Image#	202207	2095223	42499
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FEC FORM 3X

07/20/2022 16 : 04

PAGE 1 / 34

# **REPORT OF RECEIPTS** AND DISBURSEMENTS For Other Than An Authorized Committee

										Office Us	e Only	
	NAME OF COMMITTEE (i	n full)	TYP	e or print	•		mple: If typ r the lines.	ing, type	12FE4	M5		
		MEN'S	HEAL			PAC						
	RESS (number a	and street)	20	021 L ST NW S	TE 101-19	93						
	Check if di than previo reported. (A	ously	V	ASHINGTON						20036		
2. <b>F</b>	FEC IDENTIFI	CATION	NUMB	ER 🔻	CI	TY 🔺		S	STATE 🔺		ZIP COE	DE 🔺
	C C007556	694				IS THIS REPORT	×	NEW (N) <b>OR</b>		AMENDED (A)		
	Choose One)	PORT	(	b) Monthly Report Due On:		b 20 (M2)		May 20 (M5)		ug 20 (M8)		Nov 20 (M11) (Non-Election Year Only)
(	a) Quarterly R	eports:				r 20 (M3) r 20 (M4)	×	Jun 20 (M6) Jul 20 (M7)		ep 20 (M9) Oct 20 (M10)		Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE)
	April 1 Quarte	5 rly Report	(Q1)	(c) 12-Da		20 (1014)					<u>-</u>	
	July 19 Quarte	5 rly Report	(Q2)	PRE-E	lection	H.	Primary (12		1	ral (12G)		Runoff (12R)
	Octobe			Repor	for the:		Convention	(12C)	Speci	al (12S)		
	Januar				Electi	on on	M = M		YYYY	Ŷ	in the State of	
	Report	1 Mid-Year (Non-elec )nly) (MY)			/ Election		General (30	(G)	Runot	ff (30R)		Special (30S)
	Termin (TER)	ation Repo	ort	перог		on on	M M	D = D /	YYYY	Ŷ	in the State of	
5. C	Covering Period	i	06 /	01 /	2022	Y	through	M M 06	/ D D 30	/ Y Y 202	2° °	
	ify that I have or Print Name		N	eport and to t IASTROIANNI,	he best o STEPHAI	f my kno NIE, , ,	wledge and	belief it is tru	e, correct	and complet	e.	
Signa	ature of Treasu	rer	ASTROL	ANNI, STEPHAN	11E, , ,		[Electronical	ly Filed] D	ate 07	7 <sup>M</sup> / 20	D /	2022
NOTE	E: Submission o	f false, err	oneous,	or incomplete	informatio	on may su	bject the pe	rson signing th	is Report t	o the penaltie	es of 52	U.S.C. § 30109.
	Office Use Only										<b>FORI</b> ev. 05/20	

6.

#### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

Y

89698.79

902439.96

992138.75

900729.70

2022

FEC Form 3X (Rev. 05/2016) Write or Type Committee Name UNITED WOMEN'S HEALTH ALLIANCE PAC MM M D D Y D D 06 01 2022 06 30 Report Covering the Period: From: To: COLUMN A COLUMN B **This Period** Calendar Year-to-Date (a) Cash on Hand Y January 1, 2022

	(b)	Cash on Hand at Beginning of Reporting Period	102677.46
	(c)	Total Receipts (from Line 19)	145373.90
	(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	248051.36
7.	Tota	al Disbursements (from Line 31)	156642.31
3.		sh on Hand at Close of	

8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	91409.05	91409.05
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	2920.07	

