08	/	26		2021	Ŷ				
	City NORTH FRANKLIN	State CT		Zip Code 06254					: SA11AI Receipt th						
	FEC ID number of contributing federal political committee.	С						,	. ,	35	5.00				
	Name of Employer (for Individual) Retired	Occ Reti	•	on (for Individual)	Memo Item										
	Receipt For: Primary General Other (specify)	Aggregate	to-Date ▼ 240.00												
s	UBTOTAL of Receipts This Page (optional)			••••••					. ,	100	0.00				

TOTAL This Period (last page this line number only)...... 1 1 4p 1 1 4p 1 1 4p 1

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TIEWIZED RECEIPTS		h category of the d Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17									
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALT	H ALLIANCE PAC											
Full Name of Individual (Last, First, Mid KOCHISS, JOHN, , , Mailing Address 88 EAGER RD	dle Initial) or Full Organization	n Name	Date of Receipt									
City	State Zip C	ode	Transaction ID : SA11AI-26367351									
NORTH FRANKLIN	CT 062	54	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		35.00									
Name of Employer (for Individual)	Occupation (fo	r Individual)	Memo Item									
Retired	Retired											
Receipt For:	Aggregate Year-to-Da	ate 🔻	-									
Primary General			1									
Other (specify) v		240.00										
Full Name of Individual (Last, First, Mid B. KOCHISS, JOHN, , ,	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name KOCHISS, JOHN, , ,											
Mailing Address 88 EAGER RD			10 21 2021									
City	State Zip C	ode	Transaction ID : SA11AI-26370737									
NORTH FRANKLIN	CT 0628	54	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		35.00									
Name of Employer (for Individual) Retired	Occupation (fo Retired	r Individual)	Memo Item									
Receipt For:	Aggregate Year-to-Da		-									
Primary General			1									
Other (specify) ▼		240.00]									
Full Name of Individual (Last, First, Mid C. KOCHISS, JOHN, , ,	dle Initial) or Full Organization	n Name	Date of Receipt									
Mailing Address 88 EAGER RD			M M / D D / Y Y Y Y 10 21 2021									
City	State Zip C		Transaction ID : SA11AI-26371215									
NORTH FRANKLIN	CT 0625	54	Amount of Each Receipt this Period									
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Name of Employer (for Individual) Retired	Occupation (fo Retired	r Individual)	Memo Item									
Receipt For:	Aggregate Year-to-Da	ate 🔻										
Other (specify)		240.00]									
SUBTOTAL of Receipts This Page (option	l al)		105.00									

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

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SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS		

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17									
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALT	H ALLIANCE	PAC										
A. KOCHISS, JOHN, , , Mailing Address 88 EAGER RD	le Initial) or Full C	rganization Name	Date of Receipt									
City	State	Zip Code	12 16 2021 Transaction ID : SA11AI-26385621									
NORTH FRANKLIN	СТ	06254	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		35.00									
Name of Employer (for Individual) Retired	Occ Reti	upation (for Individual) ired	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00]									
Full Name of Individual (Last, First, Midd B. KULE, NANCY, , ,	le Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address 74 FOX TRACE LN			08 07 2021									
City	State	Zip Code	Transaction ID : SA11AI-26398109									
HUDSON	OH	44236	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		50.00									
Name of Employer (for Individual) Retired		upation (for Individual) ired	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 245.00]									
Full Name of Individual (Last, First, Midd C. KULE, NANCY, , ,	le Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address 74 FOX TRACE LN			11 03 2021									
City HUDSON	State OH	Zip Code 44236	Transaction ID : SA11AI-26415515 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		55.00									
Name of Employer (for Individual) Retired	Occ Reti	upation (for Individual) red	Memo Item									
Receipt For: Primary General Other (specify)	Year-to-Date ▼ 245.00]										
SUBTOTAL of Receipts This Page (optional	al)		140.00									

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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				Detailed Summary Page		_	ŀ	11	11c						
Any int	formation copied from such Reports and Sta	atements n	nav n	ot be sold or used by any ne	erson	13 for t		14 Durpos		15 solicitina	contrib	utions			
	commercial purposes, other than using the														
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	NITED WOMEN'S HEALTH AL	LIANC	E P	AC											
	Name of Individual (Last, First, Middle Initi JLE, NANCY, , ,	al) or Full	Orgar	nization Name		Det		Derei							
	ling Address 74 FOX TRACE LN				_			Recei							
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City		State		Zip Code		Transaction ID : SA11AI-26421691									
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Nan	ne of Employer (for Individual)	Oc	ccupat	ion (for Individual)			Me	mo Ite	em						
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AU	STINTOWN	OH 44515								eceipt thi					
	D number of contributing	С		75.00											
fede	eral political committee.	5													
Nar Reti	ne of Employer (for Individual) red		ccupat etired	ion (for Individual)		Ц	Me	emo Ite	em						
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Mai	ling Address 2101 BIRCH TRACE DR						8	/	18	/ Y	y 2021	Y			
City		State		Zip Code		Tr	ansa	action	ID :	SA11AI-2	2640038	85			
	STINTOWN	OH		44515	_	Amc	ount	of Ea	ch R	eceipt thi	s Perio	b			
	C ID number of contributing eral political committee.	С									35	.00			
						Ξ		. y							
				ion (for Individual)		ш	Me	emo Ite	əm						
	ired eipt For:	etired		_											
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11			for each category of the Detailed Summary Page		X 11a 13		11b 14	11c		12 16	<u> </u>	17		
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	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AL	LIANCE	PAC											
Α.	Full Name of Individual (Last, First, Middle Initia KULIK, MICHELE, , ,	al) or Full O	Date of Receipt											
	Mailing Address 2101 BIRCH TRACE DR			08 / D D / Y Y Y Y Y 2021										
	City AUSTINTOWN	State OH	Zip Code 44515		Transaction ID : SA11AI-26401761 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	C		35.00										
	Name of Employer (for Individual) Retired	Occi Reti	upation (for Individual) red	M	lemo	Item								
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в.	Full Name of Individual (Last, First, Middle Initia LABELLE, ROBERT, , ,	al) or Full O	rganization Name		Date o	f Re	ceipt							
	Mailing Address 182 W 126TH AVE				09	/	24	/ Y	202	21	Y			
	City CROWN POINT	State IN	Zip Code 46307					SA11AI leceipt t						
	FEC ID number of contributing federal political committee.	С				50.00 Memo Item								
	Name of Employer (for Individual) Retired	Occupation (for Individual) Retired												
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	Other (specify)		215.00											
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	Mailing Address 182 W 126TH AVE	1			10 ^M	/	D D D D D D D D D D D D D D D D D D D) / Y	20	21 21	Y			
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	Other (specify)		215.00											
s	UBTOTAL of Receipts This Page (optional)		>							120.0	0	٦		

SCHEDULE A (FEC Form 3X) ľ

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PAGE 117 OF

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ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the				y one)					
			for each category of the Detailed Summary Page)	K 11a 13	11b	11c		12 16	17
	ny information copied from such Reports and S for commercial purposes, other than using the				for the	purpose c	of soliciting		ntributi	ons
	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	LLIANCE	E PAC							
A.	Full Name of Individual (Last, First, Middle Init LABELLE, ROBERT, , ,	tial) or Full O	Organization Name		Date of	Receipt				
	Mailing Address 182 W 126TH AVE				^M 12	/ D 14)21	Y
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	Name of Employer (for Individual) Retired	Occi Reti	upation (for Individual) ired		Me	emo Item				
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	Other (specify)		215.00							
В.	Full Name of Individual (Last, First, Middle Init LABELLE, ROBERT, , ,	tial) or Full O	Organization Name		Date of	Receipt				
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		IN	46307	-	Amount	of Each	Receipt th	nis P	eriod	_
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	Receipt For: Primary General	Aggregate	Year-to-Date ▼							
	Other (specify) V		215.00							
— c.	Full Name of Individual (Last, First, Middle Init LEBLANC, WADE, , ,	tial) or Full O	Organization Name		Date of	Receipt				
-	Mailing Address 4862 KEITHDALE LN				07	/ D 19		ү 20	21 21	Y
	City BLOOMFIELD TWP	State MI	Zip Code 48302			action ID				
	FEC ID number of contributing federal political committee.	С				, ,	,		35.0	0
	Name of Employer (for Individual) Retired	Occi Reti	upation (for Individual) red	_	M	emo Item				
	Receipt For:	Aggregate	Year-to-Date V							
	Other (specify)		215.00							
	UBTOTAL of Receipts This Page (optional)				[.				140.0	0

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SCHEDULE A (FEC Form 3X) DECEIDEC

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	Image: 11a 11b 11c 12 13 14 15 16 17								
	ny information copied from such Reports and Sta for commercial purposes, other than using the			person for the purpose of soliciting contributions ee to solicit contributions from such committee.								
	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AL	LIANCE	E PAC									
Α.	Full Name of Individual (Last, First, Middle Initi LEBLANC, WADE, , , Mailing Address 4862 KEITHDALE LN	al) or Full O	Drganization Name	Date of Receipt								
	City	State	Zip Code	Transaction ID : SA11AI-26402213								
	BLOOMFIELD TWP	MI	48302	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		50.00								
	Name of Employer (for Individual) Retired		cupation (for Individual) tired	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 215.00									
В.	Full Name of Individual (Last, First, Middle Initi	al) or Full O	Drganization Name	Date of Receipt								
	Mailing Address 4862 KEITHDALE LN			08 / 27 / Y Y Y Y 2021								
	City BLOOMFIELD TWP	State MI	Zip Code 48302	Transaction ID : SA11AI-26402523								
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period								
	Name of Employer (for Individual) Retired		cupation (for Individual) tired	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 215.00									
— с.	Full Name of Individual (Last, First, Middle Initi LEE, JANE, , ,	al) or Full O	Drganization Name	Date of Receipt								
	Mailing Address 1640 CORTE DE MEDEA			07 29 2021								
	City SAN JOSE	State CA	Zip Code 95124	Transaction ID : SA11AI-26349139 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		35.00								
	Name of Employer (for Individual) Retired	Occi Reti	cupation (for Individual) ired	Memo Item								
	Receipt For: Primary General Other (specify)	Aggregate	P Year-to-Date ▼ 210.00									
s	UBTOTAL of Receipts This Page (optional)			120.00								

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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FOR LINE NUMBER:

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ITEMIZED RECE	1713		for each category of the Detailed Summary Page	2	4 11a 13		11b 14	11c	12	17				
			y not be sold or used by any ddress of any political committe		for the		oose o	f soliciting	g contribu	utions				
A. LEE, LOIS, , , Mailing Address 470	ual (Last, First, Middle Ir 5 RANGER LN	nitial) or Full Or	Zip Code		Date of 09	1 /	30		/ 2021 11AI-26409271 eipt this Period 75.00					
CHATTANOOGA		TN	37416											
FEC ID number of c federal political comm	nittee.	С			<u> </u>		Item							
Name of Employer (or mainaual)	Reti	upation (for Individual)		IV IV	lenio	nem							
Retired Receipt For: Primary Other (specify)	General ▼	1	Year-to-Date ▼ 275.00											
Full Name of Individu B. LEE, JANE, , ,	ual (Last, First, Middle Ir	nitial) or Full O	rganization Name		Date o	of Re	ceipt							
Mailing Address 164	Mailing Address 1640 CORTE DE MEDEA							D / Y	2021	Y				
City		State	Zip Code		Trans	sacti	on ID :	SA11AI	-2636602	7				
SAN JOSE		CA	95124					Receipt th						
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Name of Employer (Retired	for Individual)	Occu Reti	upation (for Individual) red		N	1emo	Item							
Receipt For: Primary Other (specify)	General ▼	Aggregate	Year-to-Date ▼ , 210.00]										
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Mailing Address 164	0 CORTE DE MEDEA				11 ^M	/	D 18		2021	Y				
City		State	Zip Code		Tran	sacti	ion ID	: SA11AI	-2637989	13				
SAN JOSE		CA	95124		Amoun	nt of	Each I	Receipt th	nis Period	t				
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FEC Schedule A (Form 3X) Rev. 06/2016

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SCHEDULE A (FEC Form 3X) ľ

Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	-	(check only one)															
			for each category of the Detailed Summary Page		× 11a 13		11b	11c		12 16		17					
	nation copied from such Reports and mercial purposes, other than using				n for the		pose of	solicitin		ntribut	ions	17					
	OF COMMITTEE (In Full) ED WOMEN'S HEALTH	ALLIANCE	PAC														
	me of Individual (Last, First, Middle LOIS, , ,	Initial) or Full C	rganization Name		Date of	of Re	eceipt										
Mailing	Address 4705 RANGER LN				11 22 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y												
City CHATTANOOGA FEC ID number of contributing federal political committee. Name of Employer (for Individual)		State TN	Zip Code 37416	_	Transaction ID : SA11AI-26418599 Amount of Each Receipt this Period												
	federal political committee.		C				100.00										
Name of Employer (for Individual) Retired		Occ	upation (for Individual) ired		Ν	/lemc	ltem										
Receipt		Aggregate	Year-to-Date ▼														
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Mailing	Address 1640 CORTE DE MEDEA				M 12	/	D D D 23	/ Y)21	Y						
City SAN JO	City SAN JOSE	State CA					SA11AI			_							
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	me of Individual (Last, First, Middle BE, JENNIFER, , ,	Initial) or Full C	rganization Name		Date	of Re	eceipt										
	Address 6 ORCHARDCREST DR	1			M 08	VI /	02)21)	Y						
City OROV	ILLE	State CA	Zip Code 95965	-				SA11AI									
	number of contributing political committee.	С					,	,		50.0	00						
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0	ther (specify)		225.00														
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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 13		11b 14	11c	12	17			
	ny information copied from such Reports and St for commercial purposes, other than using the												
	NAME OF COMMITTEE (IN Full) UNITED WOMEN'S HEALTH AI	LIANCE	PAC										
Α.	Full Name of Individual (Last, First, Middle Init LEUBE, JENNIFER, , ,	ial) or Full O	rganization Name		Date o	of Re	eceipt						
	Mailing Address 6 ORCHARDCREST DR	0			[™] 10	Λ	2	1	2021				
	City OROVILLE	State CA	Zip Code 95965	_				: SA11AI Receipt t					
	FEC ID number of contributing federal political committee.	С		25.00									
	Name of Employer (for Individual) Retired	Occu Reti	upation (for Individual) red		N	1em	o Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00										
В.	Full Name of Individual (Last, First, Middle Init LEUBE, JENNIFER, , ,	ial) or Full O	rganization Name		Date o	of Re	eceipt						
	Mailing Address 6 ORCHARDCREST DR				12	/	0	B / Y	2021	Y			
	OROVILLE	State CA	Zip Code 95965		Transaction ID : SA11AI-26421503 Amount of Each Receipt this Period								
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	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00										
— с.	Full Name of Individual (Last, First, Middle Init LEWIS, LANA, , ,	ial) or Full O	rganization Name		Date o	of Re	eceipt						
	Mailing Address 7801 JOYCE DR				M 07	/	0		2021	Y			
	City SEBASTOPOL	State CA	Zip Code 95472					: SA11AI Receipt t					
	FEC ID number of contributing federal political committee.	С		200.00									
	Name of Employer (for Individual) Retired	Occu Retir	upation (for Individual) red	Memo Item									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00										
s	UBTOTAL of Receipts This Page (optional)			•					275	.00			

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SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	EMIZED RECEIPTS			or each category of the Detailed Summary Page	×	11a 13		11b 14	-	11c 15	12 16	17	
	ny information copied from such Reports and Sta for commercial purposes, other than using the r												
	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AL	LIANCE	ΞP	AC									
Α.	Full Name of Individual (Last, First, Middle Initia LEWIS, LANA, , , Mailing Address 7801 JOYCE DR	al) or Full O	Drgar	nization Name	_	Date	М	Receipt	t 19	/ Y	2021	Y	
	City	State		Zip Code	- 1					SA11AI-		5	
	SEBASTOPOL	CA		95472									
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	Mailing Address 214 LAKEVIEW ST									/ Y	y y 2021	Y	
	City	State		Zip Code		Trar	isa	ction II) : {	SA11AI-	2639690	7	
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	Mailing Address 214 LAKEVIEW ST					[™] 08	М		25	/ Y	2021	Y	
	City	State KS		Zip Code						SA11AI-			
	MILFORD	K5		66514	_ /	Amou	nt o	of Each	۱R	eceipt th	is Perio	t	
	FEC ID number of contributing federal political committee.	С						y	_	, , , , , , , , , , , , , , , , , , ,	35	.00	
	Name of Employer (for Individual) Retired	Occi Reti	•	ion (for Individual)			Mer	mo Iten	n				
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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FOR LINE NUMBER:

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and S for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	LLIANCE	PAC	
Α.	Full Name of Individual (Last, First, Middle Init LEWIS, ROY, , , Mailing Address 214 LAKEVIEW ST	ial) or Full O	rganization Name	Date of Receipt
	City	State	Zip Code	Transaction ID : SA11AI-26407977
	MILFORD	KS	66514	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
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В.	Full Name of Individual (Last, First, Middle Init LEWIS, ROY, , ,	ial) or Full O	rganization Name	Date of Receipt
	Mailing Address 214 LAKEVIEW ST			12 27 Y Y Y Y 12 27 2021
	City	State	Zip Code	Transaction ID : SA11AI-26425427
	MILFORD	KS	66514	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer (for Individual) Retired	Occ Ret	upation (for Individual) ired	Memo Item
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General		000.00	1
	Other (specify) V		320.00	1
<u> </u>	Full Name of Individual (Last, First, Middle Init	ial) or Full O	rganization Name	Date of Receipt
	Mailing Address 405 AVENIDA DR			07 / D D / Y Y Y Y 01 2021
	City	State	Zip Code	Transaction ID : SA11AI-26340855
	HAUGHTON	LA	71037	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer (for Individual) Retired	Occi Reti	upation (for Individual) red	Memo Item
	Receipt For:	Aggregate	Year-to-Date ▼	
	Other (specify)		400.00]
s	UBTOTAL of Receipts This Page (optional)		•	200.00

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

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		(ch												
11			for each category of the Detailed Summary Page	3	K 11a 13		11b 14	11c		12 16	17			
				person for the purpose of soliciting contributions										
	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AL	LIANCE	E PAC											
Α.		Detailed Suminary Page ¥ 11a 11b 11												
	Mailing Address 405 AVENIDA DR					/				2021	Y			
	City HAUGHTON													
	LITTLE, GILBERT, , , Mailing Address 405 AVENIDA DR City HAUGHTON FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify) ▼	С		100.00										
	Name of Employer (for Individual) Retired Receipt For:		· · · · /	М	emo	o Item								
	Primary General	Aggregate												
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<u>с</u> .	Full Name of Individual (Last, First, Middle Initia LOPEZ, MARY LOU, , ,	al) or Full O	Organization Name		Date of	f Re	eceipt							
	Mailing Address 380 WALNUT LN					/				021	Y			
	City GILROY		· ·				-	-	-					
	FEC ID number of contributing federal political committee.	С			<u> </u>		y .			25.0	0			
	Name of Employer (for Individual) Retired	Occi Reti	upation (for Individual) ired		M	emo	o Item							
	Receipt For:	Aggregate	Year-to-Date ▼ 205.00											
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TOTAL This Period (last page this line number only)......

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

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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		Detailed Summary Page	1	4 11a		11b	11c		12	_				
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NAME OF COMMITTEE (In Full)	TH ALLIANCE	PAC												
Full Name of Individual (Last, First, M A. LOPEZ, MARY LOU, , ,	iddle Initial) or Full C	rganization Name		Date of	f Re	eceipt								
Mailing Address 380 WALNUT LN				12 ^M	_	12	/ Y	Y 2	021	Y				
City	State	Zip Code		Trans	act	tion ID : S	SA11AI-	264	22129					
GILROY	CA	95020		Amoun	t of	Each Re	eceipt th	is F	'eriod					
FEC ID number of contributing federal political committee.	C													
Name of Employer (for Individual)		upation (for Individual)		М	em	o Item								
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Other (specify) ▼		205.00												
Full Name of Individual (Last, First, M	iddle Initial) or Full C	rganization Name												
B. LYNCH, LOUISE, , ,				Date of	t Re	eceipt								
Mailing Address 2529 ZINFANDEL DF				^M 07	'	01	/ Y	20)21	Y				
City	State	Zip Code		Trans	act	ion ID : S	SA11AI-2	263	91489					
RANCHO CORDOVA	CA	95670		Amoun	t of	Each Re	eceipt th	is F	'eriod					
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Name of Employer (for Individual) Retired	Occ Ret	upation (for Individual) ired		М	em	o Item								
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Full Name of Individual (Last, First, M C. LYNCH, LOUISE, , ,	liddle Initial) or Full C	rganization Name		Date of	f Re	eceipt								
Mailing Address 2529 ZINFANDEL DF	2			08 M	1	13	/ Y)21	Y				
City	State	Zip Code		Trans	ac	tion ID:	SA11AI-	263	99365					
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SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

Use separate schedule(s) for each category of the

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			Use separate schedule(s)	(ch	neck onl	y one	e)						
	EMIZED RECEIPTS		for each category of the Detailed Summary Page		¥ 11a 13		11b 14	11c		12 16	17		
	y information copied from such Reports and Sta for commercial purposes, other than using the				for the	purp	ose of	solicitir		ntributi	ons		
	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AL	LIANCE	PAC										
<u> </u>	Full Name of Individual (Last, First, Middle Initi LYNCH, LOUISE, , ,	al) or Full O	rganization Name		Date of	f Rec	ceipt						
	Mailing Address 2529 ZINFANDEL DR				м м 10	/	04			021	Y		
	City RANCHO CORDOVA	State CA	Zip Code 95670	Transaction ID : SA11AI-26409891 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С					,	-		75.0	0		
	Name of Employer (for Individual) Retired	Occi Reti	upation (for Individual) red		М	emo	Item						
	Receipt For: Primary General	Aggregate	Year-to-Date 🔻										
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в.	Full Name of Individual (Last, First, Middle Initi MANUAL, SHIRLEY, , ,	al) or Full O	rganization Name		Date o	f Rec	ceipt						
	Mailing Address 916 SANTIAGO AVE				м м 07	/	22)21	Y		
	City LONG BEACH	State CA	Zip Code 90804	Transaction ID : SA11AI-26395321 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С							.1113 1	50.0	0		
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<u>с.</u>	Full Name of Individual (Last, First, Middle Initi MANUAL, SHIRLEY, , ,	al) or Full O	rganization Name		Date o	f Rec	ceipt						
	Mailing Address 916 SANTIAGO AVE				M M 11	/	D T)21	Y		
	City LONG BEACH	State CA	Zip Code 90804					SA11A Receipt 1					
	FEC ID number of contributing federal political committee.	С		35.00									
	Name of Employer (for Individual) Retired	Occupation (for Individual) Retired					ltem						
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s	UBTOTAL of Receipts This Page (optional)		•							160.0	0		

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EMIZED RECEIPTS	for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 1
		person for the purpose of soliciting contributions ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle In MATSUTANI, WENDY, , ,	iitial) or Full Organization Name	Date of Receipt
Mailing Address 609 W SIERRA MADRE BLV	/D	08 29 2021
APT 8	State Zip Code	
SIERRA MADRE	CA 91024	Transaction ID : SA11AI-26402567 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	35.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Retired	Retired	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	205.00	
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Full Name of Individual (Last, First, Middle In MATSUTANI, WENDY, , ,	iitial) or Full Organization Name	Date of Receipt
Mailing Address 609 W SIERRA MADRE BLV APT 8	Ď	10 14 2021
City	State Zip Code	Transaction ID : SA11AI-26412071
SIERRA MADRE	CA 91024	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) v	205.00	
Full Name of Individual (Last, First, Middle In MATSUTANI, WENDY, , ,	l iitial) or Full Organization Name	Date of Receipt
Mailing Address 609 W SIERRA MADRE BLV APT 8	/D	11 08 2021
City	State Zip Code	Transaction ID : SA11AI-26416175
SIERRA MADRE	CA 91024	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	35.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
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Primary General	205.00	Image: second

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TEMIZED RECEIPTS		for each category of the Detailed Summary Page	▲ 11a 11b 11c 12 13 14 15 16 1 ¹									
Any information copied from such Reports an or for commercial purposes, other than using			erson for the purpose of soliciting contributions									
NAME OF COMMITTEE (In Full)	I ALLIANCE	PAC										
Full Name of Individual (Last, First, Middle MATSUTANI, WENDY, , ,	-	ganization Name	Date of Receipt									
Mailing Address 609 W SIERRA MADRE B APT 8	LVD		12 01 2021									
City	State	Zip Code	Transaction ID : SA11AI-26420321									
SIERRA MADRE	CA	91024	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		50.00									
Name of Employer (for Individual)	Occu	pation (for Individual)	Memo Item									
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Receipt For:	Aggregate	Year-to-Date ▼										
Primary General	, iggi oguto											
Other (specify) ▼		205.00										
Full Name of Individual (Last, First, Middle MATSUTANI, WENDY, , ,	Initial) or Full Or	ganization Name	Date of Receipt									
Mailing Address 609 W SIERRA MADRE B APT 8	LVD		12 / D D / Y Y Y Y 12 20 2021									
City	State	Zip Code	Transaction ID : SA11AI-26423821									
SIERRA MADRE	MADRE CA 91024											
FEC ID number of contributing federal political committee.	С		35.00									
Name of Employer (for Individual) Retired	Occu Retii	ipation (for Individual) red	Memo Item									
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Primary General												
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Full Name of Individual (Last, First, Middle . MCCARTHY, ROBERT, , ,	Initial) or Full Or	ganization Name	Date of Receipt									
Mailing Address 4 TAMARACK RD			07 01 Y Y Y Y 2021									
City	State	Zip Code	Transaction ID : SA11AI-26341347									
NATICK	MA	01760	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		25.00									
Name of Employer (for Individual) Retired	Occu Retir	pation (for Individual) ed	Memo Item									
Receipt For:	Aggregate `	Year-to-Date V										
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SUBTOTAL of Receipts This Page (optional))	•	110.00									

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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FOR LINE NUMBER:

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	× 11a 11b 13 14	11c 12 15 16 17									
	y information copied from such Reports and for commercial purposes, other than using the			rson for the purpose c	of soliciting contributions									
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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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

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

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

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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		Detailed Summary Page		* 11a		11b	11c		12			
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FEC Schedule A (Form 3X) Rev. 06/2016

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

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

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

Use separate schedule(s) for each category of the

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SCHEDULE A (FEC Form 3X) ľ

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SCHEDULE A (FEC Form 3X) DECEIDEC

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			e to solicit contributions from such committee.						
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320