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

#### For further information contact:

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

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

### DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

### UNITED WOMEN'S HEALTH ALLIANCE PAC

I. Receipts       Total This Period         11. Contributions (other than loans) From:       (a) Individuals/Persons Other         Than Political Committees       (i) Itemized         (ii) Unitemized       118338.90         (iii) Unitemized       118338.90         (iii) TOTAL (add       120373.90         Lines 11(a)(i) and (ii)       120373.90         (b) Political Party Committees       0.00         (c) Other Political Committees       0.00         (d) Total Contributions (add Lines       11(a)(ii), (b), and (c)) (Carry         Totals to Line 33, page 5)       7         12. Transfers From Affiliated/Other       0.00         Party Committees       0.00         13. All Loans Received       0.00         14. Loan Repayments Received       0.00         15. Offsets To Operating Expenditures       25000.00         16. Refunds, Rebates, etc.)       25000.00         17. Other Federal Candidates and Other       0.00         10. Vidends, Interest, etc.)       0.00         10. Levin Funds (from Schedule H3)       0.00         (b) Levin Funds (from Schedule H5)       0.00         (c) Total Transfers (add 18(a) and 18(b))       0.00	Calendar Year-to-Date
<ul> <li>(a) Individuals/Persons Other Than Political Committees <ul> <li>(i) Itemized (use Schedule A)</li> <li>(ii) Unitemized</li></ul></li></ul>	854399.96 877439.96 0.00
<ul> <li>(i) Itemized (use Schedule A)</li></ul>	854399.96 877439.96 0.00
<ul> <li>(i) Heimzed (de Scheddle K)</li> <li>(ii) Uniternized</li></ul>	854399.96 877439.96 0.00
<ul> <li>(ii) TOTAL (add Lines 11(a)(i) and (ii)</li></ul>	877439.96
<ul> <li>(ii) TOTAL (add Lines 11(a)(i) and (ii)</li></ul>	877439.96
Lines 11(a)(i) and (ii)	0.00
(b) Political Party Committees       0.00         (c) Other Political Committees       0.00         (d) Total Contributions (add Lines       0.00         11(a)(iii), (b), and (c)) (Carry       0.00         Totals to Line 33, page 5)       120373.90         Transfers From Affiliated/Other       0.00         Party Committees       0.00         All Loans Received       0.00         All Loans Received       0.00         Offsets To Operating Expenditures       0.00         (Refunds, Rebates, etc.)       25000.00         (Carry Totals to Line 37, page 5)       25000.00         Refunds of Contributions Made       0.00         to Federal Candidates and Other       0.00         Political Committees       0.00         (Dividends, Interest, etc.)       0.00         Transfers from Non-Federal and Levin Funds       0.00         (a) Non-Federal Account       0.00         (b) Levin Funds (from Schedule H5)       0.00         (c) Total Transfers (add 18(a) and 18(b))       0.00	0.00
<ul> <li>(c) Other Political Committees (such as PACs)</li></ul>	
<ul> <li>(c) Other Political Committees (such as PACs)</li></ul>	
(such as PACs)	0.00
<ul> <li>(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)</li></ul>	0.00
11(a)(iii), (b), and (c)) (Carry   Totals to Line 33, page 5)   Transfers From Affiliated/Other   Party Committees   Party Committees   All Loans Received   All Loans Received   Offsets To Operating Expenditures   (Refunds, Rebates, etc.)   (Carry Totals to Line 37, page 5)   (Carry Totals to Line 37, page 5)   Refunds of Contributions Made   to Federal Candidates and Other   Political Committees   Other Federal Receipts   (Dividends, Interest, etc.)   Transfers from Non-Federal and Levin Funds   (a) Non-Federal Account   (from Schedule H3)   (b) Levin Funds (from Schedule H5)   (c) Total Transfers (add 18(a) and 18(b))	
Totals to Line 33, page 5)   Transfers From Affiliated/Other   Party Committees   Party Committees   All Loans Received   Loan Repayments Received   Offsets To Operating Expenditures   (Refunds, Rebates, etc.)   (Carry Totals to Line 37, page 5)   (Carry Totals to Line 37, page 5)   Refunds of Contributions Made   to Federal Candidates and Other   Political Committees   Other Federal Receipts   (Dividends, Interest, etc.)   Transfers from Non-Federal and Levin Funds   (a) Non-Federal Account   (from Schedule H3)   (b) Levin Funds (from Schedule H5)   (c) Total Transfers (add 18(a) and 18(b)).	
<ul> <li>Transfers From Affiliated/Other</li> <li>Party Committees</li></ul>	877439.96
Party Committees       0.00         All Loans Received       0.00         Loan Repayments Received       0.00         Offsets To Operating Expenditures       0.00         (Refunds, Rebates, etc.)       0.00         (Carry Totals to Line 37, page 5)       25000.00         Refunds of Contributions Made       0.00         to Federal Candidates and Other       0.00         Political Committees       0.00         Other Federal Receipts       0.00         (Dividends, Interest, etc.)       0.00         Transfers from Non-Federal and Levin Funds       0.00         (a) Non-Federal Account (from Schedule H3)       0.00         (b) Levin Funds (from Schedule H5)       0.00         (c) Total Transfers (add 18(a) and 18(b)).       0.00	4 4
All Loans Received       0.00         Loan Repayments Received       0.00         Offsets To Operating Expenditures       0.00         (Refunds, Rebates, etc.)       0.00         (Carry Totals to Line 37, page 5)       25000.00         Refunds of Contributions Made       0.00         to Federal Candidates and Other       0.00         Political Committees       0.00         Other Federal Receipts       0.00         (Dividends, Interest, etc.)       0.00         (a) Non-Federal Account       0.00         (from Schedule H3)       0.00         (b) Levin Funds (from Schedule H5)       0.00         (c) Total Transfers (add 18(a) and 18(b))       0.00	0.00
Loan Repayments Received       0.00         Offsets To Operating Expenditures       0.00         (Refunds, Rebates, etc.)       0.00         (Carry Totals to Line 37, page 5)       25000.00         Refunds of Contributions Made       0.00         to Federal Candidates and Other       0.00         Political Committees       0.00         Other Federal Receipts       0.00         (Dividends, Interest, etc.)       0.00         Transfers from Non-Federal and Levin Funds       0.00         (a) Non-Federal Account (from Schedule H3)       0.00         (b) Levin Funds (from Schedule H5)       0.00         (c) Total Transfers (add 18(a) and 18(b))       0.00	
Offsets To Operating Expenditures         (Refunds, Rebates, etc.)         (Carry Totals to Line 37, page 5)         Refunds of Contributions Made         to Federal Candidates and Other         Political Committees         Other Federal Receipts         (Dividends, Interest, etc.)         Transfers from Non-Federal and Levin Funds         (a) Non-Federal Account         (from Schedule H3)         (b) Levin Funds (from Schedule H5)         (c) Total Transfers (add 18(a) and 18(b))	0.00
Definition       Definition       Definition         Offsets To Operating Expenditures       (Refunds, Rebates, etc.)       25000.00         (Carry Totals to Line 37, page 5)       Refunds of Contributions Made       25000.00         to Federal Candidates and Other       0.00       0.00         Political Committees       0.00       0.00         Other Federal Receipts       0.00       0.00         (Dividends, Interest, etc.)       0.00       0.00         Transfers from Non-Federal and Levin Funds       0.00       0.00         (a) Non-Federal Account       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	
Offsets To Operating Expenditures         (Refunds, Rebates, etc.)         (Carry Totals to Line 37, page 5)         Refunds of Contributions Made         to Federal Candidates and Other         Political Committees         Other Federal Receipts         (Dividends, Interest, etc.)         Transfers from Non-Federal and Levin Funds         (a) Non-Federal Account         (from Schedule H3)         (b) Levin Funds (from Schedule H5)         (c) Total Transfers (add 18(a) and 18(b))	0.00
(Refunds, Rebates, etc.)         (Carry Totals to Line 37, page 5)         Refunds of Contributions Made         to Federal Candidates and Other         Political Committees         Other Federal Receipts         (Dividends, Interest, etc.)         Transfers from Non-Federal and Levin Funds         (a) Non-Federal Account         (from Schedule H3)         (b) Levin Funds (from Schedule H5)         (c) Total Transfers (add 18(a) and 18(b))	
(Carry Totals to Line 37, page 5)         Refunds of Contributions Made         to Federal Candidates and Other         Political Committees         Other Federal Receipts         (Dividends, Interest, etc.)         Transfers from Non-Federal and Levin Funds         (a) Non-Federal Account         (from Schedule H3)         (b) Levin Funds (from Schedule H5)	
<ul> <li>Refunds of Contributions Made to Federal Candidates and Other Political Committees</li></ul>	25000.00
Political Committees       0.00         Other Federal Receipts       0.00         (Dividends, Interest, etc.)       0.00         Transfers from Non-Federal and Levin Funds       0.00         (a) Non-Federal Account (from Schedule H3)       0.00         (b) Levin Funds (from Schedule H5)       0.00         (c) Total Transfers (add 18(a) and 18(b))       0.00	
Other Federal Receipts         (Dividends, Interest, etc.)         Transfers from Non-Federal and Levin Funds         (a) Non-Federal Account         (from Schedule H3)         (b) Levin Funds (from Schedule H5)         (c) Total Transfers (add 18(a) and 18(b))	
(Dividends, Interest, etc.)         Transfers from Non-Federal and Levin Funds         (a) Non-Federal Account         (from Schedule H3)         (b) Levin Funds (from Schedule H5)         (c) Total Transfers (add 18(a) and 18(b))	0.00
Transfers from Non-Federal and Levin Funds         (a) Non-Federal Account         (from Schedule H3)         (b) Levin Funds (from Schedule H5)         (c) Total Transfers (add 18(a) and 18(b))	
<ul> <li>(a) Non-Federal Account (from Schedule H3)</li></ul>	0.00
(from Schedule H3)       0.00         (b) Levin Funds (from Schedule H5)       0.00         (c) Total Transfers (add 18(a) and 18(b))       0.00	
(b) Levin Funds (from Schedule H5)         (c) Total Transfers (add 18(a) and 18(b))	
(c) Total Transfers (add 18(a) and 18(b)) 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))▶ 145373.90	
	902439 96
Total Federal Receipts	902439.96
(subtract Line 18(c) from Line 19)▶ 145373.90	902439.96

Page 3

### DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)	of Disbursements	Page 4				
II. Disbursements	COLUMN A	COLUMN B				
. Operating Expenditures: (a) Allocated Federal/Non-Federal	Total This Period	Calendar Year-to-Date				
Activity (from Schedule H4) (i) Federal Share	0.00	0.00				
(ii) Non-Federal Share	0.00	0.00				
(b) Other Federal Operating Expenditures	151468.93	734386.81				
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	▶ 151468.93	734386.81				
Transfers to Affiliated/Other Party Committees Contributions to	0.00	0.00				
Federal Candidates/Committees and Other Political Committees	0.00	0.00				
Independent Expenditures (use Schedule E) Coordinated Party Expenditures	5088.38	165417.89				
(52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00				
Loan Repayments Made	0.00	0.00				
Loans Made Refunds of Contributions To:	0.00	0.00				
(a) Individuals/Persons Other Than Political Committees	85.00	925.00				
<ul><li>(b) Political Party Committees</li><li>(c) Other Political Committees</li></ul>	0.00	0.00				
(such as PACs)	0.00	0.00				
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	▶ 85.00	925.00				
Other Disbursements (Including Non-Federal Donations)	. 0.00	0.00				
Federal Election Activity (52 U.S.C. § 301 (a) Allocated Federal Election Activity						
(from Schedule H6) (i) Federal Share	0.00	0.00				
<ul><li>(ii) "Levin" Share</li><li>(b) Federal Election Activity Paid</li></ul>	0.00	0.00				
Entirely With Federal Funds	0.00	0.00				
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	• 0.00	0.00				
Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).		900729.70				
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)						
from Line 31)	▶ 156642.31	900729.70				