Mailing Address 17 GORDON AVE APT 17 City State Zip Code NEWMARKET NH 03857 FEC ID number of contributing federal political committee. C C Name of Employer (for Individual) Retired Occupation (for Individual Retired Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name MOORE, BRADLEY, , , Mailing Address 25 DIVISION ST APT 1	
or for commercial purposes, other than using the name and address of any political NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. MOORE, DAVID, , , Mailing Address 17 GORDON AVE APT 17 City NEWMARKET 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 Initial) or Full Organization Name B. MOORE, BRADLEY, , , Mailing Address 25 DIVISION ST APT 1	Date of Receipt
VINITED WOMEN'S HEALTH ALLIANCE PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name MOORE, DAVID, , , Mailing Address 17 GORDON AVE APT 17 City NEWMARKET 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 Initial) or Full Organization Name MOORE, BRADLEY, , , Mailing Address 25 DIVISION ST APT 1	M M / D D / Y Y Y Y 11 18 2021
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name MOORE, DAVID, , , Mailing Address 17 GORDON AVE APT 17 City NEWMARKET 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 Initial) or Full Organization Name MOORE, BRADLEY, , , Mailing Address 25 DIVISION ST APT 1	M M / D D / Y Y Y Y 11 18 2021
A. MOORE, DAVID, , , Mailing Address 17 GORDON AVE <u>APT 17</u> City NEWMARKET 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 Initial) or Full Organization Name MOORE, BRADLEY, , , Mailing Address 25 DIVISION ST <u>APT 1</u>	M M / D D / Y Y Y Y 11 18 2021
APT 17 City NEWMARKET State NH Zip Code 03857 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Retired Occupation (for Individual) Retired Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name MOORE, BRADLEY, , , Mailing Address 25 DIVISION ST APT 1	11 18 2021
City NEWMARKET State NH Zip Code 03857 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Retired Occupation (for Individual) Retired Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Image: Committee of Individual (Last, First, Middle Initial) or Full Organization Name MOORE, BRADLEY, , , Mailing Address 25 DIVISION ST APT 1 APT 1	Transaction ID : SA11AI-26379903
FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Occupation (for Individual Retired Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Image: Committee Comm	
federal political committee. Image: Committee of the system of the	Amount of Each Receipt this Period
Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Image: Constraint of the system of the sys	75.00
Primary General Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name MOORE, BRADLEY, , , Mailing Address 25 DIVISION ST APT 1	al) Memo Item
Primary General Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. MOORE, BRADLEY, , , Mailing Address 25 DIVISION ST APT 1	
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name MOORE, BRADLEY, , , Mailing Address 25 DIVISION ST APT 1	
B. MOORE, BRADLEY, , , Mailing Address 25 DIVISION ST APT 1	330.00
APT 1	Date of Receipt
	12 22 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State Zip Code	Transaction ID : SA11AI-26424571
SOMERVILLE NJ 08876	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	25.00
Name of Employer (for Individual)Occupation (for Individual)RetiredRetired	Ial) Memo Item
Receipt For: Aggregate Year-to-Date ▼	
Primary General	205.00
Other (specify) ▼	205.00
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name MYERS, STEPHEN, , ,	Date of Receipt
Mailing Address 12413 LICK RUN RD	M M / D D / Y Y Y Y 10 01 2021
City State Zip Code	Transaction ID : SA11AI-26409535
NEWCOMERSTOWN OH 43832	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	35.00
Name of Employer (for Individual)Occupation (for Individual)RetiredRetired	
Receipt For: Aggregate Year-to-Date ▼	al) Memo Item
Primary General	al) Memo Item
SUBTOTAL of Receipts This Page (optional)	220.00 Memo Item

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

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17									
	y information copied from such Reports and St for commercial purposes, other than using the												
	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AI	LIANCE	PAC										
Α.	Full Name of Individual (Last, First, Middle Initi MYERS, STEPHEN, , , Mailing Address 12413 LICK RUN RD	ial) or Full O	rganization Name	Date of Receipt									
				10 19 2021									
	City	State	Zip Code	Transaction ID : SA11AI-26412709									
	NEWCOMERSTOWN	OH	43832	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		35.00									
	Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item									
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	Primary General			1									
	Other (specify)	L	220.00										
B.	Full Name of Individual (Last, First, Middle Initi MYERS, STEPHEN, , ,	ial) or Full O	rganization Name	Date of Receipt									
	Mailing Address 12413 LICK RUN RD			M M / D D / Y Y Y Y 11 10 2021									
	City	State	Zip Code	Transaction ID : SA11AI-26416831									
	NEWCOMERSTOWN	OH	43832	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		35.00									
	Name of Employer (for Individual) Retired	Occ Ret	upation (for Individual) ired	Memo Item									
	Receipt For:	Aggregate	Year-to-Date V										
	Primary General			1									
	Other (specify)	L	, 220.00										
C.	Full Name of Individual (Last, First, Middle Initi MYERS, STEPHEN, , ,	ial) or Full O	rganization Name	Date of Receipt									
	Mailing Address 12413 LICK RUN RD			M M / D D / Y Y Y Y 11 12 2021									
	City	State	Zip Code	Transaction ID : SA11AI-26417125									
	NEWCOMERSTOWN	OH	43832	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		30.00									
	Name of Employer (for Individual) Retired	Occi Reti	upation (for Individual) red	Memo Item									
	Receipt For:	Aggregate											
	Primary General Other (specify)		220.00										
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SCHEDULE A (FEC Form 3X) Ľ

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ITEMIZED RECEIPTS		Use separate schedule(s)	(ch	eck only									
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	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	LLIANCE	PAC										
А.	Full Name of Individual (Last, First, Middle In NATHAN, BARBARA, , ,	itial) or Full O	rganization Name		Date of	Receipt							
	Mailing Address 350 DEMOTT LN APT 202 City	State	Zip Code	07 / D D / Y Y Y Y 15 / 2021 Transaction ID : SA11AI-26346111									
	SOMERSET	NJ	08873	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С				F			35.0	0			
	Name of Employer (for Individual) Retired	Occ Reti	upation (for Individual) ired		Me	emo Item							
	Receipt For: Primary General	Aggregate	Year-to-Date ▼										
	Other (specify) V		255.00										
В.	Full Name of Individual (Last, First, Middle In NATHAN, BARBARA, , ,	itial) or Full O	rganization Name		Date of	Receipt							
	Mailing Address 350 DEMOTT LN APT 202				^M 12	/ D 30		202	21	Y			
	City SOMERSET	State NJ	Zip Code 08873			action ID : of Each F							
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	Name of Employer (for Individual) Retired	Occ Ret	upation (for Individual) ired		Me	emo Item							
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	Other (specify)		255.00										
<u>с</u> .	Full Name of Individual (Last, First, Middle In NEWTON, GEORGE, , ,	itial) or Full O	rganization Name		Date of	Receipt							
	Mailing Address 42 BLACKBERRY LN				м м 12	/ D 23		y 202	21 21	Y			
	City WEST DOVER	State VT	Zip Code 05356			action ID of Each F	-						
	FEC ID number of contributing federal political committee.	С				, ,			250.0	0			
	Name of Employer (for Individual) Best Efforts		upation (for Individual) t Efforts		Me	emo Item							
	Receipt For:	Aggregate	Year-to-Date ▼										
	Other (specify)		250.00										
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SCHEDULE A (FEC Form 3X) Ľ

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	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AL	LIANCE	PAC												
<u> </u>	Full Name of Individual (Last, First, Middle Initia NGUYEN, THUY, , ,	al) or Full O	rganization Name	D	ate o	f Re	eceipt								
	Mailing Address 8325 W SAHARA AVE APT 2072				м м 09	/	30) / Y)21	Y				
	City LAS VEGAS	State NV	Zip Code 89117	Transaction ID : SA11AI-26366755 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С		200.00											
	Name of Employer (for Individual) Best Efforts		upation (for Individual) t Efforts		М	emo	tem								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00												
В.	Full Name of Individual (Last, First, Middle Initia NGUYEN, THANH THUY, , ,	al) or Full O	rganization Name	-	ate o		·								
	Mailing Address 3823 RAINIER AVE S	State	Zip Code		10 ^M	/	14		20	21	Ŷ				
	SEATTLE	WA	98118					SA11AI							
	FEC ID number of contributing federal political committee.	С		250.00											
	Name of Employer (for Individual) Best Efforts		upation (for Individual) t Efforts		М	emo	tem								
	Receipt For:	Aggregate	Year-to-Date ▼												
	Other (specify) ▼		250.00												
c.	Full Name of Individual (Last, First, Middle Initia OAS, RICHARD, , ,	al) or Full O	rganization Name	D	ate o	f Re	eceipt								
	Mailing Address 106 10TH ST NE APT 124				^M 08	/	D D 19)21 [°]	Ŷ				
	City AUBURN	State WA	Zip Code 98002					SA11AI							
	FEC ID number of contributing federal political committee.	С		ļ			, .	. ,		25.0	0				
	Name of Employer (for Individual) Best Efforts		upation (for Individual) : Efforts		M	lemo	o Item								
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s	UBTOTAL of Receipts This Page (optional)		•				, .	. ,		475.0	0				

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

SCHEDULE A (FEC Form 3X) ľ

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page		X 11a 13		11b	11c 15	12	Г	17			
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	NAME OF COMMITTEE (In Full)		adress of any political committee	10 0							-			
	UNITED WOMEN'S HEALTH AI	LIANCE	PAC											
Α.	Full Name of Individual (Last, First, Middle Initi OCONNOR, JUDITH, , ,	al) or Full O	organization Name		Date of	Re	ceipt							
	Mailing Address 3321 STEEPLE HL			07 23 2021 Transaction ID : SA11AI-26395603										
	City SAINT CHARLES	State MO	Zip Code 63301					n ID : SA11AI-26395603 ach Receipt this Period						
	FEC ID number of contributing federal political committee.	С							3	5.00				
	Name of Employer (for Individual) Retired	Occi Reti	upation (for Individual) ired		Me	emo	Item							
	Receipt For:	Aggregate	Year-to-Date 🔻											
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в.	Full Name of Individual (Last, First, Middle Init	al) or Full O	organization Name		Date of	Re	ceipt							
	Mailing Address 3321 STEEPLE HL				08	/	06	/ Y	y y 2021	Y]			
	City SAINT CHARLES	State MO	Zip Code 63301					SA11AI-						
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с.	Full Name of Individual (Last, First, Middle Initi OCONNOR, JUDITH, , ,	al) or Full O	organization Name		Date of	Re	ceipt							
	Mailing Address 3321 STEEPLE HL				08 M	/	D D D 13	/ Y	y 2021	Y	1			
	City SAINT CHARLES	State MO	Zip Code 63301	_				SA11AI- eceipt th						
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	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 270.00											
s	UBTOTAL of Receipts This Page (optional)		▶	<u> </u>			, .		100	0.00				

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320

		Detailed Summary Page	×	11a		11b	11c	12						
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Any information copied from such Reports a or for commercial purposes, other than usin														
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALT	H ALLIANCE	PAC												
Full Name of Individual (Last, First, Mide A. OCONNOR, JUDITH, , ,	lle Initial) or Full C	rganization Name		Date of	Re	eceipt								
Mailing Address 3321 STEEPLE HL			09 / 15 / 2021 Transaction ID : SA11AI-26406075											
City SAINT CHARLES	State MO	Zip Code 63301												
		00001	Amount of Each Receipt this Period											
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Name of Employer (for Individual) Retired	Occ Ret	upation (for Individual) red	Memo Item											
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Full Name of Individual (Last, First, Mide B. OCONNOR, JUDITH, , ,	lle Initial) or Full C	rganization Name		Date of	Re	eceipt								
Mailing Address 3321 STEEPLE HL			10 / 26 / 2021 Transaction ID : SA11AI-26413951											
City	State	Zip Code												
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Primary General Other (specify) ▼		270.00]											
Full Name of Individual (Last, First, Mide C. OLIVER, PAUL, , ,	lle Initial) or Full C	rganization Name	Date of Receipt											
Mailing Address 71192 DUNDEE ST				09	1	08	/ Y	y y 2021	Y					
City	State	Zip Code		Trans	act	ion ID :	SA11AI-	2640473	3					
ABITA SPRINGS	LA	70420	/	Amount	t of	Each R	eceipt thi	is Perio	k					
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Receipt For:		Year-to-Date ▼												
Primary General Other (specify)		255.00]											
SUBTOTAL of Receipts This Page (option	al)					9		75	.00					

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

Use separate schedule(s) for each category of the

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11	EMIZED RECEIPTS		X	-	1a 3		11b 14	11c	12 16	17					
	ny information copied from such Reports and Stat for commercial purposes, other than using the n														
	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AL	LIANCE	ΞP	PAC											
Α.	Full Name of Individual (Last, First, Middle Initia OLIVER, PAUL, , , Mailing Address 71192 DUNDEE ST	l) or Full C)rga	nization Name	Date of Receipt										
	City	State		Zip Code	11 03 2021 Transaction ID : SA11AI-26415473										
	ABITA SPRINGS FEC ID number of contributing federal political committee.			70420	Amount of Each Receipt this Period										
	Name of Employer (for Individual) Retired	Occ Reti	•	tion (for Individual)	Memo Item										
	Receipt For: Primary General Other (specify) ▼														
В.	Full Name of Individual (Last, First, Middle Initia OLIVER, PAUL, , , Mailing Address 71192 DUNDEE ST	nization Name		Da	ite of	Re	ceipt	D / Y	YY	Y					
	City ABITA SPRINGS	State LA		Zip Code 70420						5 SA11AI Receipt tl					
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	Mailing Address 71192 DUNDEE ST	State		Zip Code	_	L	11 Tans	/	12 00 ID		2021	_			
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FEC Schedule A (Form 3X) Rev. 06/2016

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	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AI	LIANCE	PAC									
A.	Mailing Address 16623 N WEST POINT PKWY APT 227				Date of			t 12		ү 20)21	Ŷ
	City	State	Zip Code		Tran	sac	tion I	D :	SA11AI-	-2639)3169	
	SURPRISE	AZ	85374	_	Amou	nt o	f Eac	h F	Receipt th	nis Pe	eriod	
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	Retired	Retir	ed									
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B.	Full Name of Individual (Last, First, Middle Initi PANNABECKER, BETTY, , ,	al) or Full Or	ganization Name		Date	of R	leceip	t				
	Mailing Address 16623 N WEST POINT PKWY APT 227				м 07	И	/ D	21		202	21 21	Y
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	SURPRISE	AZ	85374	_	Amou	nt o	f Eac	h F	Receipt th	nis Pe	eriod	
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	Mailing Address 16623 N WEST POINT PKWY APT 227				[™] 07	N	/ D	21		202	21 21	Y
	City SURPRISE	State AZ	Zip Code 85374						SA11AI			
	FEC ID number of contributing federal political committee.	С			<u> </u>		7		7		50.0	0
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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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		Detailed Summary Page	×	11a		11b	11c		12	
				13		14	15		16	17
Any information copied from such Reports or for commercial purposes, other than usin										
NAME OF COMMITTEE (In Full)	H ALLIANCE	PAC								
Full Name of Individual (Last, First, Mide A. PATRIARCA, ANTHONY, , ,	dle Initial) or Full C	Organization Name		Date of	f Re	eceipt				
Mailing Address 6 8TH AVE				^M ^M		28) / Y	2(021	Y
City	State	Zip Code		Trans	act	ion ID :	SA11AI-	263	74293	5
SEASIDE HEIGHTS	NJ	08751		Amount	t of	Each F	Receipt th	is F	'eriod	
FEC ID number of contributing federal political committee.	С							<u> </u>	100.0	
Name of Employer (for Individual) Retired	Occ Reti	upation (for Individual) ired		M	emo	o Item				
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Primary General			11.							
Other (specify) v		250.00								
Full Name of Individual (Last, First, Mide B. PATRIARCA, ANTHONY, , ,	dle Initial) or Full C	organization Name		Date of	f Re	eceipt				
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City	State	Zip Code		Trans	acti	ion ID :	SA11AL	263	81701	
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Primary General			11.							
Other (specify) V		, 250.00								
Full Name of Individual (Last, First, Mide C. PATTON, LOWELL, , ,	dle Initial) or Full C	organization Name		Date of	f Re	eceipt				
Mailing Address 7855 BOULEVARD E APT 9I				^M 10	/	28)21 [°]	Y
City NORTH BERGEN	State NJ	Zip Code 07047					SA11AI- Receipt th			\$
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FEC Schedule A (Form 3X) Rev. 06/2016

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

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NAME OF COMMITTEE (In Full)	H ALLIANCE	PAC												
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federal political committee.	C				-	-19- I	-	50.						
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FEC Schedule A (Form 3X) Rev. 06/2016

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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SCHEDULE A (FEC Form 3X)

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

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

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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SCHEDULE A (FEC Form 3X) ľ

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Α.	Full Name of Individual (Last, First, Middle Initi ROSS, THURMAN, , ,	al) or Full O	Organization Name		Date o	f Receipt			
	Mailing Address 3710 CATALPA ST				07	/ D		y y 2021	Y
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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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

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	Mailing Address 1614 GOLF COURSE RD APT 245			07 09 2021											
	City	State	Zip Code	Transaction ID : SA11AI-26392897											
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SCHEDULE A (FEC Form 3X) ľ

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

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Si for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	LLIANCE	PAC	
Α.		ial) or Full C	rganization Name	Date of Receipt
	Mailing Address 1400 HIGH ST	04-4-	7.0.1	09 / 09 / 2021
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	City	State	Zip Code	Transaction ID : SA11AI-26364155
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	City BURLINGTON	State NJ	Zip Code 08016	Transaction ID : SA11AI-26366265 Amount of Each Receipt this Period
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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				Detailed Summary Page		(11a			11b	11c		12	
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SCHEDULE A (FEC Form 3X) Ľ

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SCHEDULE A (FEC Form 3X) Ľ

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Primary General	Aggregate	Year-to-Date ▼	- 1.							
Other (specify) ▼		225.00								
Full Name of Individual (Last, First, Mide B. SCHAUFFERT, KATHLEEN, ,		rganization Name		Date of	f Re	eceipt				
Mailing Address 519 WINSTON CT				^M 09	1	09		20)21	Y
City	State	Zip Code		Trans	act	ion ID :	SA11AI-	263	60873	
BENICIA	CA	94510	/	Amoun	t of	Each F	Receipt th	is F	'eriod	
FEC ID number of contributing federal political committee.	C					-		_	35.0	00
Name of Employer (for Individual) Retired		upation (for Individual) ired		М	emo	o Item				
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General			11.							
Other (specify) V		, 225.00								
Full Name of Individual (Last, First, Mid C. SCHAUFFERT, KATHLEEN,		rganization Name		Date of	f Re	eceipt				
Mailing Address 519 WINSTON CT				^M 10	/	D 14)21)	Y
City	State	Zip Code		Trans	sact	ion ID :	SA11AI-	263	69613	3
BENICIA	CA	94510	/	Amoun	t of	Each F	Receipt th	is F	'eriod	
FEC ID number of contributing federal political committee.	С					y	, ,	_	20.0	00
Name of Employer (for Individual) Retired	Occ Reti	upation (for Individual) red		M	em	o Item				
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 225.00									
SUBTOTAL of Receipts This Page (option	 nal)					y		-	90.0	00

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

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

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

(check only one)

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			Detailed Summary Page		1 1a		11b	11c		12		
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	y information copied from such Reports and for commercial purposes, other than using t											
	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE	PAC									
<u> </u>	Full Name of Individual (Last, First, Middle I SCHAUFFERT, KATHLEEN, , ,	Initial) or Full O	rganization Name		Date of	R	eceipt					
	Mailing Address 519 WINSTON CT				M M 12	1	02	/ Y) 21	Y	
	City	State	Zip Code		Trans	act	tion ID :	SA11AI-	263	83237	,	
	BENICIA	CA	94510		Amount	t of	Each R	eceipt th	is F	eriod		
	FEC ID number of contributing federal political committee.	С			<u> </u>					15.0	00]
	Name of Employer (for Individual)	Occ	upation (for Individual)		M	em	o Item					
	Retired	Reti	ired									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00									
			7 7 7									
в.	Full Name of Individual (Last, First, Middle I SCHAUFFERT, KATHLEEN, , ,	Initial) or Full O	rganization Name		Date of	R						
	Mailing Address 519 WINSTON CT				12 ^M	ľ	23	/ Y)21	Y	
	City	State	Zip Code		Trans	act	ion ID :	SA11AI-	263	86963		
	BENICIA	CA	94510		Amount	t of	Each R	eceipt th	is F	Period		
	FEC ID number of contributing federal political committee.	С			Ľ.					35.0)0]
	Name of Employer (for Individual) Retired	Occ Ret	upation (for Individual) ired		M	em	o Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	1								
<u> </u>	Full Name of Individual (Last, First, Middle I SCHLEIN, PHILIP, , ,	Initial) or Full O	rganization Name		Date of	R	eceipt					_
	Mailing Address 1661 PINE ST APT 723				08	1	05	/ Y)21	Y	
	City SAN FRANCISCO	State CA	Zip Code 94109					SA11AI- leceipt th)	
	FEC ID number of contributing federal political committee.	С			<u> </u>		, .	. ,		20.0	00]
	Name of Employer (for Individual) Retired	Occi Reti	upation (for Individual) red		М	em	o Item					
	Receipt For:	Aggregate	Year-to-Date V									
	Primary General Other (specify)		220.00									

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

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

(check only one)

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	I ALLIANCE	PAC	
Full Name of Individual (Last, First, Middle A. SCHLEIN, PHILIP, , , Mailing Address 1661 PINE ST APT 723 City SAN FRANCISCO	e Initial) or Full Or State CA	ganization Name Zip Code 94109	Date of Receipt 09 / 09 / 2021 Transaction ID : SA11AI-26360421 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer (for Individual)		pation (for Individual)	100.00 Memo Item
Retired Receipt For: Primary General Other (specify) ▼	Aggregate	ed Year-to-Date ▼ 220.00]
Full Name of Individual (Last, First, Middle B. SCHLEIN, PHILIP, , , Mailing Address 1661 PINE ST <u>APT 723</u> City	e Initial) or Full Or	ganization Name	Date of Receipt
SAN FRANCISCO FEC ID number of contributing federal political committee.	C	94109	Transaction ID : SA11AI-26363435 Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify) ▼	Retii	pation (for Individual) red Year-to-Date ▼ 220.00	Memo Item
Full Name of Individual (Last, First, Middle SELBERG, ROBERT, , , Mailing Address PO BOX 5404 City	State	ganization Name	Date of Receipt 07 / 29 / 2021 Transaction ID : SA11AI-26396723
PALM SPRINGS FEC ID number of contributing federal political committee.	CA	92263	Amount of Each Receipt this Period
Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	Retir	pation (for Individual) ed Year-to-Date ▼ 240.00	Memo Item
SUBTOTAL of Receipts This Page (optional)		175.00

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

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SCHEDULE A (FEC Form 3X) ľ

Use separate schedule(s)

FOR LINE NUMBER:

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IT.	EMIZED RECEIPTS		Use separate schedule(s)	(che	ck only	y or	ne)					
11			for each category of the Detailed Summary Page	×	11a 13		11b 14	11c 15		12 16	17	7
	ny information copied from such Reports and Sta for commercial purposes, other than using the r				or the		pose of	soliciting		ntribut	ons	
	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AL	LIANCE	PAC									
Α.	Full Name of Individual (Last, First, Middle Initia SHEA, EDWARD, , ,	al) or Full O	rganization Name	[Date of	Re	ceipt					
	Mailing Address 81 LIBERTY RD APT 59				м м 07	/	D D 29	/ Y)21	Y	
	City OAKDALE	State CT	Zip Code 06370	A				SA11AI eceipt th				
	FEC ID number of contributing federal political committee.	С								50.0	0	
	Name of Employer (for Individual) Retired	Occu Reti	upation (for Individual) red		M	emo	Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00									
В.	Full Name of Individual (Last, First, Middle Initia	al) or Full O	rganization Name		Date of	Re	ceipt					
	Mailing Address 81 LIBERTY RD APT 59	State	Zin Oode		м м 09	/	02	/ Y	20	21 21	Y	
	City OAKDALE	Zip Code 06370	A				SA11AI- eceipt th					
	FEC ID number of contributing federal political committee.	С			_					50.0	0	
	Name of Employer (for Individual) Retired	Occi Reti	upation (for Individual) ired		M	emo	tem					
	Receipt For: Primary General	Aggregate	Year-to-Date ▼									
	Other (specify) ▼	L	, 225.00									
C.	Full Name of Individual (Last, First, Middle Initia SHEA, EDWARD, , ,	al) or Full O	rganization Name		Date of	Re	ceipt					
	Mailing Address 81 LIBERTY RD APT 59				^M 09	1	02	/ Y		21 21	Y	
	City OAKDALE	State CT	Zip Code 06370	A				SA11AI				
	FEC ID number of contributing federal political committee.	С					,	, ,		50.0	0	
	Name of Employer (for Individual) Retired	Occu Retir	upation (for Individual) ed		M	emc	tem					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 225.00									
s	UBTOTAL of Receipts This Page (optional)					l	, .	.,		150.0	0	Ē

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

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

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ITEIWIZED RECEIPTS		Detailed Summary Page	X 11a	11b	11c	12	
		Detailed Summary Fage	13	14	15	16	17
Any information copied from such Repor or for commercial purposes, other than u							
NAME OF COMMITTEE (In Full)	TH ALLIANCE	PAC					
Full Name of Individual (Last, First, M A. SHEA, EDWARD, , ,	iddle Initial) or Full Or	ganization Name	Date of F	Receipt			
Mailing Address 81 LIBERTY RD APT 59			09	/ D D D 02	/ Y	y y 2021	Y
City	State	Zip Code	Transa	ction ID : S	A11AI-2	6358683	3
OAKDALE	СТ	06370	Amount o	of Each Re	ceipt this	3 Period	
FEC ID number of contributing federal political committee.	C					25.	00
Name of Employer (for Individual) Retired	Occu Retir	pation (for Individual) ed	Men	no Item			
Receipt For:							
Primary General	Aggregate	Year-to-Date ▼					
Other (specify)		225.00					
Full Name of Individual (Last, First, M B. SMITH, MARY, , ,	iddle Initial) or Full Or	ganization Name	Date of F	Receipt			
Mailing Address 1285 TURNER CHUF	CH RD		07	/ D D D 15	/ Y	y y 2021	Y
City	State	Zip Code	Transad	ction ID : S	A11AI-2	6345831	
MCDONOUGH	GA	30252	Amount o	of Each Re	ceipt this	3 Period	
FEC ID number of contributing federal political committee.	С					20.0	00
Name of Employer (for Individual) Retired	Occu Reti	ipation (for Individual) red	Men	mo Item			
Receipt For:	Aggregate	Year-to-Date 🔻					
Primary General	7.99.09c.0						
Other (specify) V		, 215.00					
Full Name of Individual (Last, First, M C. SMITH, MARY, , ,	iddle Initial) or Full Or	ganization Name	Date of F	Receipt			
Mailing Address 1285 TURNER CHUI	RCH RD		07	/ D D 29	/ Y	y y 2021	Y
City	State	Zip Code	Transa	ction ID : S	A11AI-2	6348853	3
MCDONOUGH	GA	30252	Amount o	of Each Re	ceipt this	s Period	
FEC ID number of contributing federal political committee.	C			, .		20.0	00
Name of Employer (for Individual) Retired	Occu Retir	pation (for Individual) ed	Mer	mo Item			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 215.00	1				
SUBTOTAL of Receipts This Page (opt	onal)					65.(00

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

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

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SCHEDULE A (FEC Form 3X) ľ

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FOR LINE NUMBER:

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IТ	EMIZED RECEIPTS		Use separate schedule(s)	(che	eck only	y one)					
			for each category of the Detailed Summary Page	×	11a 13	11		11c		12 16	17
	ny information copied from such Reports and Sta for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and a	ddress of any political committee		for the	purpos	se of :	soliciting		ntribut	ions
	UNITED WOMEN'S HEALTH AL	LIANCE	PAC								
Α.	Full Name of Individual (Last, First, Middle Initia SMITH, MATTHEW, , ,	al) or Full O	rganization Name		Date of	Recei	ipt				
	Mailing Address 11 MOONACHIE RD APT B12				^M 10	/	D D 22	/ Y)21	Y
	City HACKENSACK	State NJ	Zip Code 07601					SA11AI- eceipt th			_
	FEC ID number of contributing federal political committee.	С							_	15.0	0
	Name of Employer (for Individual) Retired	Occu Reti	upation (for Individual) red		M	emo Ite	em				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00								
в.	Full Name of Individual (Last, First, Middle Initia SMITH, MARY, , ,	al) or Full O	rganization Name		Date of	Rece	ipt				
	Mailing Address 1285 TURNER CHURCH RD	1-			м м 10	/	26	/ Y	202	ү 21	Ŷ
	City MCDONOUGH	State GA	Zip Code 30252					SA11AI- eceipt th			
	FEC ID number of contributing federal political committee.	С							_	50.0	0
	Name of Employer (for Individual) Retired	Occi Reti	upation (for Individual) red		M	emo Ite	em				
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
	Other (specify) ▼	L	215.00								
с.	Full Name of Individual (Last, First, Middle Initia SMITH, MATTHEW, , ,	al) or Full O	rganization Name		Date of	Rece	ipt				
	Mailing Address 11 MOONACHIE RD APT B12				^M 11	/	03	/ Y	20	21 [°]	Ŷ
	City HACKENSACK	State NJ	Zip Code 07601					SA11AI			
	FEC ID number of contributing federal political committee.	С			_:	,		9	_	15.0	0
	Name of Employer (for Individual) Retired	Occu Retir	upation (for Individual) ed		M	emo It	em				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 260.00								
s	UBTOTAL of Receipts This Page (optional)		•••••			. ,	i.	y		80.0	0

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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			Detailed Summary Page	×	11a		11b	11c		12	
					13		14	15		16	17
	y information copied from such Reports and S for commercial purposes, other than using the										
\setminus	NAME OF COMMITTEE (In Full)										
	UNITED WOMEN'S HEALTH A	LLIANCE	PAC								
Α.	Full Name of Individual (Last, First, Middle In SMITH, MARY, , ,	itial) or Full O	rganization Name		Date of	^F Re	ceipt				
	Mailing Address 1285 TURNER CHURCH RD				м м 11	/	11	Y I Y	Y 2	021	Y
	City	State	Zip Code		Trans	acti	on ID :	SA11AI	-263	76819)
	MCDONOUGH	GA	30252		Amount	t of	Each F	Receipt th	nis F	Period	
	FEC ID number of contributing federal political committee.	С					,			50.0	00
	Name of Employer (for Individual) Retired	Occu Retii	ipation (for Individual) red		M	emo	Item				
	Receipt For:	Aggregate	Year-to-Date 🔻								
	Primary General	, iggi ogulo		- L -							
	Other (specify)		215.00								
в.	Full Name of Individual (Last, First, Middle In SMITH, MATTHEW, , ,	itial) or Full O	rganization Name		Date of	Re	ceipt				
	Mailing Address 11 MOONACHIE RD APT B12				^M 12	/	D 10		ү 20)21)	Y
	City	State	Zip Code		Trans	acti	on ID :	SA11AI	264	21961	
	HACKENSACK	NJ	07601	/	Amount	t of	Each F	Receipt th	nis F	Period	
	FEC ID number of contributing federal political committee.	С					.			60.	00
	Name of Employer (for Individual) Retired	Occu Reti	upation (for Individual) red		M	emo	Item				
	Receipt For:	Aggregate	Year-to-Date 🔻								
	Primary General	33 - 3		11.							
	Other (specify)		, 260.00								
C.	Full Name of Individual (Last, First, Middle In SMITH, MATTHEW, , ,	itial) or Full O	rganization Name		Date of	Re	ceipt				
	Mailing Address 11 MOONACHIE RD APT B12				^M 12	1	D 17)21 [°]	Y
	City	State	Zip Code		Trans	act	ion ID :	SA11AI	-264	23029)
	HACKENSACK	NJ	07601	/	Amount	tof	Each F	Receipt th	nis F	Period	
	FEC ID number of contributing federal political committee.	С					y .	,		110.0	00
	Name of Employer (for Individual) Retired	Occu Retir	ipation (for Individual) ed		M	emc	Item				
	Receipt For:	Aggregate	Year-to-Date 🔻								
	Primary General Other (specify)		260.00								
s	UBTOTAL of Receipts This Page (optional)						y .	.,		220.0	00

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SCHEDULE A (FEC Form 3X) ľ

Use separate schedule(s)

FOR LINE NUMBER:

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IT.	EMIZED RECEIPTS		Use separate schedule(s)	((check onl	y one)				
			for each category of the Detailed Summary Page		× 11a 13	11b	11c 15	12 16		17
	ny information copied from such Reports and S for commercial purposes, other than using the				n for the	purpose of	f soliciting	contribu	tions	17
	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	LLIANCE	E PAC							
Α.	Full Name of Individual (Last, First, Middle Init SMITH, MARY, , ,	tial) or Full O	Organization Name		Date o	f Receipt				
	Mailing Address 1285 TURNER CHURCH RD				^M 12	/ D 23		y y 2021	Y	
	City MCDONOUGH	State GA	Zip Code 30252			saction ID : t of Each F)	
	FEC ID number of contributing federal political committee.	С					-	75.	00	
	Name of Employer (for Individual) Retired	Occ Reti	upation (for Individual) ired		М	emo Item				
	Receipt For: Primary General	Aggregate	Year-to-Date V							
	Other (specify)		215.00							
в.	Full Name of Individual (Last, First, Middle Init SMITH, MATTHEW, , ,	tial) or Full O	Organization Name		Date o	f Receipt				
	Mailing Address 11 MOONACHIE RD APT B12	1-			^M 12	/ D 30		y y 2021	Y	
	City	State	Zip Code	-	Trans	action ID :	SA11AI-2	638892	j	
	HACKENSACK	NJ	07601		Amoun	t of Each F	Receipt thi	s Period		
	FEC ID number of contributing federal political committee.	С						60.	00	
	Name of Employer (for Individual) Retired		upation (for Individual) ired		М	emo Item				
	Receipt For:	Aggregate	Year-to-Date ▼							
	Other (specify) ▼		, 260.00							
<u>с</u> .	Full Name of Individual (Last, First, Middle Init STRATIGOS, PATRICIA, , ,	tial) or Full O	Organization Name		Date o	f Receipt				
	Mailing Address 937 E PARK AVE APT 225				07	01		y y 2021		
	COLUMBIANA	State OH	Zip Code 44408			saction ID : t of Each F			1	
	FEC ID number of contributing federal political committee.	С						35.	00]
	Name of Employer (for Individual) Retired	Occi Reti	upation (for Individual) red		M	emo Item				
	Receipt For:		Year-to-Date ▼							
	Other (specify)		445.00							
	UBTOTAL of Receipts This Page (optional)							170.	00	1

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

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

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		Detailed Summary Page	×	11a		11b	11c		12					
[13		14	15		16	17				
Any information copied from such Reports or for commercial purposes, other than usi														
NAME OF COMMITTEE (In Full)	H ALLIANCE	PAC												
Full Name of Individual (Last, First, Mide STRATIGOS, PATRICIA, , ,	dle Initial) or Full C	rganization Name		Date of	f Re	eceipt								
Mailing Address 937 E PARK AVE APT 225				м м 07	1	D D 22	/ Y) 21	Y				
City	State	Zip Code		Trans	act	tion ID : 3	SA11AI-	1	1. Alt 1.					
COLUMBIANA	ОН	44408				Each R								
FEC ID number of contributing federal political committee.	С							_	35.0					
Name of Employer (for Individual) Retired	Occ Ret	upation (for Individual) red		M	em	o Item								
Receipt For:	Aggregate	Year-to-Date ▼												
Primary General Other (specify) V		445.00	11											
			11.											
Full Name of Individual (Last, First, Mide B. STRATIGOS, PATRICIA, , ,	dle Initial) or Full C	rganization Name		Date of	f Re	eceipt								
Mailing Address 937 E PARK AVE APT 225				^M 09	1	D D D 12	/ Y)21	Y				
City	State	Zip Code		Trans	act	ion ID : S	SA11AI-	2640)5437					
COLUMBIANA	OH	44408	Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		35.00											
Name of Employer (for Individual) Retired		upation (for Individual) ired		M	emo	o Item								
Receipt For:	Aggregate	Year-to-Date ▼												
Primary General			11.											
Other (specify)		445.00	4											
Full Name of Individual (Last, First, Mide C. STRATIGOS, PATRICIA, , ,	dle Initial) or Full C	rganization Name		Date of	f Re	eceipt								
Mailing Address 937 E PARK AVE APT 225				09	1	D D D 23	/ Y)21)	Y				
City	State	Zip Code		Trans	act	tion ID :	SA11AI-	264	07859)				
COLUMBIANA	OH	44408		Amount	t of	Each R	eceipt th	is P	eriod					
FEC ID number of contributing federal political committee.	С					y 1	9	_	35.0	00				
Name of Employer (for Individual) Retired	Occ Reti	upation (for Individual) red		M	em	o Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 445.00]											
SUBTOTAL of Receipts This Page (option	nal)					y	, , , , , , , , , , , , , , , , , , ,		105.0	00				

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

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Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and S for commercial purposes, other than using the			e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	LLIANCE	PAC	
Α.	Full Name of Individual (Last, First, Middle Ini STRATIGOS, PATRICIA, , , Mailing Address 937 E PARK AVE	tial) or Full C	rganization Name	Date of Receipt
	APT 225			09 30 2021
	City	State	Zip Code	Transaction ID : SA11AI-26366167
	COLUMBIANA	OH	44408	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		35.00
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
	Retired	Reti	red	
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General			1
	Other (specify) v		445.00	
в.	Full Name of Individual (Last, First, Middle Init STRATIGOS, PATRICIA, , ,	tial) or Full C	rganization Name	Date of Receipt
	Mailing Address 937 E PARK AVE APT 225			M = M / D = D / Y = Y = Y Y 11 04 2021
	City	State	Zip Code	Transaction ID : SA11AI-26415889
	COLUMBIANA	OH	44408	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		35.00
	Name of Employer (for Individual) Retired	Occ Ret	upation (for Individual) ired	Memo Item
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General			1
	Other (specify) v	L	, 445.00	1
C.	Full Name of Individual (Last, First, Middle Ini STRATIGOS, PATRICIA, , ,	tial) or Full C	rganization Name	Date of Receipt
	Mailing Address 937 E PARK AVE APT 225			12 27 2021
	City	State	Zip Code	Transaction ID : SA11AI-26425293
	COLUMBIANA	OH	44408	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		200.00
	Name of Employer (for Individual) Retired	Occ Reti	upation (for Individual) red	Memo Item
	Receipt For:	Agareaate	Year-to-Date ▼	
	Primary General Other (specify)		445.00	1
s	UBTOTAL of Receipts This Page (optional)			270.00
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TOTAL This Period (last page this line number only)......

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TEMIZED RECEIF 13		Detailed Summary Page		11a		11b	11c		12						
Any information copied from such Repor	ts and Statements ma	ay not be sold or used by any p	erson for	13 the p	 purj	14 pose of	15 soliciting	 g cor	16 ntributi	17 ions					
or for commercial purposes, other than	using the name and a	ddress of any political committee	e to solic	it con	trib	outions 1	from suc	h co	mmitte	е.					
NAME OF COMMITTEE (In Full)	_TH ALLIANCE	PAC													
Full Name of Individual (Last, First, M A. SUNDSTROM, MAE, , ,	liddle Initial) or Full O	rganization Name	Da	ate of	Re	eceipt									
Mailing Address 20 W CHESTNUT AV APT 409	/E			07	/	D I) / Y) 21	Y					
City	State	Zip Code	T	ransa	acti	ion ID :	SA11AI	-263	94583						
MERCHANTVILLE	NJ	08109	An	nount	of	Each F	Receipt th	nis P	eriod						
FEC ID number of contributing federal political committee.	С								35.0	10					
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Mailing Address 20 W CHESTNUT A APT 409	/E		ĪV	08	/	D 26		20	21 21	Y					
City	State	Zip Code	Т	Transaction ID : SA11AI-26402065											
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Full Name of Individual (Last, First, M C. SUNDSTROM, MAE, , ,	liddle Initial) or Full O	rganization Name	Da	ate of	Re	eceipt									
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SCHEDULE A (FEC Form 3X) ľ

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FOR LINE NUMBER:

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ITEMIZED RECEIPTS Use separate schedule(s) for each category of the Image: schedule(s)				(ch	(check only one)						
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	y information copied from such Reports and Si for commercial purposes, other than using the NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	name and a	ddress of any political committee				f soliciting	g con	ntributi	ons	
Α.	ull Name of Individual (Last, First, Middle Initial) or Full Organization Name SUNDSTROM, MAE, , , ailing Address 20 W CHESTNUT AVE APT 409 ty ty IERCHANTVILLE State Zip Code NJ 08109			Date of Receipt 09 13 2021 Transaction ID : SA11AI-26405641 Amount of Each Receipt this Period							
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В.	Full Name of Individual (Last, First, Middle Init SUNDSTROM, MAE, , , Mailing Address 20 W CHESTNUT AVE APT 409 City MERCHANTVILLE FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify) ▼	State NJ C Occ. Ret	Zip Code 08109		12 Trans Amount	Receipt	SA11AI-	202 2642	3467		
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ITEMIZED RECEIPTS	Detailed Summary Page	✗ 11a ☐ 11b ☐ 11c ☐ 12
Any information copied from such Report	s and Statements may not be sold or used by any p	13 14 15 16 17 person for the purpose of soliciting contributions
	sing the name and address of any political committee	
NAME OF COMMITTEE (IN FUII)	TH ALLIANCE PAC	
A. TABOR, STEPHEN, , , Mailing Address 4301 FORDER GARD		Date of Receipt
APT G	State Zip Code	التنا ليدا لينيا
SAINT LOUIS	MO 63129	Transaction ID : SA11AI-26398787
		Amount of Each Receipt this Period
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Retired	Retired	
Receipt For:	Aggregate Year-to-Date ▼	
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Other (specify) v	210.00	
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Mailing Address 4301 FORDER GARD APT G	ENS PL	09 07 2021
City	State Zip Code	Transaction ID : SA11AI-26404237
SAINT LOUIS	MO 63129	Amount of Each Receipt this Period
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City	State Zip Code	Transaction ID : SA11AI-26409581
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SUBTOTAL of Receipts This Page (optic	onal)	185.00

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

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SCHEDULE A (FEC Form 3X) ľ

Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS			Use separate schedule(s)	(C	heck onl	y on	e)					
			for each category of the Detailed Summary Page		¥ 11a 13		11b 14	11c		12 16	<u> </u>	17
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Α.	Full Name of Individual (Last, First, Middle Ini TAORMINO, PATRICIA, , ,	tial) or Full O	Organization Name		Date o	f Re	ceipt					
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	City	State	Zip Code		Trans	acti	on ID : S	SA11AI-	2639	97259		
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	Mailing Address 1413 VILLAGE DR APT 9	04-44	7.0.1		07		D D D 13	L	20)21)		
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PAGE 183 OF

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEA	LTH ALLIANCE	PAC									
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SCHEDULE A (FEC Form 3X) ľ

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PAGE 184 OF

320

ITEMIZED RECEIPTS		Use separate schedule(s)				/ on	e)				
			for each category of the Detailed Summary Page	>	′ 11a 13		11b	11c		12 16	17
	ny information copied from such Reports and St for commercial purposes, other than using the				for the		ose of	soliciting	, con	tributi	ons
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SCHEDULE A (FEC Form 3X) ľ

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	City EAST PROVIDENCE	State RI	Zip Code 02914	_	Trans Amount			SA11AI- eceipt th						
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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Any information copied from such Reports a or for commercial purposes, other than usin	and Statements ma g the name and a	y not be sold or used by any p ddress of any political committee	erson e to so	for the plicit co	pur ntrib	pose o outions	of so fron	liciting n such	cor co	ntribut mmitt	ions ee.
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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$\left \right\rangle$	NAME OF COMMITTEE (In Full)															
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с.	Full Name of Individual (Last, First, Middle TRIMBUR, NANCY, , ,	Initial) or Full C	rganization Name		Date of	f Re	eceipt									
	Mailing Address 3556 SPUR CT				08	1	D D 12	/ Y)21 [°]	Y					
	City	State	Zip Code		Trans	sact	ion ID : S	SA11AI-	263	9922	5					
	CHINO	CA	91710		Amoun	t of	Each Re	eceipt th	is P	'eriod						
	FEC ID number of contributing federal political committee.	С			<u> </u>		,	9	_	45.	00]				
	Name of Employer (for Individual)	Occ	upation (for Individual)		М	emo	ltem									
	Retired	Reti	red													
	Receipt For:	Aggregate	Year-to-Date V													
	Other (specify)		260.00	11												
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s	UBTOTAL of Receipts This Page (optional).			•		_	, .		-	125.	00]				

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

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH			
Full Name of Individual (Last, First, Middle A. TRIMBUR, NANCY, , , Mailing Address 3556 SPUR CT	e Initial) or Full O	rganization Name	Date of Receipt
City CHINO	State CA	Zip Code 91710	Transaction ID : SA11AI-26404379 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.00
Name of Employer (for Individual) Retired	Occu Reti	ipation (for Individual) red	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 260.00]
Full Name of Individual (Last, First, Middle B. TRIMBUR, NANCY, , ,	e Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 3556 SPUR CT	0	75 0 4	12 / D D / Y Y Y Y 20 / 2021
City CHINO	State CA	Zip Code 91710	Transaction ID : SA11AI-26423773 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		55.00
Name of Employer (for Individual) Retired	Occu Reti	upation (for Individual) red	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00]
Full Name of Individual (Last, First, Middle C. TRIMBUR, NANCY, , ,	e Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 3556 SPUR CT			12 / D D / Y Y Y Y Y 20 2021
City CHINO	State CA	Zip Code 91710	Transaction ID : SA11AI-26423931 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		
Name of Employer (for Individual) Retired	Occu Retir	ipation (for Individual) ed	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 260.00]
SUBTOTAL of Receipts This Page (optional	l)		160.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

(check only one)

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		Detailed Summary Page		× 11a		11b	11c		12	
		, ,		13		14	15		16	1
Any information copied from such Reports an or for commercial purposes, other than using										
NAME OF COMMITTEE (In Full)										
UNITED WOMEN'S HEALTH	ALLIANCE	PAC								
Full Name of Individual (Last, First, Middle A. TRIMBUR, NANCY, , ,	Initial) or Full C	rganization Name		Date o	f Re	eceipt				
Mailing Address 3556 SPUR CT				12 ^M	/	27	/ Y	Y 20	v 021	Y
City	State	Zip Code		Trans	act	ion ID :	SA11AI-	264	25565	
CHINO	CA	91710		Amoun	t of	Each R	eceipt th	nis P	'eriod	
FEC ID number of contributing federal political committee.	C								55.0	00
Name of Employer (for Individual) Retired	Occ Reti	upation (for Individual) ired		М	emo	o Item				
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General			11.							
Other (specify) V		260.00								
Full Name of Individual (Last, First, Middle B. TURNER, EUGENE, , ,	Initial) or Full C	rganization Name		Date o	f Re	eceipt				
Mailing Address 201 CHANDLER ST APT 803				M M 08	1	07	/ Y)21	Y
City	State	Zip Code		Trans	act	ion ID :	SA11AI-	2639	97967	
CAPE CANAVERAL	FL	32920		Amoun	t of	Each R	eceipt th	nis P	eriod	
FEC ID number of contributing federal political committee.	С			<u> </u>		-yr-			50.0	00
Name of Employer (for Individual) Retired	Occ Ret	upation (for Individual) ired		М	emo	o Item				
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General	33 . 3		11.							
Other (specify) ▼		, 280.00	4							
Full Name of Individual (Last, First, Middle C. TURNER, RAE, , ,	Initial) or Full C	rganization Name		Date o	f Re	eceipt				
Mailing Address 6702 S 33RD ST				^M 08	1	D D 17	/ Y)21	Y
City	State	Zip Code		Trans	sact	ion ID :	SA11AI-	-263	99839)
OMAHA	NE	68107		Amoun	t of	Each R	eceipt th	nis P	eriod	
FEC ID number of contributing federal political committee.	С			<u> </u>		y	, y		35.0	00
Name of Employer (for Individual) Retired	Occ Reti	upation (for Individual) red		M	emo	o Item				
Receipt For: Primary General	Aggregate	Year-to-Date V								
Other (specify)		235.00								
SUBTOTAL of Receipts This Page (optional)			<u> </u>			, .	. ,		140.0)0

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

SCHEDULE A (FEC Form 3X) ľ

Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS			Use separate schedule(s)	(ch	neck only	/ one)					
11			for each category of the Detailed Summary Page	3	K 11a 13		1b 4	11c 15		12 16	17
	ny information copied from such Reports and Sta for commercial purposes, other than using the				for the	purpo	se of s	soliciting		ntributi	ons
	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AL	LIANCE	E PAC								
Α.	Full Name of Individual (Last, First, Middle Initi TURNER, EUGENE, , ,	al) or Full O	Organization Name		Date of	Rece	ipt				
	Mailing Address 201 CHANDLER ST 				09	1	D D 07	/ Y	20)21	Y
	City CAPE CANAVERAL	State FL	Zip Code 32920		Trans Amount			SA11AI- eceipt th			
	FEC ID number of contributing federal political committee.	С							-	50.0	0
	Name of Employer (for Individual) Retired		cupation (for Individual) tired		Me	emo It	em				
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 280.00								
в.	Full Name of Individual (Last, First, Middle Initi TURNER, RAE, , ,	al) or Full O	Organization Name		Date of	Rece	ipt				
	Mailing Address 6702 S 33RD ST				^M 10	1	D D 05	/ Y	202	ү 21	Y
	City OMAHA	State NE	Zip Code 68107	_	Trans Amount			SA11AI- eceipt th			_
	FEC ID number of contributing federal political committee.	С				-,		-	_	200.0	0
	Name of Employer (for Individual) Retired		cupation (for Individual) tired		Me	emo It	em				
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 235.00								
<u>с</u> .	Full Name of Individual (Last, First, Middle Initi TURNER, EUGENE, , ,	al) or Full O	Organization Name		Date of	Rece	ipt				
	Mailing Address 201 CHANDLER ST APT 803				M M 11	/	05	L	20	1. Ale	Y
	City CAPE CANAVERAL	State FL	Zip Code 32920	_	Trans Amount			SA11AI- eceipt th			
	FEC ID number of contributing federal political committee.	С			<u> </u>	, y		y	_	25.0	0
	Name of Employer (for Individual) Retired	Occi Reti	cupation (for Individual) tired		M	emo It	em				
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 280.00								
5	UBTOTAL of Receipts This Page (optional)		>							275.0	0

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

SCHEDULE A (FEC Form 3X) Ľ

Use separate schedule(s)

FOR LINE NUMBER:

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320

ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the				(check only one)					
	EIVILLED RECEIPIS			immary Page		X 11a 13		11b 14	11c 15		12 16	17
	ny information copied from such Reports and Sta for commercial purposes, other than using the r					for the		ose of	soliciting		ntributi	ons
	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AL	LIANCE	PAC									
Α.	Full Name of Individual (Last, First, Middle Initia TURNER, EUGENE, , ,	l) or Full O	rganization Na	me		Date of	Re	ceipt				
	Mailing Address 201 CHANDLER ST APT 803	Ototo		M M / D / Y								
	City CAPE CANAVERAL	State FL	Zip Code 32920						SA11AI- eceipt th			
FEC ID number of contributing federal political committee.									- 7-		50.0	0
			upation (for Inc ired	dividual)		Me	emo	Item				
Receipt For: Aggregate Primary General Other (specify) ▼			Year-to-Date	280.00								
В.	Full Name of Individual (Last, First, Middle Initia TURNER, EUGENE, , ,	l) or Full O	rganization Na	me		Date of	Re	ceipt				
Mailing Address 201 CHANDLER ST APT 803		State	Zip Code			M M 12	/	D D D 21	/ Y	20	ү 21	Y
	City CAPE CANAVERAL	FL	32920		_				SA11AI- eceipt th			
	FEC ID number of contributing federal political committee.	С						,			105.0	0
	Name of Employer (for Individual) Retired	Occ Ret	upation (for Ind ired	dividual)		Me	emo	Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date	280.00								
<u>с</u> .	Full Name of Individual (Last, First, Middle Initia TYHURST, JAMES, , ,	l) or Full O	rganization Na	me		Date of	Re	ceipt				
Mailing Address PO BOX 1056						м м 09	/	02	/ Y	20	ү 21	Y
	City MCCLOUD	State CA	Zip Code 96057						SA11AI			
	FEC ID number of contributing federal political committee.	C						,	, y		15.0	0
Name of Employer (for Individual) Retired		Occupation (for Individual) Retired				M	emo	ltem				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date	245.00								
5	UBTOTAL of Receipts This Page (optional)								.,		170.0	0

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TTEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12						
			13 14 15 16 17 erson for the purpose of soliciting contributions e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALT	-								
Full Name of Individual (Last, First, Midd A. TYHURST, JAMES, , , Mailing Address PO BOX 1056									
City MCCLOUD	State CA	Zip Code 96057	10 08 2021 Transaction ID : SA11AI-26410819 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.									
Name of Employer (for Individual) Retired	Retired								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 245.00]						
Full Name of Individual (Last, First, Midd B. TYHURST, JAMES, , ,	le Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address PO BOX 1056			10 08 / Y Y Y Y 2021						
City MCCLOUD	State CA	Zip Code 96057	Transaction ID : SA11AI-26410863 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		35.00						
Name of Employer (for Individual) Retired	Occi Reti	upation (for Individual) red	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 245.00]						
Full Name of Individual (Last, First, Midd C. TYHURST, JAMES, , ,	le Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address PO BOX 1056			12 03 / Y Y Y Y Y 2021						
City MCCLOUD	State CA	Zip Code 96057	Transaction ID : SA11AI-26420887 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		60.00						
Name of Employer (for Individual) Retired	Occu Retir	upation (for Individual) ed	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 245.00]						
SUBTOTAL of Receipts This Page (optional	al))	130.00						

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

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

(check only one)

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••	EMIZED RECEIPTS		Detailed Summary Page		K 11a		11b		11c		12	
<u> </u>					13		14		15		16	17
	ny information copied from such Reports and S for commercial purposes, other than using the											
\backslash	NAME OF COMMITTEE (In Full)		54.0									
	UNITED WOMEN'S HEALTH A	LLIANCE	PAC									
Α.	Full Name of Individual (Last, First, Middle Ini TYLER, PAULA, , ,	tial) or Full Or	ganization Name		Date c	of Re	eceipt					
	Mailing Address 1 SMETON PL APT 1407				07	/	1	D 5	/ Y		021	Y
	City	State	Zip Code		Tran	sact		<u> </u>	A11AI-	1	1.00	;
	TOWSON	MD	21204		Amour	t of	Each	Red	ceipt th	is P	'eriod	
	FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period								00
	Name of Employer (for Individual) Occupation (for Individual)				N	lem	o Item	I				
	Retired Receipt For:	Retir										
	Primary General	Aggregate `	Year-to-Date ▼	_								
	Other (specify) ▼		350.00									
в.	Full Name of Individual (Last, First, Middle Ini TYLER, PAULA, , ,	tial) or Full Or	ganization Name		Date c	of Re	eceipt					
	Mailing Address 1 SMETON PL APT 1407				09	/	D 1	D 6	/ Y)21	Y
	City	State	Zip Code		Trans	sact	ion ID) : S/	A11AI-2	263(62439	
	TOWSON	MD	21204		Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С				-		-		100.	00	
	Name of Employer (for Individual) Retired	Occupation (for Individual) Retired			Memo Item							
	Receipt For:	Aggregate `	Year-to-Date ▼									
	Primary General	00 0		11.								
	Other (specify) v		, 350.00									
c.	Full Name of Individual (Last, First, Middle Ini UTENDORFER, JUDY, , ,	tial) or Full Or	ganization Name		Date c	of Re	eceipt					
	Mailing Address 7220 YORK AVE S APT 217				^M 09	/	0	D3	/ Y)21 [°]	Y
	City	State	Zip Code		Tran	sact	tion ID):S	A11AI-	264	03785	5
	MINNEAPOLIS	MN	55435		Amour	it of	Each	Rec	ceipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С			Ľ.		y		9		35.0	00
	Name of Employer (for Individual) Retired	Occu Retire	pation (for Individual) ed		N	lem	o Item	1				
	Receipt For: Primary General	Aggregate `	Year-to-Date 🔻									
	Other (specify)		255.00									
s	UBTOTAL of Receipts This Page (optional)			▶			y		y		235.0	00