#### DETAILED SUMMARY PAGE

of Disbursements

COLUMN A

**Total This Period** 

#### 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

		-7		120373.90
	i.	-7		85.00
		-		120288.90
		-7		151468.93
Γ.	l	-7		25000.00
		-7-	-7	126468.93

877439.96 925.00 876514.96 734386.81 25000.00 709386.81

COLUMN B

Calendar Year-to-Date

#### Page **5**

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

Form/Schedule: F3XN Transaction ID :

> BEST EFFORTS PRACTICES - C00755694: 1. The initial solicitation for a contribution is made via phone call and solicitor additionally states during the solicitation call that as a part of compliance, the PAC is required to inform the contributor that "Federal law requires us to use our best efforts to collect and report the name, mailing address. occupation and name of employer of individuals whose contributions exceed \$200 in a calendar year". Following acceptance to provide a contribution, a follow-up invoice letter is mailed to the contributor which includes a clear and conspicuous request for contributor's employer and occupation information to be written in and returned when they mail back their contribution. 2. Secondarily, if employer/occupation information was still not provided within the above steps, a follow up letter is sent via US mail along with a separate pre-addressed return envelope sent to the contributor, again clearly requesting the name of employer and occupation, without solicitation of a contribution to 3. Lastly, the third/final step if employer/occupation information was still not provided, a follow up phone 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: F3XN Transaction ID:

The Schedule A15 for \$25,000 from "LIVE TRANSFERS AND DONOR CREATION LLC" is a reimbursement for a legal settlement to "Christopher Laccinole", which will be disbursed in a later report.

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

(check only one)

PAGE 7

OF

34

••			Detailed Summary Page	<u> </u>	<b>(</b> 11	a		11b	11c		12				
_					13			4	15		16	17			
	ny information copied from such Reports and S for commercial purposes, other than using the														
$\land$	NAME OF COMMITTEE (In Full)														
	UNITED WOMEN'S HEALTH A	LLIANCE	PAC												
Α.	Full Name of Individual (Last, First, Middle In ANDERSON, RICHARD, , ,	itial) or Full O	ganization Name		Date	e of	Rec	eipt							
	Mailing Address 6317 LOCH MOOR DR				M 0	<sup>™</sup>	/	D D 06	/ Y		ү 022	Y			
	City	State	Zip Code		Tra	ansa	actio	n ID : S	SA11AI-	279	38586				
	EDINA	MN	55439		Amo	unt	of E	ach Re	eceipt th	is P	'eriod				
	FEC ID number of contributing federal political committee.	С		200.00											
	Name of Employer (for Individual) Self Employed		pation (for Individual) hiatrist			Me	emo	ltem							
	Receipt For:	Aggregate	Year-to-Date 🔻												
	Primary General	.99.094.0		11.											
	Other (specify)		450.00												
в.	Full Name of Individual (Last, First, Middle In ANDREWS, LESTER, , ,	itial) or Full O	ganization Name		Date	e of	Rec	eipt							
	Mailing Address 100 COLONNADES HILL DR					<sup>™</sup>	1	D D 19	/ Y		)22	Y			
	City	State	Zip Code		Tra	insa	actio	n ID : S	SA11AI-	279:	37810				
	CHARLOTTESVILLE	VA	22901		Amc	unt	of E	ach Re	eceipt th	is P	'eriod				
	FEC ID number of contributing federal political committee.	С								30.00					
	Name of Employer (for Individual) Retired	Occu Reti	upation (for Individual) red			Me	emo	ltem							
	Receipt For:	Aggregate	Year-to-Date 🔻												
	Primary General			11.											
	Other (specify) ▼		, 230.00												
c.	Full Name of Individual (Last, First, Middle In BAYLISS, MARY, , ,	itial) or Full O	ganization Name		Date	e of	Rec	eipt							
	Mailing Address 206 CHAD PL					6 <sup>M</sup>	/	08	/ Y		)22	Y			
	City	State	Zip Code		Tra	ansa	actio	n ID :	SA11AI-	279	39100	)			
	OCEAN VIEW	DE	19970		Amc	unt	of E	ach Re	eceipt th	is P	'eriod				
	FEC ID number of contributing federal political committee.	С			Ē		,		, <u>,</u>	_	100.0	00			
	Name of Employer (for Individual) Retired	Occu Retir	pation (for Individual) ed		Ц	Me	emo	Item							
	Receipt For:	Aggregate	Year-to-Date 🔻												
	Other (specify)		330.00	1											
s	SUBTOTAL of Receipts This Page (optional)			•					.,		330.0	00			
<b>—</b>				_				_		-		_			