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

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

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Use separate schedule(s) for each category of the

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			for each category of the Detailed Summary Page	-	×	11a 13] 11 14	H	11c	12 16	17	
	ny information copied from such Reports and Sta for commercial purposes, other than using the												
	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AL	LIANCE	ΕP	PAC									
Α.	Full Name of Individual (Last, First, Middle Initia UTENDORFER, JUDY, , ,	al) or Full O)rga	nization Name		C	Date of	f Re	ecei	ipt			
	Mailing Address 7220 YORK AVE S APT 217			1		l	м м 09	/	l	23	/	021 021	Y
	City MINNEAPOLIS	State MN		Zip Code 55435		A					SA11A eceipt 1		7
	FEC ID number of contributing federal political committee.	С				Į			-		і. 1. др.	50.	00
	Name of Employer (for Individual) Retired	Occi Reti		tion (for Individual)			М	emc	o Ite	em			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 255.00									
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. UTENDORFER, JUDY, , ,							Date of	f Re	ecei	ipt			
Mailing Address 7220 YORK AVE S APT 217						l	^M 10	1	C	04	1)21	Y
	City MINNEAPOLIS	State MN		Zip Code 55435	_						SA11A eceipt		i
	FEC ID number of contributing federal political committee.	С				ļ			-			35.	00
	Name of Employer (for Individual) Retired	Occ Ret		tion (for Individual)			M	emc	o Ite	em			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 255.00									
с.	Full Name of Individual (Last, First, Middle Initia VOELKEL, BARB, , ,	al) or Full O	rga	nization Name		C	Date of	f Re	ecei	ipt			
	Mailing Address 4172 SANDGATE CT					l	^M 07	1	E	D D D	1)21 [°]	Y
	City CINCINNATI	State OH		Zip Code 45241	╞	A					SA11A eceipt 1		
	FEC ID number of contributing federal political committee.	С				50.00							
Retired			•	tion (for Individual)		1	M	emo	o It	em			
	Receipt For: Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 250.00									
s	UBTOTAL of Receipts This Page (optional)			•		ļ			9		,	135.	00
т	OTAL This Period (last page this line number o	nly)		•••••					-				

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

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	EMIZED RECEIPTS			r each category of the etailed Summary Page	×	11a 13		11b 14	11c	12 16	17
	ny information copied from such Reports and Sta for commercial purposes, other than using the										
	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AL	LIANCE	ΞPA	AC							
Α.	Full Name of Individual (Last, First, Middle Initi VOELKEL, BARB, , , Mailing Address 4172 SANDGATE CT	al) or Full C	Organi	zation Name		Date	of R	eceipt	D / Y	2021	Y
	City	State		Zip Code	- '		sac		: SA11AI		91
	CINCINNATI	ОН		45241		Amou	nt of	f Each	Receipt th	nis Perio	d
	FEC ID number of contributing federal political committee.							-	7	50	.00
	Name of Employer (for Individual) Retired	Occ Reti	•	on (for Individual)			/lem	o Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year	-to-Date ▼ 250.00							
в.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name VOELKEL, BARB, , ,						of R	eceipt			
	Mailing Address 4172 SANDGATE CT						VI	/ D	D / Y 3	y y 2021	Y
	City CINCINNATI	State OH		Zip Code 45241					SA11AI-		
	FEC ID number of contributing federal political committee.	С							Receipt th		.00
	Name of Employer (for Individual) Retired		cupati tired	on (for Individual)		P	/lem	o Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year	-to-Date ▼ 250.00							
с.	Full Name of Individual (Last, First, Middle Initi VOELKEL, BARB, , ,	al) or Full C	Organi	zation Name		Date	of R	eceipt			
	Mailing Address 4172 SANDGATE CT					[™] 11	VI	/ D 18		y y 2021	Ý
	City CINCINNATI	State OH		Zip Code 45241					: SA11AI Receipt th		
	FEC ID number of contributing federal political committee.	С				_		y	. ,	100	0.00
Name of Employer (for Individual) Retired		Occ Reti	•	on (for Individual)		ſ	Nem	io Item			
	Receipt For: Primary General Other (specify)	Aggregate	Year	-to-Date ▼ 250.00							
s	UBTOTAL of Receipts This Page (optional)			•			ï	9	. ,	200	.00

TOTAL This Period (last page this line number only)...... 1 1 4p 1 1 4p 1 1 4p 1

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

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EIVIZED RECEIPIS		for each category of the	✗ 11a ☐ 11b ☐ 11c ☐ 12
		Detailed Summary Page	
			person for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE	PAC	
Full Name of Individual (Last, First, Middle WARD, RONALD, , ,	Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 1316 FENWICK LN APT 1204			07 12 2021
City	State	Zip Code	Transaction ID : SA11AI-26393277
SILVER SPRING	MD	20910	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		35.00
Name of Employer (for Individual) Retired	Occi Reti	upation (for Individual) red	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General	Aggregate		-
Other (specify) V	L	330.00	
Full Name of Individual (Last, First, Middle WARD, BRANAN, , ,	Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 581 GRIFFITH POINT RD	M / D / Y		
City	State	Zip Code	Transaction ID : SA11AI-26398337
NORDLAND	WA	98358	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer (for Individual) Retired	Occi	upation (for Individual) ired	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General	1.99.094.0		
Other (specify) v		320.00	
Full Name of Individual (Last, First, Middle WARD, RONALD, , ,	Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 1316 FENWICK LN APT 1204			08 / D D / Y Y Y Y 23 2021
City	State	Zip Code	Transaction ID : SA11AI-26401305
SILVER SPRING	MD	20910	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		35.00
Name of Employer (for Individual) Retired	Occu Retii	upation (for Individual) red	Memo Item
Receipt For:	Agareaate	Year-to-Date ▼	
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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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ITEIWIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12
			13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using	d Statements ma the name and a	ay not be sold or used by any pe ddress 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	PAC	
Full Name of Individual (Last, First, Middle A. WARD, RONALD, , ,	Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 1316 FENWICK LN APT 1204			09 24 2021
City	State	Zip Code	Transaction ID : SA11AI-26408131
SILVER SPRING	MD	20910	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		35.00
Name of Employer (for Individual) Retired	Occi Reti	upation (for Individual) red	Memo Item
Receipt For:			
Primary General	Aggregate	Year-to-Date ▼	
Other (specify)		330.00	
Full Name of Individual (Last, First, Middle B. WARD, BRANAN, , ,	Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 581 GRIFFITH POINT RD	10 21 2021		
City	State	Zip Code	Transaction ID : SA11AI-26413187
NORDLAND	WA	98358	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer (for Individual) Retired	Occ	upation (for Individual) ired	Memo Item
Receipt For:	Aggregate	Year-to-Date V	
Primary General	55 - 5		
Other (specify)		, 320.00	
Full Name of Individual (Last, First, Middle C. WARD, BRANAN, , ,	Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 581 GRIFFITH POINT RD			M M / D D / Y Y Y Y 11 15 2021
City	State	Zip Code	Transaction ID : SA11AI-26417375
NORDLAND	WA	98358	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 V	
Other (specify)		320.00	
SUBTOTAL of Receipts This Page (optional).		▶	185.00

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

100

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TIEMIZED RECEIPTS		ch category of the ed Summary Page	X 11a 11b 13 14	11c 12 15 16 17					
Any information copied from such Reports or for commercial purposes, other than us			erson for the purpose of so	liciting contributions					
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEAL	H ALLIANCE PAC								
Full Name of Individual (Last, First, Mic A. WARD, BRANAN, , ,	, C	n Name	Date of Receipt						
Mailing Address 581 GRIFFITH POINT			11 / D D 19	2021					
City NORDLAND	State Zip 0 WA 983	358	Transaction ID : SA Amount of Each Reco						
FEC ID number of contributing federal political committee.	С			100.00					
Name of Employer (for Individual) Retired	Occupation (for Retired	or Individual)	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-D	ate ▼ 320.00]						
Full Name of Individual (Last, First, Mic B. WARD, RONALD, , ,	dle Initial) or Full Organizatio	n Name	Date of Receipt						
Mailing Address 1316 FENWICK LN APT 1204			12 / 23	/ 2021					
City SILVER SPRING	State Zip 0 MD 209		Transaction ID : SA						
FEC ID number of contributing federal political committee.	C		Amount of Each Rec	Memo Item					
Name of Employer (for Individual) Retired	Occupation (f	or Individual)	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-D	ate ▼ 330.00]						
Full Name of Individual (Last, First, Mic C. WARD, RONALD, , ,	dle Initial) or Full Organizatio	n Name	Date of Receipt						
Mailing Address 1316 FENWICK LN APT 1204			12 / 27	/ Y Y Y Y Y 2021					
City SILVER SPRING	State Zip 0 MD 209		Transaction ID : SA Amount of Each Reco						
FEC ID number of contributing federal political committee.	C			35.00					
Name of Employer (for Individual) Retired	Occupation (fe Retired	or Individual)	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate Year-to-D	ate ▼ 330.00]						
SUBTOTAL of Receipts This Page (option	nal)	••••••		170.00					

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

Use separate schedule(s)

FOR LINE NUMBER:

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TIEMIZED RECEIPTS	for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17				
	s and Statements may not be sold or used by any p sing the name and address of any political committee	erson for the purpose of soliciting contributions				
NAME OF COMMITTEE (IN Full)	TH ALLIANCE PAC					
Full Name of Individual (Last, First, Mi A. WARD, RONALD, , ,	ddle Initial) or Full Organization Name	Date of Receipt				
Mailing Address 1316 FENWICK LN APT 1204		12 30 2021				
City	State Zip Code	Transaction ID : SA11AI-26426369				
SILVER SPRING	MD 20910	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	35.00				
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	330.00	1				
Full Name of Individual (Last, First, Mi B. WEAVER, JOSEPH, , ,	ddle Initial) or Full Organization Name	Date of Receipt				
Mailing Address 5022 SKIPPING STOP	NE DR	07 02 2021				
City	State Zip Code	Transaction ID : SA11AI-26391599				
INDIANAPOLIS	IN 46237	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	15.00				
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item				
Receipt For:	Aggregate Year-to-Date ▼	-				
Other (specify) ▼	215.00	1				
Full Name of Individual (Last, First, Mi C. WEAVER, JOSEPH, , ,	ddle Initial) or Full Organization Name	Date of Receipt				
Mailing Address 5022 SKIPPING STO		07 / D D / Y Y Y Y 22 2021				
City	State Zip Code IN 46237	Transaction ID : SA11AI-26395471				
INDIANAPOLIS	IN 46237	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	15.00				
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item				
Receipt For:	Aggregate Year-to-Date ▼					
Other (specify)	215.00	1				
SUBTOTAL of Receipts This Page (optic	□ onal)	65.00				

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

Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	★ 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using th			rson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE	PAC	
Full Name of Individual (Last, First, Middle Ir WEAVER, JOSEPH, , , Mailing Address 5022 SKIPPING STONE DR	,	rganization Name	Date of Receipt
City INDIANAPOLIS	State IN	Zip Code 46237	09 24 2021 Transaction ID : SA11AI-26408217 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		15.00
Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify) ▼	Reti	upation (for Individual) ired Year-to-Date ▼ 215.00	Memo Item
Full Name of Individual (Last, First, Middle Ir WEAVER, JOSEPH, , , Mailing Address 5022 SKIPPING STONE DR		rganization Name	Date of Receipt
City INDIANAPOLIS FEC ID number of contributing federal political committee.	State IN	Zip Code 46237	11 01 2021 Transaction ID : SA11AI-26414927 Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) Retired		upation (for Individual) ired	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 215.00	
Full Name of Individual (Last, First, Middle Ir WEAVER, JOSEPH, , ,	-	rganization Name	Date of Receipt
Mailing Address 5022 SKIPPING STONE DR			11 / D D / Y Y Y Y 2021
City INDIANAPOLIS	State IN	Zip Code 46237	Transaction ID : SA11AI-26416313 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		15.00
Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	Reti	upation (for Individual) red Year-to-Date ▼ 215.00	Memo Item
SUBTOTAL of Receipts This Page (optional)			80.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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••			Detailed Summary Page		K 11a		11b	11c		12						
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	ny information copied from such Reports and for commercial purposes, other than using the															
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Α.	Full Name of Individual (Last, First, Middle Ir WEAVER, JOSEPH, , , Mailing Address 5022 SKIPPING STONE DR		rganization Name		Date o		eceipt 22		Y 2	021	Y					
	City	State	Zip Code		Trans	sact	ion ID :	SA11AI	-264	24563	5					
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в.	Full Name of Individual (Last, First, Middle Ir WENDT, JUDY, , ,	nitial) or Full O	rganization Name		Date o	f Re	eceipt									
	Mailing Address 10400 45TH AVE N APT 305			07 14 2021												
	City	State	Zip Code	Transaction ID : SA11AI-26393663 Amount of Each Receipt this Period												
	MINNEAPOLIS	MN	55442	Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.	С		25.00												
	Name of Employer (for Individual) Retired	Occi Reti	upation (for Individual) ired		M	emo	o Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]												
с.	Full Name of Individual (Last, First, Middle Ir WENDT, JUDY, , ,	nitial) or Full O	rganization Name		Date o	f Re	eceipt									
	Mailing Address 10400 45TH AVE N APT 305				08		D 11		20	021 [°]						
	City MINNEAPOLIS	State MN	Zip Code 55442					: SA11AI Receipt th								
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s	UBTOTAL of Receipts This Page (optional)			•			, ,	. ,	Ξ	60.0)0					

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	NAME OF COMMITTEE (In Full)														
$\left \right\rangle$	UNITED WOMEN'S HEALTH ALL	LIANCE	Ξ P.	AC			_								
Α.	Full Name of Individual (Last, First, Middle Initial) WENDT, JUDY, , ,	I) or Full C	Orgar	nization Name		Dat	te of	Re	ce	ipt					
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	City MINNEAPOLIS	State MN		Zip Code 55442	-								263991		
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	Mailing Address 10400 45TH AVE N APT 305		Date of Receipt												
	City APT 305	State		Zip Code	\neg	-		acti	L ior		S∆1	1AI-2	2021	01	
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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	ny information copied from such Reports and S for commercial purposes, other than using the																
	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	LLIANCE	PAC														
<u> </u>	Full Name of Individual (Last, First, Middle Ini WHITAKER, DONALD, , ,	tial) or Full C	rganization Nar	ne		Date	of F	Receipt									
	Mailing Address 1597 HARMONY RD					M 08	М	/ D 1	D / Y		021	Y					
	City	State	Zip Code			Trar	isac	tion ID :	SA11AI-	263	56301						
	AKRON	OH	44333			Amou	nt o	f Each F	Receipt th	is F	'eriod						
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	Name of Employer (for Individual)	Occ	upation (for Indi	vidual)			Nem	no Item									
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	Other (specify)		-yy-	240.00													
в.	Full Name of Individual (Last, First, Middle Ini WHITAKER, DONALD, , ,	tial) or Full C	rganization Nar	ne		Date	of F	Receipt									
	Mailing Address 1597 HARMONY RD					M 08	M	/ 26		Y 20)21	Y					
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	Mailing Address 1597 HARMONY RD					^M 09		/ D 30)21)	Y					
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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			Detailed Summary Page		× 1'	la		11b	11c	12						
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	y information copied from such Reports and Sta for commercial purposes, other than using the															
\square	NAME OF COMMITTEE (In Full)	_	_													
	UNITED WOMEN'S HEALTH AL	LIANCE	E PAC													
Α.	Full Name of Individual (Last, First, Middle Initia WHITAKER, DONALD, , ,	al) or Full C	rganization Name		Dat	e of	f Re	eceipt								
	Mailing Address 1597 HARMONY RD					м 09	/	30		2021	Y					
	City	State	Zip Code		T	ans	act	ion ID :	SA11AI-	26366309)					
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	Mailing Address 1597 HARMONY RD					 11	/	26		y y 2021	Y					
	City	State	Zip Code		Transaction ID : SA11AI-26382039											
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	Mailing Address 1597 HARMONY RD					12 [™]	/	02		2021	Y					
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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Any information copied from such Reports								g cont							
or for commercial purposes, other than us															
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEAL	TH ALLIANCE	PAC													
Full Name of Individual (Last, First, Mi A. WHITCOMB, HALLIE, , ,	ddle Initial) or Full C	rganization Name		Date of	f Red	ceipt									
Mailing Address 607 HIGHLAND RD				м м 07	/	D D 13	/ Y	y 202	21	Ŷ					
City	State	Zip Code		Trans	acti	on ID :	SA11AI-	2639	3451						
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Mailing Address 607 HIGHLAND RD				10 ^M		13	/ Y	202	1	Y					
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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Any information copied from such Reports an or for commercial purposes, other than using	nd Statements ma	ay not be sold or used by any p ddress of any political committe	erson e to s	for the	pur	pose o	f soliciting	g contril	butio	ons
NAME OF COMMITTEE (In Full)	I ALLIANCE	PAC								
Full Name of Individual (Last, First, Middle A. WILEY, DAVID, , , Mailing Address 109 CLARENDON AVE City NASHVILLE FEC ID number of contributing federal political committee. Name of Employer (for Individual) Best Efforts Receipt For: Primary General Other (specify) ▼	State TN C Occu Bes	Zip Code 37205 upation (for Individual) t Efforts Year-to-Date ▼ 250.00		Amour	sact	28 tion ID		his Perio	865	2
B. Full Name of Individual (Last, First, Middle WILEY, DAVID, , , Mailing Address 109 CLARENDON AVE	e Initial) or Full O	rganization Name		Date c		eceipt		2021		
City NASHVILLE FEC ID number of contributing federal political committee. Name of Employer (for Individual) Best Efforts Receipt For: Primary General Other (specify) ▼	WIL	Zip Code 37205 upation (for Individual) .EY BROTHERS INK Year-to-Date 250,00]	Trans Amour	it of	ion ID :	SA11AI	-264158 his Perio		2
Full Name of Individual (Last, First, Middle C. WILEY, DAVID, , , Mailing Address 109 CLARENDON AVE City NASHVILLE FEC ID number of contributing federal political committee. Name of Employer (for Individual) Best Efforts Receipt For: Primary General Other (specify)	State TN C Occu Best	Zip Code 37205 upation (for Individual) t Efforts Year-to-Date ▼ 250.00		Amour	sact	05 tion ID		his Perio	989	
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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		Detailed Summary Page		4 11a		11b	11c		12		
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Mailing Address 661 HAMILTON RI	C			м м 08	1	D D 19	/ Y	Y 20	021	Y	
City	State	Zip Code		Trans	act	ion ID : \$	SA11AI-:	263	54203		
RUTHERFORDTON	NC	28139		Amoun	t of	Each Re	eceipt th	is F	'eriod		
FEC ID number of contributing federal political committee.	C			_				_	35.0		
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Receipt For:		Year-to-Date ▼									
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Other (specify) V	L	280.00									
Full Name of Individual (Last, First, B. WILLIAMS, RUSSELL, , ,	Middle Initial) or Full O	rganization Name		Date o	f Re	eceipt					
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Mailing Address 661 HAMILTON R	D			11 ^M	/	04	/ Y)21	Y	
City	State	Zip Code		Trans	sact	ion ID :	SA11AI-	263	75175		
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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$\left \right\rangle$	NAME OF COMMITTEE (In Full)		54.0													
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Α.	Full Name of Individual (Last, First, Middle Initi WILLIAMS, RUSSELL, , ,	al) or Full Oi	ganization Name		Date of	f Receipt	:									
	Mailing Address 661 HAMILTON RD				^M 12		02 / Y		021	Y						
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	Mailing Address 661 HAMILTON RD				^M 12		02 / Y)21	Y						
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	Mailing Address 4639 VESTA CT				^M 12		22 / Y) 221	Y						
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	Name of Employer (for Individual) RETIRED		pation (for Individual) RED		M	emo Iten	n									
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FEC Schedule A (Form 3X) Rev. 06/2016

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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\setminus	NAME OF COMMITTEE (In Full)														
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A.	Full Name of Individual (Last, First, Middle I WINN, LINDA, , ,	nitial) or Full O	rganization Name		Date of	Receipt									
	Mailing Address 5708 REGENT CIR				M M 11	/ D		y y 2021	Y						
	City	State	Zip Code		Trans	action ID	: SA11AI-	2641893	1						
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	Mailing Address 5708 REGENT CIR				M M 11	/ D 30		y y 2021	Y						
	City	State	Zip Code	Transaction ID : SA11AI-26420059											
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	Name of Employer (for Individual) Retired	Occ	upation (for Individual) ired		Me	emo Item									
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C.	Full Name of Individual (Last, First, Middle I WOOLF, GAYLE, , ,	nitial) or Full O	rganization Name		Date of	Receipt									
	Mailing Address 330 GILL AVE				07 ^M	/ D		үүү 2021	Y						
	City	State	Zip Code		Trans	action ID	: SA11AI-	2639164	5						
	KIRKWOOD	MO	63122		Amount	of Each I	Receipt th	is Period							
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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Mailing Address 330 GILL AVE				08	_	06	/ Y	Y 20	021	Y				
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Mailing Address 330 GILL AVE				м м 08	1	D D 27	/ Y	ү 20)21	Y				
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Mailing Address 330 GILL AVE				10 ^M	1	D D D 04)21)	Y				
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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	Mailing Address 330 GILL AVE		11 17 2021															
	City	State	Zip Code			Т	ransa	actio	on ID : S	SA11AI-	264	17995						
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	Mailing Address 21 BROWNING AVE APT 2						07	/	29	/ Y)21	Y					
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FEC Schedule A (Form 3X) Rev. 06/2016

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Mailing Address 21 BROWNING AVE			10 22 2021 Transaction ID : SA11AI-26413547 Amount of Each Receipt this Period 35.00 Memo Item												
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DORCHESTER	MA	02124													
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Mailing Address 840 SCHOOL RD				07 26 2021											
City	State	Zip Code		Trans	act	ion ID : S	SA11AI-	26395871							
MCKINLEYVILLE	CA	95519		Amount	t of	Each Re	ceipt th	is Period							
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SCHEDULE A (FEC Form 3X) Ľ

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Α.	Full Name of Individual (Last, First, Middle Initi ZARNEKE, RICHARD, , ,	al) or Full O	Organization Name		Date of	Rec	eipt								
	Mailing Address 2084 TERRACE DR			07 / D D / Y Y Y Y 21 2021											
	City MOUNDS VIEW	State MN	Transaction ID : SA11AI-26395031 Amount of Each Receipt this Period												
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City MOUNDS VIEW		State MN	Transaction ID : SA11AI-26406561 Amount of Each Receipt this Period												
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	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AL	LIANCE	PAC									
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	City MOUNDS VIEW	State MN	Zip Code 55112	Transaction ID : SA11AI-26407465 Amount of Each Receipt this Period								
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	City MOUNDS VIEW	State MN	Zip Code 55112	Transaction ID : SA11AI-26408477 Amount of Each Receipt this Period								
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	Mailing Address 2084 TERRACE DR			10 / Y Y Y Y Y 10 27 2021											
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ar for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (n Hol) UNITED WOMEN'S HEALTH ALLIANCE PAC Full Name (Last, First, Middle Initial) A. Mailing Address 2021 L St NW Ste 101-193 City Washington Purpose of Disbursement Wages Candidate Name Office Sought: House Disbursement Disbursement President Disbursement District: Disbursement For: President Disbursement For: President Disbursement For: Purpose of Disbursement Name (Last, First, Middle Initial) Amaing Address 2021 L St NW Ste 101-193 City Wages Candidate Name Candidate Name Disbursement For: Purpose of Disbursement Disbursement For: Purpose of Disbursement Disbursement For: Purpose of Disbursement Office Sought: House Disbursement For:	II LWILLD DISDURSEWIEWIS			X 21b	22 23 26 27
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Full Name (Last, First, Middle Initial) Blank Rome LLP			Date of Disbursement
Mailing Address 1825 Eye Street NW			10 / Y Y Y Y 10 19 2021
City Washington Purpose of Disbursement	StateZip CodeDC20006		FEC Identification Number
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Full Name (Last, First, Middle Initial)			Date of Disbursement
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Mailing Address 991 Route 22 West Suite 200			07 / D D / Y Y Y Y 23 2021
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City Somerset	State NJ	Zip Code 08873			FEC	Ident	ificatio	n Ni	umber	
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Full Name (Last, First, Middle Initial)			Date of Disbursement	¥.					
Mailing Address 285 Davidson Avenue			09 01 2021						
Somerset	State Zip Code NJ 08873		FEC Identification Number						
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Full Name (Last, First, Middle Initial) EagleBank 			Date of Disbursement	Y					
Mailing Address 7815 Woodmont ave			07 13 2021	1					
Bethesda	StateZip CodeMD20814		FEC Identification Number						
Purpose of Disbursement Bank analysis fee		001	C Transaction ID : SB21B-54732						
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	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	LIANCE I	PAC									
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	Mailing Address 1600 Amphitheatre Pkwy				09 01 2021							
	City Mountain View	State CA	Zip Code 94043		FEC Identification Number							
	Purpose of Disbursement Email Services			001	C Transaction ID : SB21B-39252							
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в.	Full Name (Last, First, Middle Initial) Google Gsuite Mailing Address 1600 Amphitheatre Pkwy				Date of Disbursement 09 / 01 / Y Y Y Y 2021							
	City Mountain View	State CA	Zip Code 94043		FEC Identification Number							
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C.	Full Name (Last, First, Middle Initial) Google Gsuite				Date of Disbursement							
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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	FOR LINE (check only							
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NAME OF COMMITTEE (In Full)	IANCE PAC								
Full Name (Last, First, Middle Initial) A. Google Gsuite			Date of Disbursement						
Mailing Address 1600 Amphitheatre Pkwy			09 01 2021						
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SCHEDULE B (FEC Form 3X)		FOR LINE N	NUMBER: PAGE 230 OF 320
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A. Google Gsuite			
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5	CA Zip Code 94043		FEC Identification Number
Mountain View Purpose of Disbursement	CA 94043		C
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C. Grasshopper			Date of Disbursement
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maning Address 320 Summer St			19 2021
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Boston Purpose of Disbursement	MA 02210		
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Full Name (Last, First, Middle Initial) A. Grasshopper Mailing Address 320 Summer St			Date of Disbursement
City Boston Purpose of Disbursement Telephone Service Candidate Name	State Zip Code 02210	001 Category/	FEC Identification Number C Transaction ID : SB21B-54734 Amount of Each Disbursement this Period
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Full Name (Last, First, Middle Initial) B. Grasshopper Mailing Address 320 Summer St City Boston	State Zip Code MA 02210		Date of Disbursement
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Full Name (Last, First, Middle Initial) C. Grasshopper Mailing Address 320 Summer St			Date of Disbursement
Senate President	State Zip Code MA 02210 ement For: Primary Genera Other (specify) ▼	001 Category/ Type	FEC Identification Number C Transaction ID : SB21B-34441 Amount of Each Disbursement this Period 120.83 INVOICE BEING REIMBURSED Orig invoice date: 2020-10-17
State: District: SUBTOTAL of Disbursements This Page (optional). TOTAL This Period (last page this line number only)			110.39

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE (check only 21b 28a										
Any information copied from such Reports and States or for commercial purposes, other than using the nar NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALL	ne and address of any politica											
Full Name (Last, First, Middle Initial) A. Grasshopper Mailing Address 320 Summer St			Date of Disbursement									
	State Zip Code MA 02210	001	FEC Identification Number C Transaction ID : SB21B-34441									
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼	Category/ Type	Amount of Each Disbursement this Period 108.76 INVOICE BEING REIMBURSE Memo Item Orig invoice date: 2020-11-17									
Full Name (Last, First, Middle Initial) Grasshopper Mailing Address 320 Summer St			Date of Disbursement									
City Boston Purpose of Disbursement Telephone Service Candidate Name	State Zip Code MA 02210	001	FEC Identification Number									
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Full Name (Last, First, Middle Initial) Grasshopper Mailing Address 320 Summer St			Date of Disbursement									
City Boston Purpose of Disbursement Telephone Service Candidate Name	State Zip Code MA 02210	001 Category/ Type	FEC Identification Number C Transaction ID : SB21B-5473! Amount of Each Disbursement this Period									
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SCHEDULE B (FEC Form 3X)			F		NUMBER: PAGE 233 OF 320
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Full Name (Last, First, Middle Initial) C. GREENSPOON MARDER LLP					Date of Disbursement
Mailing Address 100 W Cypress Creek Rd #700					07 30 2021
City Fort Lauderdale	State FL	Zip Code 33309			FEC Identification Number
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SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 239 OF 320						
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SCHEDULE B (FEC Form 3X)		Use separate schedule(s)			NUMBER: PAGE 242 OF 320								320
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SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 244 OF 320
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Mailing Address 1607 Ponce de Leon ave Suite GM8					12 D D / Y Y Y Y 12 15 2021								
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	diess 675 Ponce De Leon Ave NE #50	State	Zip Code		09 01 2021						
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Full Name C. Mailchi	(Last, First, Middle Initial)				Date of Disbursement						
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A. PACSmart Filing Services			Date of Disbursement					
Mailing Address 1013 Centre Rd. Suite 403-A			09 30 2021					
	State Zip Code		FEC Identification Number					
Wilmington Purpose of Disbursement	DE 19805							
FEC Compliance Reporting		001						
Candidate Name		Category/	Transaction ID : SB21B-54750 Amount of Each Disbursement this Period					
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Suite 403-A								
City Wilmington	State DE	Zip Code 19805		FEC Identification Number				
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State: District:	Other	(specify)		Memo Item				
Full Name (Last, First, Middle Initial)								
C. PACSmart Filing Services				Date of Disbursement				
Mailing Address 1013 Centre Rd.				12 31 2021				
Suite 403-A City	State	Zip Code						
Wilmington	DE	19805		FEC Identification Number				
Purpose of Disbursement FEC Compliance Reporting		I		C				
Candidate Name		001 Category/	Transaction ID : SB21B-54751 Amount of Each Disbursement this Period					
Office Sought: House	Disbursement Fo	Туре	1100.00					
Senate	Primar							
President	Other	(specify) ▼		Memo Item				
State: District:								
SUBTOTAL of Disbursements This Page (o	otional)		····· >	3300.00				
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TOTAL This Period (last page this line num	ber only)		••••••					

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use sep	parate schedule(s)	FOR LINE (check only	LINE NUMBER: PAGE 264 OF 320				
		category of the Summary Page	21b 28a	22 23 26 27 28b 28c 29 30b				
Any information copied from such Reports and Sta or for commercial purposes, other than using the r								
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AL	LIANCE	PAC						
Full Name (Last, First, Middle Initial) A. RallyPay				Date of Disbursement				
Mailing Address 995 Market Street Floor 2		07 / 0 D / Y Y Y Y 021 2021						
City San Franciso	State CA	Zip Code 94103		FEC Identification Number				
Purpose of Disbursement Combined 'off the top' CC Transaction fees Jul Candidate Name			003 Category/	C Transaction ID : SB21B-54751 Amount of Each Disbursement this Period				
Office Sought: House Disbur Senate	sement For: Primary	General	Туре	3311.96				
State: District:	Other (spe	ecify) ▼		Memo Item				
Full Name (Last, First, Middle Initial) B. RallyPay				Date of Disbursement				
Mailing Address 995 Market Street Floor 2	-							
City San Franciso Purpose of Disbursement	State CA	Zip Code 94103		FEC Identification Number				
Combined 'off the top' CC Transaction fees Aug			003 Category/	C Transaction ID : SB21B-54751 Amount of Each Disbursement this Period				
Office Sought: House Disbur Senate President State: District:	sement For: Primary Other (spe	General Gerify)	Туре	3615.76 Memo Item				
Full Name (Last, First, Middle Initial)				Date of Disbursement				
Mailing Address 995 Market Street Floor 2				09 30 2021				
City San Franciso Purpose of Disbursement	State CA	Zip Code 94103		FEC Identification Number				
Combined 'off the top' CC Transaction fees Sep			003 Category/	C Transaction ID : SB21B-54751 Amount of Each Disbursement this Period				
Senate	sement For: Primary	General	Туре	3674.69				
State: District:	Other (spe	ecify) 🔻		Memo Item				
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SCHEDULE B		Use sepa	arate schedule(s)	FOR LINE I	FOR LINE NUMBER: PAGE 265 OF 320					
ITEMIZED DISB	UKSEMENIS	for each	category of the Summary Page	21b 28a	22 23 26 27 28b 28c 29 30b					
or for commercial purpo	ses, other than using the na				n for the purpose of soliciting contributions solicit contributions from such committee.					
	IEE (In Full) IEN'S HEALTH ALL	IANCE F	PAC							
Full Name (Last, Firs A. RallyPay	st, Middle Initial)				Date of Disbursement					
Mailing Address 995 Floo					10 31 2021					
City San Franciso		State CA	Zip Code 94103		FEC Identification Number					
Purpose of Disburse Combined 'off the to Candidate Name	p' CC Transaction fees Oct			003	Transaction ID : SB21B-54751 Amount of Each Disbursement this Period					
Office Sought:		ement For:		Category/ Type	3316.77					
State: Di	Senate Senate Strict:	Primary Other (spec	General cify) ▼		Memo Item					
Full Name (Last, Firs B. RallyPay	t, Middle Initial)				Date of Disbursement					
Mailing Address 995 Floo					FEC Identification Number					
City San Franciso Purpose of Disburse	ment	State CA	Zip Code 94103							
	p' CC Transaction fees Nov			003 Category/	Transaction ID : SB21B-54752 Amount of Each Disbursement this Period					
Office Sought:	House Disburse Senate President strict:	ement For: Primary Other (spec	General Cify)	Туре	3328.41					
Full Name (Last, Firs C. RallyPay	st, Middle Initial)				Date of Disbursement					
Mailing Address 995 Floo					12 31 2021					
City San Franciso Purpose of Disburse	ment	State CA	Zip Code 94103		FEC Identification Number					
Combined 'off the to Candidate Name	p' CC Transaction fees Dec			003 Category/	Transaction ID : SB21B-54752 Amount of Each Disbursement this Period					
Office Sought:	House Disburse Senate	ement For: Primary	General	Туре	4002.45					
State: Di	President strict:	Other (spec	cify) ▼		Memo Item					
SUBTOTAL of Disburs	ements This Page (optional).			······ ►	10647.63					
TOTAL This Period (la	st page this line number only	/)		······ ►						

		3 (FEC Form 3X SBURSEMENTS		Llos concrete cohodulo(o)				FOR LINE NUMBER: PAGE 266 OF 320 (check only one)							
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	NAME OF COM	OMEN'S HEALTH	ALLIA	NCE F	PAC										
Α.	Full Name (Last, RallyPay	First, Middle Initial)						Date of Disbursement							
	Mailing Address	995 Market Street Floor 2						1	12		31		202		
	City San Franciso Purpose of Disbu	ircomont	Sta C	ate A	Zip Code 94103					entificat	ion N	lumbe	r	_	
		e top' Credit Card Chargeba	acks	003					Trai	nsactio				752 this Period	
	Office Sought:	House Di	sburseme	ent For:			egory/ /pe		iouni		II Di	sourse		335.00	
	States	Senate President		rimary ther (spec	General cify) ▼				Mer	no Iten	1	7			
	State:	District:													
B.	Unbounce	First, Middle Initial)					te of	Disbur	seme		/ Y	YY			
		401 West Georgia Street							07 01 2021						
	City Vancouver		Sta	ate Z	Zip Code V6B5A1			FEC Identification Number							
	Purpose of Disbu Website landing	page		004				Transaction ID : SB21B-6693				938			
	Candidate Name						egory/ /pe	Amount of Each Disbursement this Period					this Period		
	Office Sought: State:	House Di Senate President District:		nt For: rimary ther (spec	General cify)			×	Mer	no Iten	MA		aid fro	m STEPHANIE I personal acco	
C.	Full Name (Last, Unbounce	First, Middle Initial)								Disbur		_			
	Mailing Address	401 West Georgia Street						1	08	/ D	01		202	21	
	City Vancouver	reement	Sta Z	ate ZZ	Zip Code V6B5A1				C Ide	entificat	ion N	lumbe	r	_	
	Purpose of Disbu Website landing Candidate Name	page					04	Transaction ID : SB21B-6693 Amount of Each Disbursement this Period							
	Office Sought:	House Di Senate		Category/ Type				127.20							
	State: District:				Primary General Other (specify) V				Mer	no Iten	N/ A			m STEPHANIE I personal acco	
s	SUBTOTAL of Dis	bursements This Page (opt	tional)				····· >						3	335.00	
Т	OTAL This Period	d (last page this line numb	er only)				••••• ►			,		,			

		B (FEC Form 3X)		Line concrete cohodulo(o)			LINE NUMBER: PAGE 267 OF 320						
IT	EMIZED DIS	SBURSEMENTS	for each	category of the) (c	heck or		le) ∏ 22	23	_	26		27
			Detailed	Summary Page		288		28b	23 28c	-	29	-	30b
		ied from such Reports and Staurposes, other than using the											
$\left \right\rangle$	NAME OF COM	. ,											
		OMEN'S HEALTH AL	LIANCE F	PAC									
Α.	Full Name (Last, Unbounce	First, Middle Initial)				Date of Disbursement							
	Mailing Address	401 West Georgia Street		State Zip Code ZZ V6B5A1						D)1			021
	City Vancouver									n N	umbei	r	-
	Purpose of Disbu Website landing				0	04		C					
	Candidate Name	1 0		L	Cate	egory/ /pe			insaction t of Each		-		t this Period
	Office Sought:	House Disbu	sement For:			ype	11						127.20
		Senate President	Primary Other (spec	General			17	_			OICE		
	State:	District:	Other (spec	city) 🔻			j k	X Me	mo Item	Orig	j invoi	ce d	ate: 2021-02-18
_	Full Name (Last,	First, Middle Initial)											
В.	Unbounce	. ,						Date of	f Disburse				YYY
	Mailing Address	401 West Georgia Street						09 01 2021					
	City		State	Zip Code			I	FEC Identification Number					
	Vancouver Purpose of Disbu	irsement	ZZ	V6B5A1			C Transaction ID : SB21B-47836 Amount of Each Disbursement this Period						
	Website landing			I	C	04							
	Candidate Name			L		egory/ /pe							
	Office Sought:		sement For:	'			11						127.20
		Senate President	Primary	General									NG REIMBURSE
	State:	District:	Other (spec	city)				× Me	mo Item	ΟΠ	y invoi	ce c	late: 2021-02-18
_	Full Name (Last,	First, Middle Initial)											
C.	Unbounce							Date of	f Disburse		_		Y Y Y
	Mailing Address	401 West Georgia Street						09		1			021
	City		State	Zip Code			1	FEC Id	entificatio	n N	umbei	r	
	Vancouver Purpose of Disbu Website landing		ZZ	V6B5A1	_			С					
	Candidate Name			L	Cate	04 egory/	Transaction ID : SB21B-47836 Amount of Each Disbursement this Period						
	Office Sought:	House Disbu	sement For:		Ţ	ype	-						127.20
	-	Senate	Primary	General				_					NG REIMBURSEI
	State:	District:	Other (spe	cify) 🔻				X Me	mo Item	Ori	g invo	ice c	late: 2021-03-18
		bursements This Page (optiona	n)							_	-		0.00
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Ľ	UTAL THIS Period	d (last page this line number o	iny)			••••• •		_		_	7	-	

S	CHEDULE B (FEC Form 3X)	Lies concrete cohodulo(o)				E NUMBER: PAGE 268 OF 320					
IT	EMIZED DISBURSEMENTS	for each	category of the Summary Page	(C	heck only 21b 28a	y one) 22 23 26 27 28b 28c 29 30b					
	ny information copied from such Reports and Sta for commercial purposes, other than using the n				any pers	son for the purpose of soliciting contributions					
	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AL	LIANCE F	PAC								
A.	Full Name (Last, First, Middle Initial)					Date of Disbursement					
	Mailing Address 401 West Georgia Street					09 / 01 / Y Y Y Y 2021					
	City Vancouver Purpose of Disbursement	State ZZ	Zip Code V6B5A1			FEC Identification Number					
	Website landing page Candidate Name			Cate	04 egory/	Transaction ID : SB21B-47836 Amount of Each Disbursement this Period					
	Office Sought: House Disburs	sement For: Primary Other (spec	General	Ty	ype	127.20 INVOICE BEING REIMBURSEI ★ Memo Item Orig invoice date: 2021-03-18					
в.	State: District: Full Name (Last, First, Middle Initial) Unbounce			Date of Disbursement							
	Mailing Address 401 West Georgia Street					FEC Identification Number C Transaction ID : SB21B-47837 Amount of Each Disbursement this Period					
	City Vancouver Purpose of Disbursement Website landing page Candidate Name	State ZZ	Zip Code V6B5A1	Cate	004 egory/						
	Office Sought: House Disburs Senate President State: District:	sement For: Primary Other (spec	General cify)		/pe	127.20 INVOICE BEING REIMBURSE Orig invoice date: 2021-04-18					
C.	Full Name (Last, First, Middle Initial)					Date of Disbursement					
	Mailing Address 401 West Georgia Street					09 01 / Y Y Y Y 2021					
	City Vancouver Purpose of Disbursement Website landing page Candidate Name	State ZZ	Zip Code V6B5A1	Cate	04 egory/	FEC Identification Number C Transaction ID : SB21B-47837 Amount of Each Disbursement this Period					
	Office Sought: House Disburs Senate President State: District:	sement For: Primary Other (spec	General cify) ▼	Ty	ype	127.20 INVOICE BEING REIMBURSE Orig invoice date: 2021-05-18					
s	UBTOTAL of Disbursements This Page (optional)			····· >	0.00					

		B (FEC Form		Use sepa	arate schedule(s)	FOR LINE NUMBER: PAGE 269 OF (check only one)								
		SBURSEMENT	3		category of the Summary Page	21b	22	23 28c		26 29		27 30b		
		pied from such Reports purposes, other than us												
	NAME OF COM	MITTEE (In Full) OMEN'S HEAL	TH ALL	IANCE F	PAC									
Α.	Full Name (Last, Unbounce	First, Middle Initial)					Date o	Date of Disbursement						
	Mailing Address	401 West Georgia Stre	et			09								
	City Vancouver Purpose of Disbu	ursement		State ZZ	Zip Code V6B5A1			entificatio	on N	umber	_	-		
	Website landing	page				004 Category/	-	ansaction t of Each		-		7837 this Period		
	Office Sought:	House	General	Туре		-		-		117.56				
	State:	District:	Primary Other (spec		X Me	mo Item				IG REIMBURSED ate: 2021-06-18				
B.	Unbounce	First, Middle Initial)			M M		D	nt / Y		Y Y				
	City	401 West Georgia Stre	eet	State	Zip Code	09	FEC Identification Number							
	Vancouver Purpose of Disb Website landing Candidate Name	l page		ZZ	V6B5A1	Transaction ID : SB21B-47836 Amount of Each Disbursement this Period								
	Office Sought: State:	House Senate President District:	Disburse	ement For: Primary Other (spec	General Cify)	× Me	127.20 NG REIMBURSED ate: 2021-01-18							
C.	Full Name (Last, Unbounce	First, Middle Initial)	I				Date o	f Disburs		nt				
	Mailing Address	401 West Georgia Stre	et				09		D 01	/ Y)21		
	City Vancouver Purpose of Disb Website landing			State ZZ	Zip Code V6B5A1	004	FEC Id	entificatio	on N	umber	_			
	Candidate Name					004 Category/ Type	Transaction ID : SB21B-66938 Amount of Each Disbursement this Period							
	Office Sought: State:	House Senate President District:	Disburse	ement For: Primary Other (spec	127.20 Invoice paid from STEPHANIE MASTROIANNI personal account									
s	UBTOTAL of Dis	bursements This Page	(optional)			····· •				-9		0.00		
т	OTAL This Period	d (last page this line n	umber only	y)							2			

	CHEDULE B (FEC Form 3X)	Use separate schedule(s)			DR LINE					PA	GE 270 OF 320		
	EMIZED DISBURSEMENTS		category of the Summary Page		× 21b 28a				26 29	27 30b			
	y information copied from such Reports and State for commercial purposes, other than using the na												
	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALL	IANCE P	PAC										
A.	Full Name (Last, First, Middle Initial) Unbounce						Date of Disbursement						
	Mailing Address 401 West Georgia Street												
	City Vancouver Purpose of Disbursement	State ZZ		FEC Identification Number									
	Website landing page			0	04		C Tra	insaction	ID	: SB21	1B-66938		
	Candidate Name				egory/ /pe	A					ment this Period		
	Office Sought: House Disburse Senate President	ement For: Primary Other (spec	General						Invo	pice pa	127.20 aid from STEPHANIE		
	State: District:				K Me	mo Item	IVIA,	SIRU	IANNI personal account				
B.	Full Name (Last, First, Middle Initial)			Date of	f Disburse	-		YYYY					
	Mailing Address 401 West Georgia Street						11 01 2021						
	City Vancouver	State ZZ	State Zip Code ZZ V6B5A1					FEC Identification Number					
	Purpose of Disbursement Website landing page Candidate Name		04 egory/	C Transaction ID : SB21B-66938 Amount of Each Disbursement this Period									
	Office Sought: House Disburse Senate President	ement For: Primary Other (spec	- 15	/pe	Invoice paid from ST					127.20 aid from STEPHANIE IANNI personal accoun			
	State: District: Full Name (Last, First, Middle Initial)	_											
C.	Unbounce						Date of	f Disburse		_	YYYY		
	Mailing Address 401 West Georgia Street					Ľ	12	0	1		2021		
	City Vancouver Purpose of Disbursement	State ZZ	Zip Code V6B5A1					entificatio	n N	umber			
	Website landing page Candidate Name		[Cate	04 egory/	C Transaction ID : SB21B-6693 Amount of Each Disbursement this Period							
	Office Sought: House Disburse Senate President State: District:	ement For: Primary Other (spec	General cify) ▼	- 15	/pe		K Me	mo Item			127.20 aid from STEPHANIE IANNI personal accoun		
s	UBTOTAL of Disbursements This Page (optional).					[-	0.00		
Т	OTAL This Period (last page this line number only	/)			►								

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS									
Any information copied from such Reports and Stater or for commercial purposes, other than using the nar									
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLI	IANCE PA	С							
Full Name (Last, First, Middle Initial) A. UPS STORE 2016				Date of Disbursement					
Mailing Address 2021 L St NW Ste 101				09 01 2021					
Washington		ip Code 20036		FEC Identification Number					
Purpose of Disbursement Postage Candidate Name		[001 Category/	C Transaction ID : SB21B-34448 Amount of Each Disbursement this Period					
Senate President	ment For: Primary [Other (specify)	General	Туре	140.00 INVOICE BEING REIMBUR Memo Item Orig invoice date: 2020-11-1					
State: District: Full Name (Last, First, Middle Initial) B. VolPster Communications				Date of Disbursement					
Mailing Address 11400 Decimal Dr #1003				12 08 / Y Y Y Y Y 2021					
City Louisville Purpose of Disbursement Carrier Minutes Candidate Name		ip Code 40299	003	FEC Identification Number C Transaction ID : SB21B-54752					
	ment For: Primary [Other (specify)	General	Category/ Type	Amount of Each Disbursement this Period 4753.77 Memo Item					
Full Name (Last, First, Middle Initial)				Date of Disbursement					
Mailing Address	State Z	ïp Code							
Purpose of Disbursement				FEC Identification Number					
Candidate Name			Category/ Type	Amount of Each Disbursement this Period					
Office Sought: House Disburser Senate President District:	ment For: Primary [Other (specify)	General) ▼	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Memo Item					
SUBTOTAL of Disbursements This Page (optional)				4753.77					
TOTAL This Period (last page this line number only)			F	1004906.70					

SCHEDULE D (FEC Form 3X)				PAGE 272 OF 320		
			(Use separate			
DEBTS AND OBLIGATIONS			schedule(s)	FOR LINE NUMBER: (check only one)		
Excluding Loans			for each numbered line)			
NAME OF COMMITTEE (In Full)			,	~ 10		
	NCE PAC					
A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of D	ebt (Purpose):		
Mastroianni, Stephanie, , ,			Advance fo	r various legal, administrative		
Mailing Address 2021 L St NW Ste 101-193						
City	State	Zip Code				
Washington	DC	20036				
Outstanding Balance Beginning This Period 15156.87	·	·	Transacti	on ID : SD-S471215		
Amount Incurred This Period	Pour	ment This Period	Quitatandir	ng Balance at Close of This Period		
Amount incurred This Period	Fay			ig balance at close of this Feriod		
763.20	- 1 - AF	13000.	00	2920.07		
B. Full Name (Last, First, Middle Initial) of Debtor LIVE TRANSFERS AND DONOR		ON LLC	Nature of D Telephone	ebt (Purpose): fundraising		
Mailing Address 1607 Ponce de Leon ave Suite GM8						
City	State	Zip Code				
SAN JUAN	PR	00909				
	Outstanding Balance Beginning This Period					
			Transact	ion ID : SD-S858072		
Outstanding Balance Beginning This Period	Payı	ment This Period		ion ID : SD-S858072 ng Balance at Close of This Period		
Outstanding Balance Beginning This Period	Pay					
Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period			Outstandir	ng Balance at Close of This Period		
Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period 32894.96			Outstandir	ng Balance at Close of This Period 32894.96		
Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period 32894.96 C. Full Name (Last, First, Middle Initial) of Debtor			Outstandir	ng Balance at Close of This Period 32894.96		
Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period 32894.96			Outstandir	ng Balance at Close of This Period 32894.96		
Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period 32894.96 C. Full Name (Last, First, Middle Initial) of Debtor			Outstandir	ng Balance at Close of This Period 32894.96		
Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period 32894.96 C. Full Name (Last, First, Middle Initial) of Debtor Mailing Address	or Creditor	0.	Outstandir	ng Balance at Close of This Period 32894.96		
Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period 32894.96 C. Full Name (Last, First, Middle Initial) of Debtor Mailing Address City	or Creditor State	0. Zip Code	Outstandir	ng Balance at Close of This Period 32894.96		
Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period 32894.96 C. Full Name (Last, First, Middle Initial) of Debtor Mailing Address City Outstanding Balance Beginning This Period	or Creditor State	0.	Outstandir	ag Balance at Close of This Period 32894.96 ebt (Purpose):		
Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period 32894.96 C. Full Name (Last, First, Middle Initial) of Debtor Mailing Address City Outstanding Balance Beginning This Period	or Creditor State	0. Zip Code	Outstandir	ag Balance at Close of This Period 32894.96 ebt (Purpose):		
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Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period 32894.96 C. Full Name (Last, First, Middle Initial) of Debtor Mailing Address City Outstanding Balance Beginning This Period Amount Incurred This Period	or Creditor	0. Zip Code ment This Period	Outstandir	ng Balance at Close of This Period 32894.96 ebt (Purpose):		
Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period 32894.96 C. Full Name (Last, First, Middle Initial) of Debtor Mailing Address City Outstanding Balance Beginning This Period Amount Incurred This Period Amount Incurred This Period Image: Address City Outstanding Balance Beginning This Period Amount Incurred This Period Image: Address 1) SUBTOTALS This Period This Page (optional) 2) TOTALS This Period (last page this line number of the state of the	only)	Zip Code	Outstandir	ng Balance at Close of This Period 32894.96 ebt (Purpose):		
Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period 32894.96 C. Full Name (Last, First, Middle Initial) of Debtor Mailing Address City Outstanding Balance Beginning This Period Amount Incurred This Period Amount Incurred This Period 1) SUBTOTALS This Period (last page this line number of the second s	only)	0. Zip Code ment This Period	Outstandir	ng Balance at Close of This Period 32894.96 ebt (Purpose): ng Balance at Close of This Period 35815.03 35815.03		

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ITEMIZED INDEPENDENT EXPENDITURES				PAGE 273 OF 320
NAME OF COMMITTEE (In Full)			FE	FOR LINE 24 OF FORM 3X CIDENTIFICATION NUMBER ▼
UNITED WOMEN'S HEALTH ALLIAN	CE PAC			
			C	C00755694
Check if 24-hour report 48-hour report	New repo	ort Amends repo	t filed on	
Full Name of Payee		🗶 Memo	tem Date of Pu	ublic Distribution/Dissemination
Invoice paid after close of books	HON LLC		12 ^M	/ D D / Y Y Y Y 22 2021
Mailing Address 1607 Ponce de Leon ave			Amount	
Suite GM8		1		
City	State	Zip Code		949.89
SAN JUAN	PR	00909		on ID : SE-S631949 sbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	M M	/ D D / Y Y Y Y
Name of Federal Candidate:		X Support	Office Sought:	House District: 00
CORNYN, JOHN, , Sen,		Oppose	President	Senate State: TX
Calendar Year-To-Date		10942.79	Disbursement Fo	r: 🗶 Primary 🗌 General
Per Election for Office Sought	7 7	10012.10	Other	(specify) ►
Full Name of Payee	EATION LL	C Memo	tem Date of Pu	ublic Distribution/Dissemination
Invoice paid after close of books Mailing Address			12	22 2021
1607 Ponce de Leon ave			Amount	
Suite GM8 City	State	Zip Code		949.89
SAN JUAN	PR	00909		on ID : SE-S631951 sbursement or Obligation
Purpose of Expenditure		Category/		3
Telephone Fundraising		Type 004		
Name of Federal Candidate:		X Support	Office Sought:	House District: 00
TILLIS, THOM, R., Sen,		Oppose	President	Senate State: NC
Calendar Year-To-Date		10942.76	Disbursement Fo	r: 🗴 Primary 🗌 General
Per Election for Office Sought	7 7		Other	(specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures.			•	0.00
(b) SUBTOTAL of Unitemized Independent Expenditure	es		•	
(a) TOTAL Independent Expanditures				
(c) TOTAL Independent Expenditures			 L 	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	te or authorized			
MASTROIANNI, STEPHANIE, , ,	Electronically Fil	ed] Date	12 / D	
Signature	-			

INAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC FCC ELICE OF DENTIFICATION NUMBER ▼ Check II 24-hour report New report Amends report filed on	ITEMIZED INDEPENDENT EXPENDITURES	6		PAGE 274 OF 320
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(c) TOTAL Independent Expenditures		(a) SUBTOTAL of Itemized Independent Exp	enditures			···· ►			0.00		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. MASTROIANNI, STEPHANIE, , , [Electronically Filed] Date 12 15 2021		(b) SUBTOTAL of Unitemized Independent E	xpenditure	S		•••• •					
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. MASTROIANNI, STEPHANIE, , , [Electronically Filed] Date 12		(c) TOTAL Independent Expenditures				···· ►	· · · · ·				
[Electronically Filed] Date 12 15 2021	,	with, or at the request or suggestion of, any	y candidate	e or authorized							
		MASTROIANNI, STEPHANIE, , ,	[E	Slectronically Fil	ed] Da						
		Signature									