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)

PAGE 8 OF

	D RECEIPTS		Detailed Currenters Date	<b>X</b>	11a		11	b	11c	12	2			
			Detailed Summary Page		13		14	-	15	16	Г	17		
or for comm	tion copied from such Reports ar hercial purposes, other than using													
	F COMMITTEE (In Full) ED WOMEN'S HEALTH	I ALLIANCE	PAC											
	e of Individual (Last, First, Middle K, ANTHONY, , ,	e Initial) or Full O	rganization Name		Date of	f Re	ecei	pt						
Mailing A	Address 1305 NORTHCLIFF AVE APT B13				м м 06	/	ľ	16	/	y y 202:	ү ү 2	]		
City NORMA	N	State OK	Zip Code 73071	Transaction ID : SA11AI-27936978           Amount of Each Receipt this Period										
	number of contributing olitical committee.		55.00											
Retired	Employer (for Individual)	Occi Reti	upation (for Individual) red		M	emo	o Ite	m						
	For: mary General ner (specify) ▼	Aggregate	Year-to-Date ▼ 240.00											
	ne of Individual (Last, First, Middle /N, JANE, , ,	e Initial) or Full O	rganization Name		Date of	f Re	ecei	pt						
Mailing A	ddress 20 WESTBROOK LN				м м 06	1		03	/	y y 2022		]		
City GROTO	N	State MA	Zip Code 01450				-			<b>I-27936</b> this Per				
	number of contributing olitical committee.		105.00											
Name of Retired	Employer (for Individual)		Dccupation (for Individual) Memo Item											
	For: mary General ner (specify) ▼	Aggregate	Year-to-Date ▼ 210.00	]										
C. BROV	ne of Individual (Last, First, Middle VN, JANE, , ,	e Initial) or Full O	rganization Name		Date of	f Re	ecei	pt						
	Address 20 WESTBROOK LN				<sup>M</sup> 06	1		17	/	Y Y 2022				
City GROTO	N	State MA	Zip Code 01450							<b>I-27937</b> this Per				
	number of contributing olitical committee.	С					9		. ,	1(	05.00			
Retired	Employer (for Individual)	Occu Retir	upation (for Individual) red		M	emc	o Ite	em						
	For: mary General ner (specify)	Aggregate	Year-to-Date ▼ 210.00											

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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34

		Detailed Summary Page	×	11a		11b	11c	12					
		, ,		13		14	15	16	17				
Any information copied from such Re or for commercial purposes, other the													
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HE	ALTH ALLIANCE	PAC											
Full Name of Individual (Last, Firs A. BRYANT, GOLDIE, , ,	t, Middle Initial) or Full O	rganization Name	[	Date of Receipt									
Mailing Address 23479 ROAD 104				06 / D D / Y Y Y Y Y 2022									
City	State	Zip Code		Trans	act	ion ID :	SA11AI-	27934634					
OAKWOOD	OH	45873	/	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) red		M	emo	tem Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 235.00	]										
Full Name of Individual (Last, Firs BUIST, EVERDENE, , ,	t, Middle Initial) or Full O	rganization Name		Date of Receipt									
Mailing Address 894 142ND AVE				06 / <sup>y</sup> y y y y 06 2022									
City WAYLAND	State	Zip Code 49348						27939112					
FEC ID number of contributing federal political committee.	С			Amoun	is Period 25.0	00							
Name of Employer (for Individual) Retired	Occ Ret	upation (for Individual) ired		M	emc	tem							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00	]										
Full Name of Individual (Last, Firs BURNS, MARY, , ,	t, Middle Initial) or Full O	rganization Name		Date of	f Re	eceipt							
Mailing Address 16306 FM 756				<sup>M</sup> 06	/	D 16		2022	Y				
City TYLER	State TX	Zip Code 75703						27934410 is Period	)				
FEC ID number of contributing federal political committee.	C					y .		35.0	00				
Name of Employer (for Individual) Retired	Occi Reti	upation (for Individual) red		М	emo	o Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 220.00	]										
SUBTOTAL of Receipts This Page			- i		-	, , ,		95.0	00				

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

(check only one)