ITEMIZED INDEPENDENT EXPENDITURES					PAGE 276	OF 320			
NAME OF COMMITTEE (In Full)						OF FORM 3X			
UNITED WOMEN'S HEALTH ALLIANO	CE PAC			1000	IDENTIFICATIO	N NUMBER ▼			
				С	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 Y			
Full Name of Payee LIVE TRANSFERS AND DONOR CREAT Invoice paid after close of books	FION LLC	🗶 Memo	Item Da	te of Pub	lic Distribution/I	Dissemination			
Mailing Address 1607 Ponce de Leon ave			An	nount		2021			
Suite GM8	Otata	Zin Oada	F			040.90			
City SAN JUAN	State PR	Zip Code 00909			ID:SE-S6319 Dursement or O				
Purpose of Expenditure Telephone Fundraising									
Name of Federal Candidate:		Support	Office So	uaht:	House [District: 00			
MURRAY, PATTY, , ,		Oppose	_	sident	X Senate	State: WA			
Calendar Year-To-Date Per Election for Office Sought		10942.79	Disburser 2022	1	✓ Primary specify) ►	General			
Full Name of Payee		🗶 Memo	Itom Da		lic Distribution/				
LIVE TRANSFERS AND DONOR CRI Invoice paid after close of books		12 / ^D D D / ^Y Y Y Y 2021							
Mailing Address 1607 Ponce de Leon ave	Mailing Address								
Suite GM8		1		nount					
City SAN JUAN	State PR	Zip Code 00909		949.89 Transaction ID : SE-S631963					
Purpose of Expenditure			Da	Date of Disbursement or Obligation					
Telephone Fundraising		Category/ Type 004							
Name of Federal Candidate:		X Support	Office So	ught:	House I	District: 00			
VAN HOLLEN, CHRIS, , ,		Oppose	Pre	sident	X Senate	State: MD			
Calendar Year-To-Date Per Election for Office Sought		10942.79	Disburser 2022	1	× Primary	General			
	7 7			Other (s	specify) 🕨				
(a) SUBTOTAL of Itemized Independent Expenditures			•			0.00			
(b) SUBTOTAL of Unitemized Independent Expenditure	9S		•						
				,					
(c) TOTAL Independent Expenditures			•						
Under penalty of perjury I certify that the independen with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	e or authorized								
MASTROIANNI, STEPHANIE, , , [E	Electronically Fil	ed] Date	^M M	/ 15	D / Y Y 202 [.]	Y Y			
Signature									

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC	4 OF FORM 3X DN NUMBER ▼
UNITED WOMEN'S HEALTH ALLIANCE PAC	
C C00755694	Y Y Y Y Y
	Y Y Y Y Y
Check if 24-hour report 48-hour report New report Amends report filed on	
Full Name of Payee Invoice paid after close of books Date of Public Distribution/I Invoice paid after close of books Invoice paid after close of books Invoice paid after close of books	Dissemination
Mailing Address 1607 Ponce de Leon ave Amount	2021
Suite GM8	945.57
City State Zip Code SAN JUAN PR 00909 Transaction ID : SE-S6319 Date of Disbursement or O	65
Purpose of Expenditure Telephone Fundraising Category/ Type 004	
Name of Federal Candidate:	District: 00
CORNYN, JOHN, , Sen,	State: TX
Calendar Year-To-Date Disbursement For: ✔ ✔ Primary Per Election for Office Sought 11888.36 Other (specify) ▶	General
Full Name of Payee Memo Item Date of Public Distribution/I LIVE TRANSFERS AND DONOR CREATION LLC Image: Comparison of the public Distribution/I	Y Y Y Y
Invoice paid after close of books 12 29 Mailing Address 1607 Ponce de Leon ave Amount	2021
Suite GM8	
City State Zip Code SAN JUAN PR 00909 Transaction ID : SE-S6319	
Purpose of Expenditure Category/ Type 004	bligation
Name of Federal Candidate:	District: 00
Name of Federal Candidate: Image: Support Office Sought: House Image: Support TILLIS, THOM, R., Sen, Oppose President Image: Support Senate	District: 00 State: NC
Calendar Year-To-Date Disbursement For: X Primary 2026	General
Other (specify) ►	
(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultat with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is party committee) any political party committee or its agent.	
MASTROIANNI, STEPHANIE, , , [Electronically Filed] Date 12 22 202	Y Y 1
Signature	

ITEMIZED INDEPENDENT EXPENDITURES	PAGE 278 OF 320
NAME OF COMMITTEE (In Full)	FOR LINE 24 OF FORM 3X
UNITED WOMEN'S HEALTH ALLIANCE PAC	DENTIFICATION NUMBER ▼
C	C00755694
Check if 24-hour report 48-hour report New report Amends report filed on	D D / Y Y Y Y Y
LIVE TRANSFERS AND DONOR CREATION LLC	C Distribution/Dissemination
Invoice paid after close of books	29 2021
Amount	
Suite GM8 City State	945.57
	ID : SE-S631969
Date of Disbu	ursement or Obligation
Purpose of Expenditure Telephone Fundraising Category/ Type 004	
Name of Federal Candidate: X Support Office Sought:	X House District: 14
LAWRENCE, BRENDA, LULENAR, ,	Senate State: <u>MI</u>
Calendar Year-To-Date Disbursement For: Per Election for Office Sought 11888.33 Dther (sp	x Primary General becify) ▶
	c Distribution/Dissemination
LIVE TRANSFERS AND DONOR CREATION LLC Invoice paid after close of books	/ D D / Y Y Y Y 29 2021
Mailing Address 1607 Ponce de Leon ave	
Suite GM8 Amount	
City State Zip Code	945.57
Date of Disbu	ID: SE-S631971 Irsement or Obligation
Purpose of Expenditure Category/ Telephone Fundraising 004	/ D D / Y Y Y Y
Name of Federal Candidate:	K House District: 08
LESKO, DEBBIE, , , Oppose President	Senate State: AZ
Calendar Year-To-Date Disbursement For: 2022	Primary General
Other (sp	pecify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperat with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the rep party committee) any political party committee or its agent.	
MASTROIANNI, STEPHANIE, , , [Electronically Filed] Date 12 22	/ 2021
Signature	

Image: Name of Committee (In Full) Fec IDENTIFICATION N Image: Name of Payee Image: Name of Payee Image: Name of Payee Image: Name of Payee <td< th=""><th></th></td<>	
UNITED WOMEN'S HEALTH ALLIANCE PAC Check if 24-hour report 48-hour report New report Amends report filed on M / D D / Y Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC Invoice paid after close of books Mailing Address	
Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC Invoice paid after close of books Mailing Address	IUMBER V
Check if 24-hour report Amends report filed on Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC Invoice paid after close of books Mailing Address Mailing Address	
LIVE TRANSFERS AND DONOR CREATION LLC Invoice paid after close of books Mailing Address	Y Y Y
Mailing Address	emination
Amount	2021
Suite GM8	045.57
City State Zip Code SAN JUAN PR 00909 Transaction ID : SE-S631973	945.57
Date of Disbursement or Obliga	tion
Name of Federal Candidate:	ot: 00
Name of Federal Candidate: X Support Office Sought: House Distribution SHAHEEN, JEANNE, , , Oppose President X Senate State	
Calendar Year-To-Date Disbursement For:	General
Per Election for Office Sought 11888.34 2026 Other (specify) ▶	
Full Name of Payee IVE TRANSFERS AND DONOR CREATION LLC Date of Public Distribution/Disse	emination
Invoice paid after close of books Mailing Address 1607 Ponce de Leon ave	2021
Suite GM8	
City State Zip Code	945.57
SAN JUAN PR 00909 Transaction ID : SE-S631975 Date of Disbursement or Obliga	ition
Purpose of Expenditure Category/ Telephone Fundraising 004	Y Y Y
Name of Federal Candidate: X Support Office Sought: House Distri	ct:00
	te: <u>MO</u>
Calendar Year-To-Date Disbursement For: X Primary 2022	General
Other (specify) ►	
(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not party committee) any political party committee or its agent.	
MASTROIANNI, STEPHANIE, , , [Electronically Filed] Date 12 22 2021	Y
Signature	

Invoice paid after close of books 12 29 202 Mailing Address 1607 Ponce de Leon ave Amount Suite GM8 2ip Code 945. City State Zip Code 945. SAN JUAN PR 00909 Transaction ID : SE-S631977 Purpose of Expenditure Category/ 004 Transaction ID : SE-S631977 Date of Disbursement or Obligation M / / D D / Y Y D D / Y Y Name of Federal Candidate: X Support Office Sought: House District: MURRAY, PATTY, , , Oppose President X Senate State: Disbursement For: Y Primary G Calendar Year-To-Date 11888.36 Disbursement For: Y Primary G Per Election for Office Sought 11888.36 Disbursement For: Y Primary G LIVE TRANSFERS AND DONOR CREATION LLC Memo Item Date of Public Distribution/Dissemina	320
UNITED WOMEN'S HEALTH ALLIANCE PAC Image: Comparison of the part of	
Check if 24-hour report New report Amends report filed on Image: Coor55694 Check if 24-hour report New report Amends report filed on Image: Coor55694 Full Name of Payee Image: Coor55694 Image: Coor55694 Image: Coor55694 Full Name of Payee Image: Coor55694 Image: Coor55694 Image: Coor55694 IVE TRANSFERS AND DONOR CREATION LLC Image: Coor55694 Image: Coor55694 Image: Coor55694 Ive of Payee Image: Coor55694 Image: Coor55694 Image: Coor55694 Mailing Address 1607 Ponce de Leon ave Image: Coor55694 Image: Coor55694 San JUAN PR 00909 Image: Coor55694 Image: Coor55694 Purpose of Expenditure Category/ Type 004 Image: Coor55697 Image: Coor55697 Purpose of Expenditure Category/ Type 004 Image: Coor55697 Image: Coor55697 Name of Federal Candidate: MURRAY, PATTY,	BER ▼
Check if 24-hour report Amends report Amends report filed on Full Name of Payee IVE TRANSFERS AND DONOR CREATION LLC Image: Constraint of the second	
LIVE TRANSFERS AND DONOR CREATION LLC Invoice paid after close of books Mailing Address 1607 Ponce de Leon ave Suite GM8 State City State SAN JUAN PR Purpose of Expenditure Category/ Type Telephone Fundraising Category/ Type Name of Federal Candidate: Image: Support MURRAY, PATTY,, Oppose Calendar Year-To-Date Per Election for Office Sought 11888.36 Full Name of Payee Image: Support LIVE TRANSFERS AND DONOR CREATION LLC Image: Support	Y Y
Mailing Address 1607 Ponce de Leon ave Suite GM8 Amount City State Zip Code SAN JUAN PR 00909 Purpose of Expenditure Telephone Fundraising Category/ Type 004 Name of Federal Candidate: X Support Office Sought: MURRAY, PATTY, , , Oppose President X Senate Calendar Year-To-Date Per Election for Office Sought 11888.36 Disbursement For: Y Primary Full Name of Payee Item of Payee Memo Item Date of Public Distribution/Dissemina	Y Y
City State Zip Code 945. SAN JUAN PR 00909 Transaction ID : SE-S631977 Purpose of Expenditure Telephone Fundraising Category/ Type 004 M / D / Y Name of Federal Candidate: X Support Office Sought: House District: MURRAY, PATTY, , , Oppose President X Senate State: Calendar Year-To-Date Per Election for Office Sought 11888.36 Disbursement For: X Primary G Full Name of Payee INAme of Payee X Memo Item Date of Public Distribution/Dissemina	21
SAN JUAN PR 00909 Transaction ID : SE-S631977 Purpose of Expenditure Telephone Fundraising Category/ Type 004 Transaction ID : SE-S631977 Name of Federal Candidate: X 004 MM / P P / Y Y Name of Federal Candidate: X Support Office Sought: House District: MURRAY, PATTY, , , Oppose President X Senate State: Calendar Year-To-Date Per Election for Office Sought 11888.36 Disbursement For: X Primary G Support UNERASFERS AND DONOR CREATION LLC X Memo Item Date of Public Distribution/Dissemina	
Purpose of Expenditure Telephone Fundraising Category/ Type 004 Name of Federal Candidate: Image: Support Office Sought: House District: MURRAY, PATTY, , , Oppose President Image: Senate State: Calendar Year-To-Date Per Election for Office Sought 11888.36 Disbursement For: Image: Primary Image: General Candidate: Full Name of Payee Image: Calendar State:	.57
MURRAY, PATTY, , , Oppose President ✓ Senate State:	YY
MURRAY, PATTY, , , Oppose President ✗ Senate State:	00
Per Election for Office Sought 11888.36 2022 Other (specify) ▶ Full Name of Payee Image: Contract of Public Distribution/Disseminal Date of Public Date of P	WA
Full Name of Payee Image: Construction of Payee LIVE TRANSFERS AND DONOR CREATION LLC Image: Construction of Payee	General
LIVE TRANSFERS AND DONOR CREATION LLC	ation
Invoice paid after close of books 12 29 202	21 Y
Mailing Address 1607 Ponce de Leon ave Amount	
Suite GM8	
CityStateZip Code945.SAN JUANPR00909Transaction ID : SE-S631979	.57
Date of Disbursement or Obligation	
Telephone Fundraising Category/ Type 004	YY
Name of Federal Candidate:	00
	MD
Calendar Year-To-Date Disbursement For: X Primary G Per Election for Office Sought	General
Other (specify) ►	
(a) SUBTOTAL of Itemized Independent Expenditures	00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or co 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 por party committee) any political party committee or its agent.	
MASTROIANNI, STEPHANIE, , , [Electronically Filed] Date 12 22 2021	
Signature	

ITEMIZED INDEPENDENT EXPENDITURES				PAGE 281 OF 320
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
UNITED WOMEN'S HEALTH ALLIAN	ICF PAC		FEC	IDENTIFICATION NUMBER ▼
			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	ATION LLC	Memo	Item Date of Pu	blic Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave			10	13 2021
Suite GM8		1		
City	State	Zip Code		1375.00
SAN JUAN	PR	00909		on ID : SE-S431194 sbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	M M 10	/ D D / Y Y Y Y 06 2021
Name of Federal Candidate:		X Support	Office Sought:	House District: 00
CORNYN, JOHN, , Sen,		Oppose	President	Senate State: TX
Calendar Year-To-Date Per Election for Office Sought		1375.00	Disbursement For 2026 Other	: ✗ Primary General (specify) ►
Full Name of Payee		Memo		blic Distribution/Dissemination
LIVE TRANSFERS AND DONOR CREATION LLC			10 ^M	/ D D / Y Y Y Y 13 2021
Mailing Address 1607 Ponce de Leon ave				
Suite GM8			Amount	
City	State	Zip Code		1375.00
SAN JUAN	PR	00909		on ID : SE-S431196 sbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	M M 10	/ 06 / Y Y Y Y 2021
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		1375.00	Disbursement For 2026	
	7		Other	(specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	3		Image: A state of the state	2750.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res		•	y(y)(*)
(c) TOTAL Independent Expenditures			•	y - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
	[Electronically Fil	led] Date	10 ¹⁰	
Signature				

ITEMIZED INDEPENDENT EXPENDITURES			PAGE 282 OF 320
			FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIAN			FEC IDENTIFICATION NUMBER ▼
UNITED WOMEN STIEAETH ALLIAN			C C00755694
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	Memo	Item Date of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave			10 13 2021
Suite GM8			Amount
City	State	Zip Code	1375.00
SAN JUAN	PR	00909	Transaction ID : SE-S431198 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	10 / D D / Y Y Y Y 2021
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		1375.00	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	10 / Y Y Y Y Y 10 13 2021
Mailing Address 1607 Ponce de Leon ave			Amount
Suite GM8			
City SAN JUAN	State PR	Zip Code 00909	1375.00 Transaction ID : SE-S431200
Purpose of Expenditure		Cotogon//	Date of Disbursement or Obligation
Telephone Fundraising		Category/ Type 004	
Name of Federal Candidate:		X Support	Office Sought: K House District: 08
LESKO, DEBBIE, , ,		Oppose	President State: <u>AZ</u>
Calendar Year-To-Date Per Election for Office Sought	7 7	1375.00	Disbursement For: ✗ Primary General 2022 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	5		
(b) SUBTOTAL of Unitemized Independent Expenditu	res		
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized		
	[Electronically Fil	led] Date	e 10 13 2021
Signature			

ITEMIZED INDEPENDENT EXPENDITURES	5			PAGE 283 OF 320
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
UNITED WOMEN'S HEALTH ALLIAN	ICE PAC			FEC IDENTIFICATION NUMBER V
				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 Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	ATION LLC	🗌 Memo		Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave			1	0 13 2021
Suite GM8				
City	State	Zip Code		1375.00
SAN JUAN	PR	00909		ction ID : SE-S431202 Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		10 / D D / Y Y Y Y 2021
Name of Federal Candidate:		X Support	Office Sought:	House District: 00
SHAHEEN, JEANNE, , ,		Oppose	Presider	nt Senate State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought	7 7	1375.00	Disbursement	For:
Full Name of Payee		Memo	Item Date of	Public Distribution/Dissemination
LIVE TRANSFERS AND DONOR CREATION LLC				10 13 Y Y Y Y Y
Mailing Address 1607 Ponce de Leon ave				
Suite GM8			Amount	
City	State	Zip Code		1375.00
SAN JUAN	PR	00909		action ID : SE-S431204 Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	М	10 / D D / Y Y Y Y 2021
Name of Federal Candidate:		X Support	Office Sought:	House District: 00
BLUNT, ROY, , ,		Oppose	Presider	
Calendar Year-To-Date Per Election for Office Sought		1375.00	Disbursement	
			Oth	ner (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	S		•	2750.00
(b) SUBTOTAL of Uniternized Independent Expenditu	ires		•	· · · · · · · · · ·
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
	[Electronically Fil	led] Date	10 ^M /	D D / Y Y Y Y 13 2021
Signature				

ITEMIZED INDEPENDENT EXPENDITURES	5			PAGE 284 OF 320
NAME OF COMMITTEE (In Full)			İ	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 rep	ort Amends repo	rt filed on	M / D D / Y Y Y Y Y Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	ATION LLC	Memo	Item Date o	f Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave			Amour	10 13 2021
Suite GM8		1		
City	State	Zip Code		1375.00
SAN JUAN	PR	00909		action ID : SE-S431206 of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		10 / D D / Y Y Y Y 2021
Name of Federal Candidate:		X Support	Office Sough	t: House District: 00
MURRAY, PATTY, , ,		Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	1375.00	Disbursemen	t For: ✗ Primary General ther (specify) ►
Full Name of Payee		Memo		of Public Distribution/Dissemination
LIVE TRANSFERS AND DONOR CF	REATION LL			10 / Y Y Y Y 10 13 2021
Mailing Address 1607 Ponce de Leon ave				
Suite GM8			Amour	nt
City	State	Zip Code		1375.00
SAN JUAN	PR	00909		action ID : SE-S431208 of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	М	
Name of Federal Candidate:		X Support	Office Sough	t: House District: 00
VAN HOLLEN, CHRIS, , ,		Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought		1375.00	Disbursemen 2022	
	, , ,			ther (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	S		•	2750.00
(b) SUBTOTAL of Unitemized Independent Expenditu	ires			
(c) TOTAL Independent Expenditures			•	· · · · · · · · · · ·
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
	[Electronically Fil	led] Date	10 ^M /	13 / Y Y Y Y Y 12021
Signature				

ITEMIZED INDEPENDENT EXPENDITURES			PAGE 285 OF 320	-
			FOR LINE 24 OF FORM	3X
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIAN			FEC IDENTIFICATION NUMBER	
ONITED WOMEN STIEAETH ALLIAN			C C00755694	
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	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			10 20 2021	
Suite GM8			Amount	_
City	State	Zip Code	1400.25	
SAN JUAN	PR	00909	Transaction ID : SE-S431107 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: 00	
CORNYN, JOHN, , Sen,		Oppose	President X Senate State:X	(
Calendar Year-To-Date Per Election for Office Sought		2775.26	Disbursement For: x Primary Gene 2026 Other (specify) ►	eral
Full Name of Payee		Memo		
LIVE TRANSFERS AND DONOR CF	REATION LL	.C	M M / D D / Y Y Y	
Mailing Address 1607 Ponce de Leon ave			10202021	
Suite GM8			Amount	
City	State	Zip Code	1400.25	
SAN JUAN	PR	00909	Transaction ID : SE-S431109 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)
TILLIS, THOM, R., Sen,		Oppose	President X Senate State: NC	;
Calendar Year-To-Date Per Election for Office Sought		2775.25	Disbursement For: X Primary Gene	eral
	1 1		Other (specify) ►	
(a) SUBTOTAL of Itemized Independent Expenditures			2800.50	
(b) SUBTOTAL of Unitemized Independent Expenditu	res			
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
	[Electronically Fil	ed] Date	e 10 20 2021	
Signature				

ITEMIZED INDEPENDENT EXPENDITURES			PAG	GE 286 OF 320
			FOF	R LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIAN			FEC IDEN	TIFICATION NUMBER ▼
UNITED WOMEN'S HEALTH ALLIAN			C CO	0755694
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D / Y Y Y Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	Memo		stribution/Dissemination
Mailing Address 1607 Ponce de Leon ave			10	20 2021
Suite GM8			Amount	
City	State	Zip Code		1400.25
SAN JUAN	PR	00909	Transaction ID : S Date of Disbursen	
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	10 ¹⁰	13 ⁷ Y Y Y Y Y 2021
Name of Federal Candidate:		X Support	Office Sought: X H	ouse District: 14
LAWRENCE, BRENDA, LULENAR, ,		Oppose	President S	enate State: <u>MI</u>
Calendar Year-To-Date Per Election for Office Sought		2775.25	Disbursement For: X 2022 Other (specify	Primary General
Full Name of Payee		Memo	tem Date of Public Dis	stribution/Dissemination
LIVE TRANSFERS AND DONOR CF	REATION LL	.C	M M / D	20 / Y Y Y Y 2021
Mailing Address 1607 Ponce de Leon ave			Amount	
Suite GM8	1	1		
City SAN JUAN	State PR	Zip Code 00909	Transaction ID : Date of Disbursen	
Purpose of Expenditure		Category/		
Telephone Fundraising		Type 004	10	13 2021
Name of Federal Candidate:		x Support	Office Sought:	ouse District: 08
LESKO, DEBBIE, , ,		Oppose	President S	enate State: <u>AZ</u>
Calendar Year-To-Date Per Election for Office Sought		2775.25	2022	Primary General
(a) SUBTOTAL of Itemized Independent Expenditures			Other (specify	2800.50
				2000.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res		•	
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
	[Electronically Fil	led] Date	10 / 20 /	2021
Signature				

ITEMIZED INDEPENDENT EXPENDITURES				PAGE 287 OF 320
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
UNITED WOMEN'S HEALTH ALLIAN	ICF PAC		FEC	C IDENTIFICATION NUMBER V
			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		blic Distribution/Dissemination
Mailing Address			10 ^M	/ D D / Y Y Y Y 20 / 2021
1607 Ponce de Leon ave			Amount	
Suite GM8	State	Zip Code		1400.25
SAN JUAN	PR	00909		on ID : SE-S431115 sbursement or Obligation
Purpose of Expenditure Telephone Fundraising	1	Category/ Type 004	M M	
Name of Federal Candidate:		X Support	Office Sought:	House District: 00
SHAHEEN, JEANNE, , ,		Oppose	President	Senate State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought		2775.25	Disbursement For 2026 Other	r: ✗ Primary General (specify)►
Full Name of Payee		Memo		iblic Distribution/Dissemination
LIVE TRANSFERS AND DONOR CREATION LLC			10 ^M	/ D D / Y Y Y Y 20 2021
Mailing Address 1607 Ponce de Leon ave				20 2021
Suite GM8			Amount	
City	State	Zip Code		1400.25
SAN JUAN	PR	00909		on ID : SE-S431117 sbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	M 10	/ D D / Y Y Y Y 13 / 2021
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		2775.26	Disbursement For 2022 Other	r: ✗ Primary _ General (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	, , , , , , , , , , , , , , , , , , ,			2800.50
(y
(b) SUBTOTAL of Unitemized Independent Expenditu	res		•	· · · · · · · · ·
(c) TOTAL Independent Expenditures			•	<u>, , , , , , , , , , , , , , , , , , , </u>
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
	[Electronically Fil	led] Date	10 ¹⁰	
Signature				

ITEMIZED INDEPENDENT EXPENDITURES			PAGE 288 OF 320	
NAME OF COMMITTEE (In Full)			FOR LINE 24 OF FORM 32	X
UNITED WOMEN'S HEALTH ALLIAN	ICE PAC		FEC IDENTIFICATION NUMBER	r -
			C C00755694	I.
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort 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			10 20 2021 Amount	1
Suite GM8	1 -			
City	State	Zip Code	1400.25	
SAN JUAN	PR	00909	Transaction ID : SE-S431119 Date of Disbursement or Obligation	
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	4 10 / Y Y Y Y 10 13 / 2021	
Name of Federal Candidate:		X Support	Office Sought: House District: 00	
MURRAY, PATTY, , ,		Oppose	President X Senate State: WA	_
Calendar Year-To-Date Per Election for Office Sought		2775.25	Disbursement For: ★ Primary Genera 2022 Other (specify) ►	al
Full Name of Payee		Memo		_
LIVE TRANSFERS AND DONOR CREATION LLC			10 / D D / Y Y Y Y Y 10 20 2021	T
Mailing Address 1607 Ponce de Leon ave				ł
Suite GM8			Amount	_
City	State	Zip Code	1400.25	
SAN JUAN	PR	00909	Transaction ID : SE-S431121 Date of Disbursement or Obligation	
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	M 10 / D D / Y Y Y Y 2021]
Name of Federal Candidate:		🖌 Support	Office Sought: House District: 00	_
VAN HOLLEN, CHRIS, , ,		Oppose	President X Senate State: MD	
Calendar Year-To-Date Per Election for Office Sought		2775.25	Disbursement For: X Primary General 2022 Other (creative)	al
	, , , , , , , , , , , , , , , , , , , ,		Other (specify) ►	_
(a) SUBTOTAL of Itemized Independent Expenditures	;		2800.50]
(b) SUBTOTAL of Unitemized Independent Expenditu	res		•]
(c) TOTAL Independent Expenditures]
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
MASTROIANNI, STEPHANIE, , ,	[Electronically Fil	ed] Date	e 10 / 20 / Y Y Y Y	
Signature				

ITEMIZED INDEPENDENT EXPENDITURES	5			PAGE 289 OF 320
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
			FEC	IDENTIFICATION NUMBER V
			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	ATION LLC	🗌 Memo	Item Date of Pub	lic Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave			Amount	03 2021
Suite GM8	1 -	1		
City	State	Zip Code		1287.79
SAN JUAN	PR	00909		ID : SE-S434145 pursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	M 10	/ D D / Y Y Y Y 27 / 2021
Name of Federal Candidate:		X Support	Office Sought:	House District: 00
CORNYN, JOHN, , Sen,		Oppose	President	Senate State: TX
Calendar Year-To-Date Per Election for Office Sought		4063.05	Disbursement For: 2026 Other (s	✓ Primary General Specify) ►
Full Name of Payee		Memo		lic Distribution/Dissemination
LIVE TRANSFERS AND DONOR CF	REATION LL		M M 11	/ D D / Y Y Y Y 03 2021
Mailing Address 1607 Ponce de Leon ave				
Suite GM8			Amount	
City	State	Zip Code		1287.79
SAN JUAN	PR	00909		n ID : SE-S434147 bursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	M M 10	/ D D / Y Y Y Y 27 / 2021
Name of Federal Candidate:		X Support	Office Sought:	House District: 00
TILLIS, THOM, R., Sen,		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		4063.04	Disbursement For: 2026	Primary General
(a) SUBTOTAL of Itemized Independent Expenditures	, , , , , , , , , , , , , , , , , , ,			specify) ►
				2575.58
(b) SUBTOTAL of Unitemized Independent Expenditu	ires		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
	[Electronically Fil	led] Date	11 03	2021
Signature				

ITEMIZED INDEPENDENT EXPENDITURES			PAGE 290 OF 320	
NAME OF COMMITTEE (In Full)			FOR LINE 24 OF FORM 3	X
UNITED WOMEN'S HEALTH ALLIAN	ICE PAC		FEC IDENTIFICATION NUMBER	r
			C C00755694	I.
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on]
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	Memo	Item Date of Public Distribution/Dissemination	
Mailing Address 1607 Ponce de Leon ave			11 03 2021	
Suite GM8				-
City	State	Zip Code	1287.79	
SAN JUAN	PR	00909	Transaction ID : SE-S434149 Date of Disbursement or Obligation	
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	4 10 / D D / Y Y Y Y 2021]
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		4063.04	Disbursement For: x Primary Genera 2022 Other (specify) ►	al
Full Name of Payee		Memo		_
LIVE TRANSFERS AND DONOR CF	REATION LL	.C	M M / D D / Y Y Y Y	T
Mailing Address 1607 Ponce de Leon ave			11 03 2021	
Suite GM8			Amount	
City	State	Zip Code	1287.79	
SAN JUAN	PR	00909	Transaction ID : SE-S434151 Date of Disbursement or Obligation	T
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	M M / D D / Y Y Y Y	
Name of Federal Candidate:		X Support	Office Sought: X House District: 08	_
LESKO, DEBBIE, , ,		Oppose	President Senate State: AZ	
Calendar Year-To-Date Per Election for Office Sought		4063.04	Disbursement For: X Primary General 2022 Other (counting)	al I
	, , , , , , , , , , , , , , , , , , , ,		Other (specify) ►	_
(a) SUBTOTAL of Itemized Independent Expenditures	;		2575.58]
(b) SUBTOTAL of Unitemized Independent Expenditu	res]
(c) TOTAL Independent Expenditures]
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
	[Electronically Fil	led] Date	e 11 03 2021	
Signature				

ITEMIZED INDEPENDENT EXPENDITURES			PAGE 291 OF 320
NAME OF COMMITTEE (In Full)			FOR LINE 24 OF FORM 3X
UNITED WOMEN'S HEALTH ALLIAN	CE PAC		FEC IDENTIFICATION NUMBER ▼
			C C00755694
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on
Full Name of Payee		Memo	Item Date of Public Distribution/Dissemination
LIVE TRAINSPERS AND DONOR CREAT			11 03 / Y Y Y Y 2021
Mailing Address 1607 Ponce de Leon ave			Amount
Suite GM8			
City	State	Zip Code	1287.79
SAN JUAN	PR	00909	Transaction ID : SE-S434153 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	10 / Y Y Y Y 2021
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		4063.04	Disbursement For: X Primary General
	, , ,		Other (specify) ►
Full Name of Payee LIVE TRANSFERS AND DONOR CRI	EATION LL	C Memo	Item Date of Public Distribution/Dissemination
Mailing Address			11 03 2021
1607 Ponce de Leon ave			Amount
Suite GM8 City	State	Zip Code	1287.80
SAN JUAN	PR	00909	Transaction ID : SE-S434155 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Tupo 004	M M / D D / Y Y Y Y
		Type 004	
Name of Federal Candidate:		x Support	Office Sought: House District: 00
BLUNT, ROY, , ,		Oppose	President X Senate State: MO
Calendar Year-To-Date Per Election for Office Sought		4063.06	Disbursement For: X Primary General
	7		Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures.			2575.59
(b) SUBTOTAL of Unitemized Independent Expenditure	es		•
(a) TOTAL Independent Expanditures			
(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	e or authorized		
MASTROIANNI, STEPHANIE, , ,	Electronically Fil	ed] Date	e 11 03 2021
Signature			

ITEMIZED INDEPENDENT EXPENDITURES				PAGE 292 OF 320
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
UNITED WOMEN'S HEALTH ALLIAN	ICF PAC		FEC	IDENTIFICATION NUMBER ▼
			C	C00755694
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D D / Y Y Y Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	Memo	Item Date of Pub	lic Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave			Amount	03 2021
Suite GM8	1 -	1		
City	State	Zip Code		1287.80
SAN JUAN	PR	00909		1 ID : SE-S434157 Dursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	M M 10	/ D D / Y Y Y Y 27 2021
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		4063.05	Disbursement For: 2022 Other (s	✓ Primary General specify) ►
Full Name of Payee		Memo		lic Distribution/Dissemination
LIVE TRANSFERS AND DONOR CF	REATION LL		M M	/ D D / Y Y Y Y 03 2021
Mailing Address 1607 Ponce de Leon ave				
Suite GM8			Amount	
City	State	Zip Code		1287.80
SAN JUAN	PR	00909		n ID : SE-S434159 oursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	M M 10	/ D D / Y Y Y Y 27 / 2021
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		4063.05	Disbursement For:	Primary General
	, ,			specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	3		•	2575.60
(b) SUBTOTAL of Unitemized Independent Expenditu	res		 	
(c) TOTAL Independent Expenditures			▶,	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
	[Electronically Fil	led] Date	11 / D3	D / Y Y Y Y 2021
Signature				

ITEMIZED INDEPENDENT EXPENDITURES				PAGE 293 OF 320
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
UNITED WOMEN'S HEALTH ALLIAN	ICF PAC		FI	EC IDENTIFICATION NUMBER ▼
				C00755694
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	M / D D / Y D Y Y Y Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	Memo	Item Date of I	Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave			11 Amount	17 2021
Suite GM8		1		
City	State	Zip Code		1120.60
SAN JUAN	PR	00909		tion ID : SE-S434177 Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	M 11	
Name of Federal Candidate:		X Support	Office Sought:	House District: 00
CORNYN, JOHN, , Sen,		Oppose	President	Senate State: TX
Calendar Year-To-Date Per Election for Office Sought		6223.75	Disbursement F 2026 Othe	For: ★ Primary General
Full Name of Payee		Memo	Item Date of I	Public Distribution/Dissemination
LIVE TRANSFERS AND DONOR CF	REATION LL		11	
Mailing Address 1607 Ponce de Leon ave				
Suite GM8			Amount	
City	State	Zip Code		1120.59
SAN JUAN	PR	00909		ction ID : SE-S434179 Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	M 1	1 03 ^Y Y Y Y Y 2021
Name of Federal Candidate:		X Support	Office Sought:	House District: 00
TILLIS, THOM, R., Sen,		Oppose	President	Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		6223.72	Disbursement F	
	7		Othe	er (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	3		Image: A state of the state	2241.19
(b) SUBTOTAL of Unitemized Independent Expenditu	res		•	<u>д с д с д с д</u>
(c) TOTAL Independent Expenditures				1 1 1 1 1 1 1 1 1 (7) 1 1 (7) 1 1 (8) 1
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
	[Electronically Fil	led] Date		17 2021
Signature				

ITEMIZED INDEPENDENT EXPENDITURES				PAGE 294 OF 320
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
UNITED WOMEN'S HEALTH ALLIAN	ICF PAC		F	EC IDENTIFICATION NUMBER V
			1	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		Memo	Item Date of	Public Distribution/Dissemination
			1	
Mailing Address 1607 Ponce de Leon ave			Amount	
Suite GM8		7.01		4400 50
City	State	Zip Code 00909	Tranca	1120.59
SAN JUAN	PR	00909		Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	M 1	1 / D D / Y Y Y Y 2021
Name of Federal Candidate:		X Support	Office Sought:	House District: <u>14</u>
LAWRENCE, BRENDA, LULENAR, ,		Oppose	Presiden	t Senate State: <u>MI</u>
Calendar Year-To-Date Per Election for Office Sought		6223.72	Disbursement	For: x Primary General
Full Name of Payee		Memo	Item Date of	Public Distribution/Dissemination
LIVE TRANSFERS AND DONOR CF	REATION LL	-C	М	
Mailing Address 1607 Ponce de Leon ave			Ľ	1 17 2021
Suite GM8			Amount	
City	State	Zip Code		1120.59
SAN JUAN	PR	00909		ction ID : SE-S434183 Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		1 03 ^Y 2021
Name of Federal Candidate:		X Support	Office Sought:	¥ House District: <u>08</u>
LESKO, DEBBIE, , ,		Oppose	Presiden	t Senate State: <u>AZ</u>
Calendar Year-To-Date Per Election for Office Sought		6223.72	Disbursement	
	1 1		Oth	er (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	s		•	2241.18
(b) SUBTOTAL of Unitemized Independent Expenditu	res		•	7 1 1 7 1 1 1 1 1 1 7 1 1 7 1 1 1 1
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
	[Electronically Fil	led] Date		17 2021
Signature				

ITEMIZED INDEPENDENT EXPENDITURES			PAGE 295 OF 320
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 rep	ort Amends repo	ort filed on
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	Memo	Item Date of Public Distribution/Dissemination
Mailing Address			11 17 2021
Suite GM8			Amount
City	State	Zip Code	1120.60
SAN JUAN	PR	00909	Transaction ID : SE-S434185 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	M M / D D / Y Y Y Y
Name of Federal Candidate:		X Support	Office Sought: House District: 00
SHAHEEN, JEANNE, , ,		Oppose	President Senate State: NH
Calendar Year-To-Date Per Election for Office Sought	7 1 7	6223.74	Disbursement For:
Full Name of Payee		Memo	
LIVE TRANSFERS AND DONOR CF	REATION LL	.C	11 17 2021
Mailing Address 1607 Ponce de Leon ave			
Suite GM8			Amount
City	State	Zip Code	1120.60
SAN JUAN	PR	00909	Transaction ID : SE-S434187 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	M M / D D / Y Y Y Y 11 03 / 2021
Name of Federal Candidate:		X Support	Office Sought: House District: 00
BLUNT, ROY, , ,		Oppose	President X Senate State: <u>MO</u>
Calendar Year-To-Date Per Election for Office Sought		6223.76	Disbursement For: X Primary General
	, , ,		☐ Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures			. 2241.20
(b) SUBTOTAL of Unitemized Independent Expenditu	res		
(c) TOTAL Independent Expenditures			· •
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized		
	[Electronically Fil	led] Date	e 11 17 2021
Signature			

ITEMIZED INDEPENDENT EXPENDITURES	5			PAGE 296 OF 320
				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIAN			F	EC 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	ATION LLC	🗌 Memo		Public Distribution/Dissemination
			1	
Mailing Address 1607 Ponce de Leon ave			Amount	
Suite GM8				
City	State	Zip Code		1120.60
SAN JUAN	PR	00909		ction ID : SE-S434189 Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	M 1	1 03 / Y Y Y Y 2021
Name of Federal Candidate:		X Support	Office Sought:	House District: 00
MURRAY, PATTY, , ,		Oppose	Presider	t Senate State: WA
Calendar Year-To-Date Per Election for Office Sought		6223.75	Disbursement 2022 Oth	For: x Primary General er (specify) ►
Full Name of Payee		Memo		Public Distribution/Dissemination
LIVE TRANSFERS AND DONOR CF	REATION LL	.C	M	M / D D / Y Y Y Y
Mailing Address				1 17 2021
1607 Ponce de Leon ave Suite GM8			Amount	
City	State	Zip Code		1120.60
SAN JUAN	PR	00909		ction ID : SE-S434191 Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	М	1 / D D / Y Y Y 2021
Name of Federal Candidate:		X Support	Office Sought:	House District: 00
VAN HOLLEN, CHRIS, , ,		Oppose	Presider	
Calendar Year-To-Date Per Election for Office Sought		6223.75	Disbursement	For: X Primary General
			Oth	er (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	5		•	2241.20
(b) SUBTOTAL of Uniternized Independent Expenditu	ires		•	7 I I 7 I I A I
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
MASTROIANNI, STEPHANIE, , ,	[Electronically Fil	led] Date		17 / Y Y Y Y Y 12021
Signature				

ITEMIZED INDEPENDENT EXPENDITURES				PAGE 297 OF 320
				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIAN				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 Y
Full Name of Payee	TION LLC	Memo		Public Distribution/Dissemination
Mallion Address				11 / D D / Y Y Y Y 17 2021
Mailing Address 1607 Ponce de Leon ave			Amoun	t
Suite GM8	State	Zip Code		1040.10
SAN JUAN	PR	00909	Transa	iction ID : SE-S434193
Purpose of Expenditure				Disbursement or Obligation
Telephone Fundraising		Category/ Type 004		11 / D D / Y Y Y Y 10 / 2021
Name of Federal Candidate:		× Support	Office Sought	: House District: 00
CORNYN, JOHN, , Sen,		Oppose	Preside	nt X Senate State: TX
Calendar Year-To-Date Per Election for Office Sought		6223.75	Disbursement	For: ✗ Primary ☐ General her (specify) ►
Full Name of Payee		Memo		f Public Distribution/Dissemination
LIVE TRANSFERS AND DONOR CF	REATION LL	.C		M / D D / Y Y Y
Mailing Address			L	11 17 2021
1607 Ponce de Leon ave Suite GM8			Amoun	t
City	State	Zip Code		1040.09
SAN JUAN	PR	00909		action ID : SE-S434195 f Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		11 / D D / Y Y Y Y 10 / 2021
Name of Federal Candidate:		X Support	Office Sought	: House District: 00
TILLIS, THOM, R., Sen,		Oppose	Preside	nt 🗴 Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		6223.72	Disbursement	
	1 1		Ot	her (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				2080.19
(b) SUBTOTAL of Unitemized Independent Expenditu	res		•	
(c) TOTAL Independent Expenditures			•	
				5 7 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
MASTROIANNI, STEPHANIE, , ,	[Electronically Fil	led] Date	M M /	17 / Y Y Y Y Y 2021
Signature				

ITEMIZED INDEPENDENT EXPENDITURES	5		PAGE 298 OF 320
			FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIAN			FEC IDENTIFICATION NUMBER ▼
UNITED WOMEN STIEALTH ALLIAN			C C00755694
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	ATION LLC	Memo	Item Date of Public Distribution/Dissemination
Mailing Address			
1607 Ponce de Leon ave Suite GM8			Amount
City	State	Zip Code	1040.09
SAN JUAN	PR	00909	Transaction ID : SE-S434197 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	4 M M / D D / Y Y Y Y 11 10 / 2021
Name of Federal Candidate:		X Support	Office Sought: X House District: 14
LAWRENCE, BRENDA, LULENAR, ,		Oppose	President State: MI
Calendar Year-To-Date Per Election for Office Sought	7 7	6223.72	Disbursement For:
Full Name of Payee		Memo	Item Date of Public Distribution/Dissemination
LIVE TRANSFERS AND DONOR CF	REATION LL	.C	11 / D D / Y Y Y Y 11 17 2021
Mailing Address 1607 Ponce de Leon ave			
Suite GM8			Amount
City SAN JUAN	State	Zip Code	1040.09 Transaction ID : SE-S434199
	PR	00909	Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	M M / D D / Y Y Y Y 11 10 / 2021
Name of Federal Candidate:		X Support	Office Sought: K House District: 08
LESKO, DEBBIE, , ,		Oppose	President Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought		6223.72	Disbursement For: X Primary General
	, ,		Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	3		2080.18
(b) SUBTOTAL of Uniternized Independent Expenditu	ires		
(c) TOTAL Independent Expenditures			• • • • • • • • • • • • • • • • • • •
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized		
	[Electronically Fil	led] Date	e 11 17 2021
Signature			

ITEMIZED INDEPENDENT EXPENDITURES			PAGE 299 OF 320
NAME OF COMMITTEE (In Full)			FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼
UNITED WOMEN'S HEALTH ALLIAN	ICE PAC		
			C C00755694
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on
Full Name of Payee		🗌 Memo	Item Date of Public Distribution/Dissemination
LIVE TRANŚFERS AND DONOR CREA	ATION LLC		M M / D D / Y Y Y Y 11 17 2021
Mailing Address 1607 Ponce de Leon ave			
Suite GM8			Amount
City	State	Zip Code	1040.10
SAN JUAN	PR	00909	Transaction ID : SE-S434201 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising	1	Category/ Type 004	
Name of Federal Candidate:		X Support	Office Sought: House District: 00
SHAHEEN, JEANNE, , ,		Oppose	President X Senate State: NH
Calendar Year-To-Date			Disbursement For: X Primary General
Per Election for Office Sought	7 7 7	6223.74	2026 Other (specify) ►
Full Name of Payee		Memo	Item Date of Public Distribution/Dissemination
LIVE TRANSFERS AND DONOR CF	REATION LL	.C	11 17 / Y Y Y Y Y 11 17 2021
Mailing Address 1607 Ponce de Leon ave			11 17 2021
Suite GM8			Amount
City	State	Zip Code	1040.10
SAN JUAN	PR	00909	Transaction ID : SE-S434203 Date of Disbursement or Obligation
Purpose of Expenditure		Category/	M M / D D / Y Y Y
Telephone Fundraising		Type 004	11 10 2021
Name of Federal Candidate:		X Support	Office Sought: House District: 00
BLUNT, ROY, , ,		Oppose	President X Senate State: MO
Calendar Year-To-Date		0000 70	Disbursement For: X Primary General
Per Election for Office Sought		6223.76	2022
(a) SUBTOTAL of Itemized Independent Expenditures	3		2080.20
(b) SUBTOTAL of Unitemized Independent Expenditu	res		
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized		
	[Electronically Fil	led] Date	e 11 / 17 / 2021
Signature			

ITEMIZED INDEPENDENT EXPENDITURES			PAGE 300	OF 320
NAME OF COMMITTEE (In Full)			FOR LINE 24 (
UNITED WOMEN'S HEALTH ALLIAN	ICF PAC		FEC IDENTIFICATION	NUMBER ▼
			C C00755694	
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	Y Y Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	Memo	Item Date of Public Distribution/Dis	semination
Mailing Address 1607 Ponce de Leon ave			11 17	2021
Suite GM8	1 -	1		
City	State	Zip Code		1040.10
SAN JUAN	PR	00909	Transaction ID : SE-S434205 Date of Disbursement or Obli	
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	M M / D D / 10	2021 Y
Name of Federal Candidate:		X Support	Office Sought: House Dis	strict: 00
MURRAY, PATTY, , ,		Oppose	President X Senate S	state: <u>WA</u>
Calendar Year-To-Date Per Election for Office Sought		6223.75	Disbursement For:	General
Full Name of Payee		Memo	Item Date of Public Distribution/Dis	semination
LIVE TRANSFERS AND DONOR CF	REATION LL		M M / D D /) 11 17	2021
Mailing Address 1607 Ponce de Leon ave				2021
Suite GM8			Amount	
City	State	Zip Code		1040.10
SAN JUAN	PR	00909	Transaction ID : SE-S43420 Date of Disbursement or Obli	
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	11 / D / 10 /	2021 Y
Name of Federal Candidate:		X Support	Office Sought: House Dis	strict: 00
VAN HOLLEN, CHRIS, , ,		Oppose		state: MD
Calendar Year-To-Date Per Election for Office Sought		6223.75	Disbursement For: X Primary	General
			Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures	\$			2080.20
(b) SUBTOTAL of Unitemized Independent Expenditu	res		►	
(c) TOTAL Independent Expenditures			►	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
	[Electronically Fil	led] Date	11 17 2021	Y
Signature				

ITEMIZED INDEPENDENT EXPENDITURES				PAGE 301 OF 320
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
UNITED WOMEN'S HEALTH ALLIAN	ICF PAC		F	EC IDENTIFICATION NUMBER ▼
				С С00755694
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	M / D D / Y Y Y Y Y Y
Full Name of Payee	TION LLC	Memo		Public Distribution/Dissemination
Molling Address			1 ^{^M} 1 [.]	
Mailing Address 1607 Ponce de Leon ave			Amount	
Suite GM8	State	Zip Code		909.84
SAN JUAN	PR	00909		tion ID : SE-S434209
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	М	
Name of Federal Candidate:		X Support	Office Sought:	House District:00
CORNYN, JOHN, , Sen,		Oppose	President	
Calendar Year-To-Date Per Election for Office Sought		7133.59	Disbursement F	For: X Primary General er (specify) ►
Full Name of Payee		Memo		Public Distribution/Dissemination
LIVE TRANSFERS AND DONOR CF	REATION LL	.C	M	M / D D / Y Y Y
Mailing Address 1607 Ponce de Leon ave				1 24 2021
Suite GM8			Amount	
City	State	Zip Code		909.84
SAN JUAN	PR	00909		ction ID : SE-S434211 Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		M / D D / Y Y Y
Name of Federal Candidate:		X Support	Office Sought:	House District: 00
TILLIS, THOM, R., Sen,		Oppose	President	t 🗴 Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		7133.56	Disbursement I	
	, ,			er (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	;		•	1819.68
(b) SUBTOTAL of Unitemized Independent Expenditu	res		•	
(c) TOTAL Independent Expenditures			•	л. і. і. і. і. і. л. і. л. і. л. і.
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
	[Electronically Fil	led] Date		24 2021
Signature				

ITEMIZED INDEPENDENT EXPENDITURES			PAGE 302 OF 320
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 rep	ort Amends repo	ort filed on
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	🗌 Memo	M M / D D / Y Y Y
Mailing Address 1607 Ponce de Leon ave			11 24 2021
Suite GM8	1 -		
City	State	Zip Code	909.84
SAN JUAN	PR	00909	Transaction ID : SE-S434213 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	4 M M / D D / Y Y Y Y 11 17 / 2021
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		7133.56	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	11 24 2021
Mailing Address 1607 Ponce de Leon ave			Amount
Suite GM8		1	
City SAN JUAN	State PR	Zip Code 00909	909.84 Transaction ID : SE-S434215 Date of Disbursement or Obligation
Purpose of Expenditure		Category/	
Telephone Fundraising		Type 004	11 17 2021
Name of Federal Candidate:		X Support	Office Sought: X House District: 08
LESKO, DEBBIE, , ,		Oppose	President Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought		7133.56	Disbursement For: ✔ Primary
(a) SUBTOTAL of Itemized Independent Expenditures	;		1819.68
(b) SUBTOTAL of Unitemized Independent Expenditu	res		
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized		
	[Electronically Fil	led] Date	e 11 24 2021
Signature			

ITEMIZED INDEPENDENT EXPENDITURES				PAGE 303 OF 320
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
UNITED WOMEN'S HEALTH ALLIAN	ICE PAC		FE	C IDENTIFICATION NUMBER ▼
			C	C00755694
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y = Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	Memo		ublic Distribution/Dissemination
Mailing Address			11	^D 24 ^Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Suite GM8			Amount	
City	State	Zip Code		909.84
SAN JUAN	PR	00909		ion ID : SE-S434217 Visbursement or Obligation
Purpose of Expenditure Telephone Fundraising	1	Category/ Type 004	M	
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		7133.58	Disbursement Fo	or: 🗶 Primary 🗌 General r (specify) ►
Full Name of Payee		Memo		ublic Distribution/Dissemination
LIVE TRANSFERS AND DONOR CF	REATION LL	.C	M	M / D D / Y Y Y Y
Mailing Address 1607 Ponce de Leon ave			11	24 2021
Suite GM8			Amount	
City	State	Zip Code		909.85
SAN JUAN	PR	00909		tion ID : SE-S434219 lisbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	11	
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		7133.61	Disbursement Fo	
	, , , , , , , , , , , , , , , , , , , ,			r (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	3		•	1819.69
(b) SUBTOTAL of Unitemized Independent Expenditu	res			A
(c) TOTAL Independent Expenditures			•	л. г. т. т. т. т. т. ". т. т. т. т. т. т.
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
	[Electronically Fil	led] Date		24 2021
Signature				

ITEMIZED INDEPENDENT EXPENDITURES			PAGE 304 OF 320
NAME OF COMMITTEE (In Full)			FOR LINE 24 OF FORM 3X
UNITED WOMEN'S HEALTH ALLIAN	ICF PAC		FEC IDENTIFICATION NUMBER ▼
			C C00755694
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	Memo	Item Date of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave			11 24 2021
Suite GM8	1 -		
City	State	Zip Code	909.85
SAN JUAN	PR	00909	Transaction ID : SE-S434221 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	11 / D D / Y Y Y Y 11 17 2021
Name of Federal Candidate:		X Support	Office Sought: House District: 00
MURRAY, PATTY, , ,		Oppose	President X Senate State: WA
Calendar Year-To-Date Per Election for Office Sought		7133.60	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		11 / D D / Y Y Y Y 11 24 2021
Mailing Address 1607 Ponce de Leon ave			
Suite GM8			Amount
City	State	Zip Code	909.85
SAN JUAN	PR	00909	Transaction ID : SE-S434223 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	11 / D D / Y Y Y Y 11 17 2021
Name of Federal Candidate:		x Support	Office Sought: House District: 00
VAN HOLLEN, CHRIS, , ,		Oppose	President State: MD
Calendar Year-To-Date Per Election for Office Sought		7133.60	Disbursement For: X Primary General
			Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	5		1819.70
(b) SUBTOTAL of Unitemized Independent Expenditu	res		►
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized		
	[Electronically Fil	led] Date	e 11 24 2021
Signature			

ITEMIZED INDEPENDENT EXPENDITURES			PAGE	-
NAME OF COMMITTEE (In Full)				LINE 24 OF FORM 3X
UNITED WOMEN'S HEALTH ALLIAN	ICF PAC		FEC IDENTI	FICATION NUMBER ▼
			C C007	755694
Check if 24-hour report 48-hour report	New rep	ort Amends repo	t filed on	D / Y Y Y Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	Memo		ibution/Dissemination
Mailing Address 1607 Ponce de Leon ave			12 C	2021
Suite GM8		1		
City	State	Zip Code		909.85
SAN JUAN	PR	00909	Transaction ID : SE Date of Disburseme	
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	M M / D 2	P / Y Y Y Y 2021
Name of Federal Candidate:		X Support	Office Sought:	use District: 00
CORNYN, JOHN, , Sen,		Oppose		nate State: TX
Calendar Year-To-Date Per Election for Office Sought		8043.44	Disbursement For: x 2026 Other (specify)	Primary General
Full Name of Payee				ibution/Dissemination
LIVE TRANSFERS AND DONOR CF	REATION LL	.C	M M / D	D / Y Y Y Y 1 2021
Mailing Address 1607 Ponce de Leon ave				2021
Suite GM8			Amount	
City	State	Zip Code		909.85
SAN JUAN	PR	00909	Transaction ID : Si Date of Disburseme	
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	M M / D	4 / Y Y Y Y 2021
Name of Federal Candidate:		🖌 Support	Office Sought: Hou	use District: 00
TILLIS, THOM, R., Sen,		Oppose	President X Ser	nate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		8043.41	Disbursement For: x 2026 Other (specify)	Primary General
(a) SUBTOTAL of Itemized Independent Expenditures	3		•	1819.70
(b) SUBTOTAL of Unitemized Independent Expenditu	res		•	
(c) TOTAL Independent Expenditures			Image: A state of the state	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
	[Electronically Fil	led] Date	M / D / / 11 29	2021
Signature				