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TIEIWIZED RECEIFIS		Detailed Summary Page	×	11a		11b	11c		12				
				13		14	15		16	17			
Any information copied from such Reports a or for commercial purposes, other than usin													
NAME OF COMMITTEE (IN Full)	H ALLIANCE	PAC											
Full Name of Individual (Last, First, Middl A. CALVANO, VIRGINIA, , ,	le Initial) or Full O	rganization Name		Date of	Re	eceipt							
Mailing Address 8029 1ST ST				м м 06	_	29			о 22	Y			
City	State	Zip Code		Trans	act	ion ID :	SA11AI	-279	35210	,			
PARAMOUNT	CA	90723		Amount	tof	Each F	Receipt th	nis F	'eriod				
FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period 40.00									
Name of Employer (for Individual)	Occi	upation (for Individual)		M	emo	o Item							
Retired	Reti	red											
Receipt For:	Aggregate												
Primary General		11											
Other (specify) <b>v</b>		205.00											
Full Name of Individual (Last, First, Middl B. CARTER, MARY, , ,	le Initial) or Full O	rganization Name		Date of	Re	eceipt							
Mailing Address 144 CALVIN ST				м м 06	1	09			)22	Y			
City	State	Zip Code		Trans	acti	ion ID :	SA11AI-	279	32064				
TOWNSHIP OF WASHINGT	NJ	07676		Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		250.00										
Name of Employer (for Individual) Retired	Occ Ret	upation (for Individual) red		Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	]										
Full Name of Individual (Last, First, Middl C. COVIN, LEWIS, , ,	le Initial) or Full O	rganization Name		Date of	Re	eceipt							
Mailing Address 5323 LEWIS COVIN RD				<sup>M</sup> 06	/	21			)22	Y			
City	State	Zip Code		Trans	act	ion ID :	SA11AI	-279	38998	;			
MACCLENNY	FL	32063		Amount	t of	Each F	Receipt th	nis F	'eriod				
FEC ID number of contributing federal political committee.	С				y .	. ,	_	30.0	)0				
Name of Employer (for Individual) Retired	Occi Reti	upation (for Individual) red		M	emo	o Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 330.00											
SUBTOTAL of Receipts This Page (optiona	al)					9	, ,	-	320.0	00			

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

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

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		] 11k	b	11c		12			
Any information or for commerci NAME OF C UNITED A. Full Name of CUNNING Mailing Addre City SUDLERSVI FEC ID num federal politic Name of Em Retired Receipt For: Primary Other ( B. Full Name of B. Full Name of Mailing Addre City VERO BEAC FEC ID num federal politic						13		14		15		16	17		
	ormation copied from such Reports and Sta commercial purposes, other than using the														
	IE OF COMMITTEE (In Full)	_													
	NITED WOMEN'S HEALTH AL	LIANCE	PAC												
- 01	Name of Individual (Last, First, Middle Initi INNINGHAM, ALLEN, , ,	al) or Full Org	ganization Name		Da	ate of	Re	eceip	pt						
Mail	ing Address 225 E MAIN ST					и м 06	1	D	15	1 ′ Г	γ γ 2	022	Y		
City		State	Zip Code		5	Trans	acti	ion	ID : \$	SA11A	1-279	37998	;		
SUI	DLERSVILLE	MD	21668	Amount of Each Receipt this Period											
	ID number of contributing ral political committee.	C		105.00											
Nam	ne of Employer (for Individual)	Occu	pation (for Individual)	-	Г	Me	emc	o Ite	m						
Reti	red	Retire			1										
Rec	eipt For:														
	Primary General	nary General													
	Other (specify) <b>v</b>		210.00												
	Name of Individual (Last, First, Middle Initi CK, JAMES, , ,	al) or Full Or	ganization Name		Da	ate of	Re	eceip	pt						
Mail	ing Address 125 E PARK SHORES CIR APT 23E				N	06	/	D	15	/	20	022 022	Y		
City		State	Zip Code		Т	rans	acti	ion	ID : 5	SA11A	1-279	37944			
VEF	ROBEACH	FL	32963		Amount of Each Receipt this Period										
	ID number of contributing ral political committee.	С			80.00										
	ne of Employer (for Individual) red	Occu Retir	pation (for Individual) ed			Me	emc	b Ite	em						
Rec	eipt For:	Aggregate Y	′ear-to-Date ▼												
	Primary General			11.											
	Other (specify) ▼		235.00	41.											
	Name of Individual (Last, First, Middle Initi ROSARIO, PATRICIA, , ,	al) or Full Or	ganization Name		Da	ate of	Re	eceip	pt						
Mail	ing Address 87 LYMAN BARNES RD				N	06	/	D	04	/		022 <sup>°</sup>	Y		
City		State	Zip Code		- 1	Frans	act	ion	ID : \$	SA11A	I-279	39162	2		
BR	IMFIELD	MA	01010		An	nount	of	Ead	ch Re	eceipt 1	this F	<sup>&gt;</sup> eriod			
	ID number of contributing ral political committee.	С			Ē			9		,		125.0	00		
Narr Reti	ne of Employer (for Individual) red	Occup Retire	pation (for Individual) ad		L	Me	emo	o Ite	em						
Rec	eipt For: Primary General Other (specify)	Aggregate Y	∕ear-to-Date ▼ 480.00												
SUBT	OTAL of Receipts This Page (optional)			 ▶	C			9		,	_	310.0	00		