ITEMIZED INDEPENDENT EXPENDITURES				PAGE 306 OF 320
				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIAN			FEC	C IDENTIFICATION NUMBER ▼
UNITED WOMEN STIEALTH ALLIAN			C	C00755694
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	
Full Name of Payee	TION LLC	Memo	Item Date of Pu	ublic Distribution/Dissemination
			12	/ D D / Y Y Y Y 2021
Mailing Address 1607 Ponce de Leon ave			Amount	
Suite GM8	Ototo	Zin Code		000.95
City	State	Zip Code	Transati	909.85 on ID : SE-S434229
SAN JUAN	PR	00909		sbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	M 11	/ D D / Y Y Y Y 24 2021
Name of Federal Candidate:		X Support	Office Sought:	K House District: 14
LAWRENCE, BRENDA, LULENAR, ,		Oppose	President	Senate State: <u>MI</u>
Calendar Year-To-Date Per Election for Office Sought		8043.41	Disbursement Fo	r: ✗ Primary General (specify) ►
Full Name of Payee		Mama		ublic Distribution/Dissemination
LIVE TRANSFERS AND DONOR CF	REATION LL	.C	M M	
Mailing Address 1607 Ponce de Leon ave			12	01 2021
Suite GM8			Amount	
City	State	Zip Code		909.84
SAN JUAN	PR	00909		on ID : SE-S434231 sbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	M M 11	/ D D / Y Y Y Y 24 2021
Name of Federal Candidate:		X Support	Office Sought:	★ House District: 08
LESKO, DEBBIE, , ,		Oppose	President	Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought		8043.40	Disbursement Fo	r: 🗴 Primary 🗌 General
	7 7		Other	(specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	s		•	1819.69
(b) SUBTOTAL of Unitemized Independent Expenditu	res		•	
(a) TOTAL Independent Evenenditures				
(c) TOTAL Independent Expenditures			Image: A state of the state	7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
MASTROIANNI, STEPHANIE, , ,	[Electronically Fil	led] Date		9 / Y Y Y Y 2021
Signature				

ITEMIZED INDEPENDENT EXPENDITURES			PAGE 307 OF 320
NAME OF COMMITTEE (In Full)			FOR LINE 24 OF FORM 3X
UNITED WOMEN'S HEALTH ALLIAN	ICF PAC		FEC IDENTIFICATION NUMBER ▼
			C C00755694
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	🗌 Memo	Item Date of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave			12 01 2021
Suite GM8			
City	State	Zip Code	909.84
SAN JUAN	PR	00909	Transaction ID : SE-S434233 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	M M / D D / Y Y Y Y 11 24 2021
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		8043.42	Disbursement For: ▼ Primary General 2026 Other (specify) ▶
Full Name of Payee		Memo	Item Date of Public Distribution/Dissemination
LIVE TRANSFERS AND DONOR CF	REATION LL	C	12 01 / Y Y Y Y Y 12 01 2021
Mailing Address 1607 Ponce de Leon ave			
Suite GM8			Amount
City	State	Zip Code	909.84
SAN JUAN	PR	00909	Transaction ID : SE-S434235 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	M M / D D / Y Y Y Y 11 224 2021
Name of Federal Candidate:		X Support	Office Sought: House District: 00
BLUNT, ROY, , ,		Oppose	President X Senate State: <u>MO</u>
Calendar Year-To-Date Per Election for Office Sought		8043.45	Disbursement For: X Primary General
	1 1 1		Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	5		1819.68
(b) SUBTOTAL of Unitemized Independent Expenditu	res		
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized		
	[Electronically Fil	ed] Date	e 11 29 2021
Signature			

ITEMIZED INDEPENDENT EXPENDITURES	5		PAGE 308 OF 320
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 rep	ort Amends repo	ort filed on
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	ATION LLC	Memo	Item Date of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave			12 01 2021
Suite GM8			
City	State	Zip Code	909.84
SAN JUAN	PR	00909	Transaction ID : SE-S434237 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	4 M M / D D / Y Y Y Y 11 24 2021
Name of Federal Candidate:		X Support	Office Sought: House District: 00
MURRAY, PATTY, , ,		Oppose	President X Senate State: WA
Calendar Year-To-Date Per Election for Office Sought		8043.44	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		12 01 <u>2021</u>
Mailing Address 1607 Ponce de Leon ave			
Suite GM8			Amount
City	State	Zip Code	909.84
SAN JUAN	PR	00909	Transaction ID : SE-S434239 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	M M / D D / Y Y Y Y 11 24 2021
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		8043.44	Disbursement For: X Primary General
	7 7		Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	S		▶ 1819.68
(b) SUBTOTAL of Unitemized Independent Expenditu	Ires		• • • • • • • • • • • • • • • • • • •
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized		
	[Electronically Fil	ed] Date	e 11 29 2021
Signature			

ITEMIZED INDEPENDENT EXPENDITURES			PAGE 309	OF 320
NAME OF COMMITTEE (In Full)				OF FORM 3X
UNITED WOMEN'S HEALTH ALLIAN	ICF PAC		FEC IDENTIFICATIO	N NUMBER ▼
			C C00755694	
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	Y Y Y Y Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	Memo	Item Date of Public Distribution/D	issemination
Mailing Address 1607 Ponce de Leon ave			12 08 Amount	2021
Suite GM8		1		
City	State	Zip Code	7 7	980.13
SAN JUAN	PR	00909	Transaction ID : SE-S43424 Date of Disbursement or Ob	
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	12 / D / O1 /	Y Y Y Y Y 2021
Name of Federal Candidate:		X Support	Office Sought: House D	istrict: 00
CORNYN, JOHN, , Sen,		Oppose	•	State: TX
Calendar Year-To-Date Per Election for Office Sought	7 1 7	9023.57	Disbursement For:	General
Full Name of Payee		Memo		issemination
LIVE TRANSFERS AND DONOR CF	REATION LL	.C		Y Y Y Y Y 2021
Mailing Address 1607 Ponce de Leon ave				2021
Suite GM8			Amount	
City	State	Zip Code		980.13
SAN JUAN	PR	00909	Transaction ID : SE-S43424 Date of Disbursement or Ob	
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	12 / D / / 01 /	Y Y Y Y 2021
Name of Federal Candidate:		🖌 Support	Office Sought: House D	istrict: 00
TILLIS, THOM, R., Sen,		Oppose	President Senate	State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		9023.54	Disbursement For: X Primary 2026 Other (specific)	General
	<u></u>		Other (specify) ►	
(a) SUBTOTAL of Itemized Independent Expenditures			•	1960.26
(b) SUBTOTAL of Unitemized Independent Expenditu	res		►	
(c) TOTAL Independent Expenditures			►	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
	[Electronically Fil	led] Date	12 01 2021	Y
Signature				

ITEMIZED INDEPENDENT EXPENDITURES			PAG	
			FOF	R LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIAN			FEC IDENT	TIFICATION NUMBER ▼
UNITED WOMEN STIEALTH ALLIAN			C co	0755694
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D / Y Y Y Y Y
Full Name of Payee		Memo	Item Date of Public Dis	stribution/Dissemination
			12 / D	08 / Y Y Y Y 2021
Mailing Address 1607 Ponce de Leon ave			Amount	
Suite GM8				000.40
City	State	Zip Code		980.13
SAN JUAN	PR	00909	Transaction ID : S Date of Disbursen	
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	12 / D	01 / Y Y Y Y 2021
Name of Federal Candidate:		X Support	Office Sought:	ouse District: 14
LAWRENCE, BRENDA, LULENAR, ,		Oppose	President S	enate State: <u>MI</u>
Calendar Year-To-Date Per Election for Office Sought		9023.54	2022	
	1 1		Other (specify	
Full Name of Payee LIVE TRANSFERS AND DONOR CF	REATION LL	.C		stribution/Dissemination
Mailing Address			12	08 2021
1607 Ponce de Leon ave Suite GM8			Amount	
City	State	Zip Code		980.13
SAN JUAN	PR	00909	Transaction ID : Date of Disbursen	
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		01 / Y Y Y Y 01 2021
Name of Federal Candidate:		X Support	Office Sought: X H	ouse District: 08
LESKO, DEBBIE, , ,		Oppose		enate State: <u>AZ</u>
Calendar Year-To-Date Per Election for Office Sought		9023.53	2022	Primary General
	1 1		Other (specify	/) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	3		►	1960.26
(b) SUBTOTAL of Unitemized Independent Expenditu	res		•	· · · · · · ·
(c) TOTAL Independent Expenditures			I I I I I I I I I I I I I I I I I I I	
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	M M / D D / 12 01 /	Y Y Y Y 2021
Signature				

ITEMIZED INDEPENDENT EXPENDITURES			PAGE 311 OF 320
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 rep	ort Amends repo	ort filed on
Full Name of Payee		Memo	Item Date of Public Distribution/Dissemination
LIVE TRANŚFERS AND DONOR CREA	TION LLC		12 08 2021
Mailing Address 1607 Ponce de Leon ave			
Suite GM8			Amount
City	State	Zip Code	980.13
SAN JUAN	PR	00909	Transaction ID : SE-S434249 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	M M / D D / Y Y Y Y
Name of Federal Candidate:		X Support	Office Sought: House District: 00
SHAHEEN, JEANNE, , ,		Oppose	President X Senate State: NH
Calendar Year-To-Date			Disbursement For: X Primary General
Per Election for Office Sought	7	9023.55	2026 Other (specify) ▶
Full Name of Payee		Memo	Item Date of Public Distribution/Dissemination
LIVE TRANSFERS AND DONOR CF	REATION LL	.C	12 08 2021
Mailing Address 1607 Ponce de Leon ave			
Suite GM8			Amount
City	State	Zip Code	980.13
SAN JUAN	PR	00909	Transaction ID : SE-S434251 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	M M / D D / Y Y Y Y
		Type 004	
Name of Federal Candidate:		X Support	Office Sought: House District: 00
BLUNT, ROY, , ,		Oppose	President X Senate State: MO
Calendar Year-To-Date		9023.58	Disbursement For: X Primary General
Per Election for Office Sought	7 7	3023.30	2022
(a) SUBTOTAL of Itemized Independent Expenditures			1960.26
(b) SUBTOTAL of Unitemized Independent Expenditu	res		
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized		
	[Electronically Fil	led] Date	e 12 01 2021
Signature			

ITEMIZED INDEPENDENT EXPENDITURES			PAGE 312	OF 320
NAME OF COMMITTEE (In Full)				OF FORM 3X
UNITED WOMEN'S HEALTH ALLIAN	ICE PAC		FEC IDENTIFICATIO	N NUMBER V
			C C00755694	
Check if 24-hour report 48-hour report	New rep	ort Amends repo	t filed on	Y Y Y Y Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	🗌 Memo	tem Date of Public Distribution/D	issemination
Mailing Address 1607 Ponce de Leon ave			12 08	2021
Suite GM8	1			
City	State	Zip Code		980.13
SAN JUAN	PR	00909	Transaction ID : SE-S43425 Date of Disbursement or Ob	
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	12 / D D /	Y Y Y Y 2021
Name of Federal Candidate:		X Support	Office Sought: House D	istrict: 00
MURRAY, PATTY, , ,		Oppose	President X Senate	State: WA
Calendar Year-To-Date Per Election for Office Sought	7 7 7	9023.57	Disbursement For: ★ Primary 2022 Other (specify) ►	General
Full Name of Payee		Memo		issemination
LIVE TRANSFERS AND DONOR CF	REATION LL		M M / D D /	Y Y Y Y
Mailing Address			12 08	2021
1607 Ponce de Leon ave Suite GM8			Amount	
City	State	Zip Code		980.13
SAN JUAN	PR	00909	Transaction ID : SE-S4342	
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	12 D D / 01 /	Y Y Y Y Y 2021
Name of Federal Candidate:		🖌 Support	Office Sought: House D	istrict: 00
VAN HOLLEN, CHRIS, , ,		Oppose	President X Senate	State: MD
Calendar Year-To-Date Per Election for Office Sought		9023.57	Disbursement For: X Primary	General
	, , , , , , , , , , , , , , , , , , , ,		Other (specify) ►	
(a) SUBTOTAL of Itemized Independent Expenditures	5		►	1960.26
(b) SUBTOTAL of Unitemized Independent Expenditu	res		►	
(c) TOTAL Independent Expenditures			►	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
	[Electronically Fil	ed] Date	12 01 2021	Y
Signature				

ITEMIZED INDEPENDENT EXPENDITURES				PAGE 313 OF 320
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
UNITED WOMEN'S HEALTH ALLIAN	ICF PAC		FI	EC IDENTIFICATION NUMBER ▼
				C00755694
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	M / D D / Y = Y = Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	Memo	Item Date of I	
Mailing Address 1607 Ponce de Leon ave			12 Amount	2 15 2021
Suite GM8		7.01		000.00
City	State	Zip Code	Transa	969.33
SAN JUAN	PR	00909		tion ID : SE-S631933 Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	M 12	
Name of Federal Candidate:		X Support	Office Sought:	House District: 00
CORNYN, JOHN, , Sen,		Oppose	President	Senate State: TX
Calendar Year-To-Date Per Election for Office Sought		9992.90	Disbursement F 2026 Othe	For: X Primary General
Full Name of Payee		Memo		Public Distribution/Dissemination
LIVE TRANSFERS AND DONOR CF	REATION LL	.C		M / D D / Y Y Y
Mailing Address 1607 Ponce de Leon ave				2 13 2021
Suite GM8			Amount	
City	State	Zip Code		969.33
SAN JUAN	PR	00909		tion ID : SE-S631935 Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		M / D D / Y Y Y
Name of Federal Candidate:		X Support	Office Sought:	House District: 00
TILLIS, THOM, R., Sen,		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		9992.87	Disbursement F	
	7		Othe	er (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	3		•	1938.66
(b) SUBTOTAL of Unitemized Independent Expenditu	res		•	
(c) TOTAL Independent Expenditures			•	1 1 1 1 1 1 1 1 1 (7) 1 1 (7) 1 1 (8) 1
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
	[Electronically Fil	led] Date		08 / Y Y Y Y 2021
Signature				

ITEMIZED INDEPENDENT EXPENDITURES			PAGE 314 OF 320
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 rep	ort Amends repo	ort filed on
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	Memo	Item Date of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave			
Suite GM8			Amount
City	State	Zip Code	969.33
SAN JUAN	PR	00909	Transaction ID : SE-S631937 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	12 / D D / Y Y Y Y 2021
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	7 1 7	9992.87	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	12 / D D / Y Y Y Y 12 15 2021
Mailing Address 1607 Ponce de Leon ave			Amount
Suite GM8	1-		
City SAN JUAN	State PR	Zip Code 00909	969.33 Transaction ID : SE-S631939 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising	1	Category/ Type 004	M M / D D / Y Y Y Y
Name of Federal Candidate:		X Support	Office Sought: X House District: 08
LESKO, DEBBIE, , ,		Oppose	President Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought		9992.86	Disbursement For: X Primary General
(a) SUBTOTAL of Itemized Independent Expenditures	7 7		Other (specify) ▶
(b) SUBTOTAL of Unitemized Independent Expenditu	res		
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized		
	[Electronically Fil	led] Date	e 12 08 2021
Signature			

ITEMIZED INDEPENDENT EXPENDITURES	5			PAGE 315 OF 320
NAME OF COMMITTEE (In Full)			1	FOR LINE 24 OF FORM 3X
UNITED WOMEN'S HEALTH ALLIAN			FE	C IDENTIFICATION NUMBER ▼
			C	C00755694
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	
Full Name of Payee	ATION LLC	Memo		ublic Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave			12	1 / D D / Y Y Y Y 15 / 2021
Suite GM8				
City	State	Zip Code		969.33
SAN JUAN	PR	00909		on ID : SE-S631941 isbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	12	/ D D / Y Y Y Y 08 2021
Name of Federal Candidate:		X Support	Office Sought:	House District: 00
SHAHEEN, JEANNE, , ,		Oppose	President	Senate State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought		9992.88	Disbursement Fo	r: X Primary General (specify) ►
Full Name of Payee		Memo	Item Date of Pu	ublic Distribution/Dissemination
LIVE TRANSFERS AND DONOR CF	REATION LL	-C	M 12	15 / Y Y Y Y 15 2021
Mailing Address 1607 Ponce de Leon ave			Amount	
Suite GM8	I -			
City SAN JUAN	State PR	Zip Code 00909		969.33 ion ID : SE-S631943
Purpose of Expenditure		Category/		isbursement or Obligation
Telephone Fundraising		Type 004	12	08 2021
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		9992.91	Disbursement Fo	
			Other	(specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	5		•	1938.66
(b) SUBTOTAL of Unitemized Independent Expenditu	ires		•	<u>, , , , , , , , , , , , , , , , , , , </u>
(c) TOTAL Independent Expenditures			•	σ <u></u>
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
	[Electronically Fi	led] Date		8 / Y Y Y Y 8 2021
Signature				

ITEMIZED INDEPENDENT EXPENDITURES			PAGE	316 OF 320
NAME OF COMMITTEE (In Full)				INE 24 OF FORM 3X
UNITED WOMEN'S HEALTH ALLIAN	ICF PAC		FEC IDENTIF	ICATION NUMBER ▼
			C C0075	55694
Check if 24-hour report 48-hour report	New rep	ort Amends repo	t filed on	
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	ATION LLC	Memo	tem Date of Public Distrib	
Mailing Address 1607 Ponce de Leon ave			12 15 Amount	2021
Suite GM8		1		
City	State	Zip Code		969.33
SAN JUAN	PR	00909	Transaction ID : SE- Date of Disbursemer	
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	12 / D	
Name of Federal Candidate:		X Support	Office Sought: Hous	se District: 00
MURRAY, PATTY, , ,		Oppose	President X Sena	ate State: WA
Calendar Year-To-Date Per Election for Office Sought		9992.90	Disbursement For: P 2022 Other (specify)	rimary General
Full Name of Payee		Memo	tem Date of Public Distrib	oution/Dissemination
LIVE TRANSFERS AND DONOR CF	REATION LL		12 / 15	
Mailing Address 1607 Ponce de Leon ave				2021
Suite GM8			Amount	
City	State	Zip Code		969.33
SAN JUAN	PR	00909	Transaction ID : SE Date of Disbursemen	
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	12 / D	
Name of Federal Candidate:		🖌 Support	Office Sought: Hous	se District: 00
VAN HOLLEN, CHRIS, , ,		Oppose	President X Sena	ate State: <u>MD</u>
Calendar Year-To-Date Per Election for Office Sought		9992.90	2022	rimary General
	, , , , , , , , , , , , , , , , , , , ,		Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures	\$		•	1938.66
(b) SUBTOTAL of Unitemized Independent Expenditu	res		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
	[Electronically Fil	ed] Date	12 08 / Y	2021
Signature				

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC	4 OF FORM 3X ON NUMBER ▼
UNITED WOMEN'S HEALTH ALLIANCE PAC	ON NUMBER ▼
C C00755694	
Check if 24-hour report 48-hour report New report Amends report filed on	Y Y Y Y Y
Full Name of Payee Invoice disseminates after close of books Invoice disseminates after close of books Invoice disseminates after close of books	Dissemination
Mailing Address 1607 Ponce de Leon ave Amount	LULL
Suite GM8 City State Zip Code	909.09
SAN JUAN PR 00909 Transaction ID : SE-S63194 Date of Disbursement or Ol	81
Purpose of Expenditure Telephone Fundraising Category/ Type 004 Max 21	Y Y Y Y Y 2021
Name of Federal Candidate:	District:00
CORNYN, JOHN, , Sen,	State: TX
Calendar Year-To-Date Disbursement For: ▼ Primary Per Election for Office Sought 11888.36 Other (specify) ▶	General
Full Name of Payee Image: Construction of Payee LIVE TRANSFERS AND DONOR CREATION LLC Image: Construction of Payee	Y Y Y Y
Invoice disseminates after close of books 01 05 Mailing Address 1607 Ponce de Leon ave Amount	2022
Suite GM8	
City State Zip Code SAN JUAN PR 00909 Transaction ID : SE-S6319	
Date of Disbursement or Ol	0
Telephone Fundraising Category/ Type 004 12 31	Y Y Y Y Y 2021
Name of Federal Candidate:	District: 00
TILLIS, THOM, R., Sen, Oppose President Image: Senate	State: NC
Calendar Year-To-Date Disbursement For: ▼ Primary Per Election for Office Sought 11888.33 Other (specify) ▶	General
(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultati with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is party committee) any political party committee or its agent.	
MASTROIANNI, STEPHANIE, , , [Electronically Filed] Date 12 29 2021	Y Y 1
Signature	

Invoice disseminates after close of books 01 05 24 Mailing Address 1607 Ponce de Leon ave Amount Amount Suite GM8 City State Zip Code 90 SAN JUAN PR 00909 Transaction ID : SE-S631985 Date of Disbursement or Obligation Purpose of Expenditure Category/ Category/ MMM / PP / YYY	ABER V Y Y nation 022 09.09
UNITED WOMEN'S HEALTH ALLIANCE PAC C C00755694 Check if 24-hour report 48-hour report New report Amends report filed on M M / D / Y Y Full Name of Payee Image: Comparison of Payee Image: Comparison of Payee Date of Public Distribution/Dissemi IVE TRANSFERS AND DONOR CREATION LLC Image: Comparison of Payee Image: Comparison of Payee Date of Public Distribution/Dissemi Mailing Address 1607 Ponce de Leon ave Image: Comparison of Payee Image: Comparison of Payee Image: Comparison of Payee City State Zip Code 90 SAN JUAN PR 00909 Image: Comparison of Payee Purpose of Expenditure Category/ Ond Image: Comparison of Payee City State Zip Code 90 Purpose of Expenditure Category/ Ond Image: Comparison of Payee	Y Y nation 022 Y
Check if 24-hour report Amends report filed on M M / D D / Y Y Full Name of Payee Memo Item Date of Public Distribution/Dissemi Invoice disseminates after close of books Memo Item Date of Public Distribution/Dissemi Mailing Address 1607 Ponce de Leon ave Amount Suite GM8 City State Zip Code Purpose of Expenditure PR 00909 Transaction ID : SE-S631985 Date of Disbursement or Obligation Date of Disbursement or Obligation	022)9.09
Check if 24-hour report Amends report Amends report filed on Full Name of Payee INVE TRANSFERS AND DONOR CREATION LLC Invoice disseminates after close of books Date of Public Distribution/Disseminates Invoice disseminates after close of books Mailing Address 1607 Ponce de Leon ave Amount Suite GM8 City State Zip Code Amount Purpose of Expenditure Category/ 001 Invoice of Disbursement or Obligation	022)9.09
LIVE TRANSFERS AND DONOR CREATION LLC Invoice disseminates after close of books Mailing Address 1607 Ponce de Leon ave Suite GM8 City State Zip Code SAN JUAN Purpose of Expenditure Telephone Fundraising	022)9.09
Mailing Address 1607 Ponce de Leon ave Suite GM8 City SAN JUAN Purpose of Expenditure Telephone Fundraising Category/ Out Mailing Address 1607 Ponce de Leon ave Amount Amount Transaction ID : SE-S631985 Date of Disbursement or Obligation	9.09
City State Zip Code 90 SAN JUAN PR 00909 Transaction ID : SE-S631985 Date of Disbursement or Obligation Purpose of Expenditure Telephone Fundraising Category/ 004	
SAN JUAN PR 00909 Transaction ID : SE-S631985 Purpose of Expenditure Telephone Fundraising Category/ 004	
Purpose of Expenditure Telephone Fundraising	2
	021
Name of Federal Candidate:	14
LAWRENCE, BRENDA, LULENAR, , Oppose President Senate State:	MI
Calendar Year-To-Date Disbursement For: ▼ Primary Per Election for Office Sought 11888.33 Other (specify) ▶	General
Full Name of Payee Date of Public Distribution/Dissemi	nation
Invoice disseminates after close of books	022 [°]
Suite GM8	
	9.09
SAN JUAN PR 00909 Transaction ID : SE-S631987 Date of Disbursement or Obligation	
Purpose of Expenditure	021 Y
Name of Federal Candidate:	08
LESKO, DEBBIE, , , Oppose President Senate State:	AZ
Calendar Year-To-Date Disbursement For: X Primary 2022	General
Other (specify) ►	
(a) SUBTOTAL of Itemized Independent Expenditures	.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or 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 party committee) any political party committee or its agent.	
MASTROIANNI, STEPHANIE, , , [Electronically Filed] Date 12 29 2021	
Signature	

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ITEMIZED INDEPENDENT EXPENDITURES					PAGE 31	9 OF 320 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC		
UNITED WOMEN'S HEALTH ALLIAN	CE PAC				C00755694	
				С	C00755694	· · · · ·
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed or	M M	/ D D /	Y Y Y Y
Full Name of Payee		🗶 Memo	Item C	ate of Pub	lic Distributior	/Dissemination
Invoice disseminates after close of books				01 ^M	/ D D /	Y Y Y Y 2022
Mailing Address 1607 Ponce de Leon ave						
Suite GM8				mount		
City	State	Zip Code			77	909.09
SAN JUAN	PR	00909			n ID: SE-S631 oursement or	
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		12 ^M		2021
Name of Federal Candidate:		X Support	Office S	ought:	House	District:00
SHAHEEN, JEANNE, , ,				resident	X Senate	State: NH
Calendar Year-To-Date				ement For:	x Primar	
Per Election for Office Sought	7 7	11888.34	2026	_	specify) ►	
		Memo	Item C	ate of Pub	lic Distributior	n/Dissemination
LIVE TRANSFERS AND DONOR CR Invoice disseminates after close of books	EATION LL	C		01 ^M	/ D D /	Y Y Y Y Y 2022
Mailing Address 1607 Ponce de Leon ave						
Suite GM8			A	mount		
City	State	Zip Code				909.09
SAN JUAN	PR	00909			n ID : SE-S63 oursement or	
Purpose of Expenditure	1	Category/		M M	/ D D /	Y Y Y Y
Telephone Fundraising		Type 004		12	31	2021
Name of Federal Candidate:		X Support	Office S	ought:	House	District:00
BLUNT, ROY, , ,		Oppose	P	resident	X Senate	State: MO
Calendar Year-To-Date			Disburs	ement For:	× Primar	y General
Per Election for Office Sought	7	11888.37	2022	Other (specify) 🕨	
(a) SUBTOTAL of Itemized Independent Expenditures			· • [0.00
(b) SUBTOTAL of Unitemized Independent Expenditur	es		•			
(c) TOTAL Independent Expenditures			•			
				,		
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized					
MASTROIANNI, STEPHANIE, , ,	Electronically Fil	led] Date	e 12	/ D 29	D / Y Y 20	21
Signature						

Image# 202204159496831788

ITEMIZED INDEPENDENT EXPENDITURES				PAGE 320 OF 320
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
UNITED WOMEN'S HEALTH ALLIAN	ICE PAC			C IDENTIFICATION NUMBER ▼
			C	C00755694
Check if 24-hour report 48-hour report	New rep	ort Amends repo	t filed on	
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	🗶 Memo	M N	
Invoice disseminates after close of books Mailing Address 1607 Ponce de Leon ave			01	05 2022
Suite GM8			Amount	
City	State	Zip Code		909.09
SAN JUAN	PR	00909		on ID : SE-S631993 isbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	M 12	
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 Fo	r: ✗ Primary _ General (specify) ►
Full Name of Payee		🗶 Memo		ublic Distribution/Dissemination
LIVE TRANSFERS AND DONOR CF Invoice disseminates after close of books	REATION LL	-C	M N 01	05 / Y Y Y Y 05 2022
Mailing Address 1607 Ponce de Leon ave				
Suite GM8			Amount	
City	State	Zip Code		909.09
SAN JUAN	PR	00909		ion ID : SE-S631995 isbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	M 12	/ D D / Y Y Y Y 31 / 2021
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 7	11888.36	Disbursement Fo	r: ✗ Primary _ General (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	3		►	0.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res		•	· · · · · · · · ·
(c) TOTAL Independent Expenditures			•	79943.07
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
	[Electronically Fi	led] Date	12 / D	9 / Y Y Y Y 2021
Signature				