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

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#### Image# 202207209522342510

# 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		<b>K</b> 11a		11b	11c		12					
	and Otation 1			13		14	15		16	17				
Any information copied from such Reports or for commercial purposes, other than us														
NAME OF COMMITTEE (IN FUII)	TH ALLIANCE	PAC												
Full Name of Individual (Last, First, Mic A. HARDY, LEROY, , ,	Idle Initial) or Full O	rganization Name		Date of Receipt										
Mailing Address 374 HICKORY TREE F	RD			M M	_	D		Y	Y	Y				
City	State	Zip Code	_	06 Trans	act	17 ion ID :		1.0	022					
PLEASANT HILL	NC	27866		Transaction ID : SA11AI-27937862           Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		55.00											
Name of Employer (for Individual)	Осси	upation (for Individual)		М	emo	o Item								
Retired	Reti	red												
Receipt For:														
Other (specify) ▼		210.00												
Full Name of Individual (Last, First, Mic B. ISRAEL, LESLEY, , ,	Idle Initial) or Full O	rganization Name		Date of	f Re	eceipt								
Mailing Address 55 DAVIS LN				06	/	06		Y 2(	)22	Y				
City	State	Zip Code		Trans	acti	ion ID :	SA11A	-279	37018					
EASTON	MD	21601	Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		30.00											
Name of Employer (for Individual) Retired	Occ Ret	upation (for Individual) red	Memo Item											
Receipt For: Primary General Other (specify) ▼	Aggregate	]												
Full Name of Individual (Last, First, Mic C. ISRAEL, LESLEY, , ,	Idle Initial) or Full O	rganization Name		Date of	f Re	eceipt								
Mailing Address 55 DAVIS LN				<sup>M</sup> 06	/	D 19			022 <sup>°</sup>	Y				
City	State MD	Zip Code					: SA11AI			!				
EASTON		21601	_	Amoun	t of	Each F	Receipt t	nis F	'eriod					
FEC ID number of contributing federal political committee.	С			Ľ.	_	9	 -	_	80.0	00				
Name of Employer (for Individual) Retired	Occu Reti	upation (for Individual) red		M	emo	o Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 335.00												
SUBTOTAL of Receipts This Page (optio	nal)		<u> </u>			,			165.0	)0				

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

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#### Image# 202207209522342511

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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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         17							
or for commercial purposes, other than usi			erson for the purpose of soliciting contributions e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)	H ALLIANCE I	PAC								
Full Name of Individual (Last, First, Mid JONES, JESSE, , , Mailing Address 9213 SPRING ST	dle Initial) or Full Org	anization Name	Date of Receipt							
City	State	Zip Code	06 14 2022 Transaction ID : SA11AI-27938030							
HIGHLAND	IN	46322	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		55.00							
Name of Employer (for Individual) Retired	Occup Retire	ation (for Individual) d	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 275.00	]							
Full Name of Individual (Last, First, Mid B. KRAEGER, BOBBY, , ,	dle Initial) or Full Org	anization Name	Date of Receipt							
Mailing Address 5317 RANDY CT LOT 34			06 07 Y Y Y Y 2022							
City SANTA ROSA	State CA	Zip Code 95403	Transaction ID : SA11AI-27936870 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		50.00							
Name of Employer (for Individual) Best Efforts		ation (for Individual) T CREW	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 210.00	]							
Full Name of Individual (Last, First, Mid KRANER, CAROL, , ,	dle Initial) or Full Org	anization Name	Date of Receipt							
Mailing Address 317 W MAIN ST APT 7104			06 / D D / Y Y Y Y Y 06 07 2022							
CHESTER	State CT	Zip Code 06412	Transaction ID : SA11AI-27936868 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		35.00							
Name of Employer (for Individual) Retired	Occup Retired	ation (for Individual) 1	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 250.00	]							
SUBTOTAL of Receipts This Page (option	nal)		140.00							
TOTAL This Period (last page this line nu	mber only)									

#### Image# 202207209522342512

# 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		<b>1</b> 1a		11b	11c		12		_		
٨	ny information copied from such Reports and S	tatemente m		ot he sold or used by any n	erson	13 for the		14	15 soliciting		16 ntribut	17 ions			
	for commercial purposes, other than using the														
$\setminus$	NAME OF COMMITTEE (In Full)														
	UNITED WOMEN'S HEALTH A	LLIANCE	: P	AC											
<u> </u>	Full Name of Individual (Last, First, Middle Init	ial) or Full O	rga	nization Name											
Α.	KUMP, TROY, , , Mailing Address 315 S CENTER ST					Date c									
	Maining Address 3153 CENTER 31					06		D D D 27	/ Y	2(	022	Y			
	City	State		Zip Code		Tran	sact	ion ID : S	SA11AI-	279	37298				
	AMERICAN FORK	UT		84003	_	Amour	t of	Each Re	ceipt th	is P	'eriod				
	FEC ID number of contributing federal political committee.	С									55.0	00			
	Name of Employer (for Individual)		•	ion (for Individual) Of Strategic Partnerships		N	lemo	o Item							
	Simplii Receipt For:			r-to-Date ▼											
	Primary General	Aggregate	rea		11.										
	Other (specify) <b>v</b>		-	635.00											
	Full Name of Individual (Last, First, Middle Init	ial) or Full O	)raai	nization Name						—					
в.	MARSHALL, ISAIAH, , ,		ngai			Date c	f Re	eceipt							
	Mailing Address 1700 ROBIN LN					MN	/	DDD	/ Y	Y	Y	Y			
	APT 209 City	State		Zip Code		06	١.	07		1	)22	_			
	LISLE	IL		60532				ion ID : S Each Re							
	FEC ID number of contributing	С	-			<u> </u>	-			-		20	Ē		
	federal political committee.	U	-			<u></u>	-	-	-	-	25.0	0			
	Name of Employer (for Individual)	Occ	upa	tion (for Individual)		N	lemo	o Item							
	Retired	Ret	ired												
	Receipt For:	Aggregate	Yea	r-to-Date ▼											
	Other (specify) V			235.00											
					_										
C.	Full Name of Individual (Last, First, Middle Init MURPHY, PAM, , ,	ial) or Full O	rgar	nization Name		Date c	f Re	eceint							
0.	Mailing Address 1103 MALLARD WAY					M N		D D	/ Y	Y	Y	Y			
		01-1-		7:- 0-1-		06	1	16		1.00	)22				
	City GRANBURY	State TX		Zip Code 76048				tion ID : S Each Re							
	FEC ID number of contributing					Amour				13 1			È		
	federal political committee.	С				<u> </u>		9	9	_	75.0	00			
	Name of Employer (for Individual)	Occi	upat	ion (for Individual)		N	lem	o Item							
	Retired	Reti	red												
	Receipt For: Primary General	Aggregate	Yea	r-to-Date ▼											
	Other (specify)		_	210.00											
_			-1										_		
										-	155.0	0			
Ľ	SUBTOTAL of Receipts This Page (optional)			••••••	►			9				-			

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:

(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
		ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle       RICHARDS, JANE, , ,         Mailing Address 16 SALISBURY DR	Initial) or Full Organization Name	Date of Receipt
APT 7504		06 30 2022
City	State Zip Code	Transaction ID : SA11AI-27933196
ASHEVILLE	NC 28803	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	50.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Retired	Retired	-
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) <b>v</b>	215.00	
Full Name of Individual (Last, First, Middle B. SMITH, MARY, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 244 N MACY ST		06 / Y Y Y Y 06 16 2022
City	State Zip Code	Transaction ID : SA11AI-27934384
FOND DU LAC	WI 54935	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify)	, 205.00	
Full Name of Individual (Last, First, Middle C. STARR, BETH, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 2231 NE BRIDGECREEK A	AVE	
APT 107	State Zip Code	06 14 2022
City VANCOUVER	State Zip Code WA 98664	Transaction ID : SA11AI-27938034
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	80.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	305.00	
SUBTOTAL of Receipts This Page (optional).		170.00

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

# SCHEDULE A (FEC Form 3X) DECEIDEC

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a 13	11b 11c	12 16	17				
		PAC								
A. WALKER, SANDRA, , , Mailing Address 734 BRISTO		rganization Name	M = M /	eceipt	y y y y 2022	Y				
City	State	Zip Code	Transacti	ion ID : SA11A		2				
MIDLOTHIAN	VA	23114	Amount of	Each Receipt	this Period					
FEC ID number of contributin federal political committee.			50.00							
Name of Employer (for Individ Retired	,		Memo	i Item						
Receipt For: Primary Gener Other (specify) ▼		Year-to-Date ▼ 225.00	]							
Full Name of Individual (Last, WALKER, SANDRA, ,	Detailed Summary Page       113       113       114         information copied from such Reports and Statements may not be sold or used by any person for the purpose, other than using the name and address of any political committee to solicit contribution.       113       114         ME OF COMMITTEE (in Full)       NITED WOMEN'S HEALTH ALLIANCE PAC       In Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Rece         IMIR Address       734 BRISTOL VILLAGE DR       APT 104       VA       23114       Date of Rece         Y       DIOTHIAN       VA       23114       Amount of EE       Image: Committee       Image: Committee <td< td=""><td>eceipt</td><td></td><td></td></td<>			eceipt						
APT 104			M M / 06	06 /	y y y 2022	Y				
City			Transacti	ion ID : SA11A	1-27938582	2				
MIDLOTHIAN	VA	23114	Amount of	Each Receipt	this Period					
FEC ID number of contributin federal political committee.	<sup>g</sup> C				35.	00				
Retired	,		Memo	) Item						
			]							
Full Name of Individual (Last,	First, Middle Initial) or Full O	rganization Name	Date of Re	eceipt						
Mailing Address			M M /	D D /	YYYY	Y				
City	State	Zip Code	Amount of	Each Receipt	this Period					
FEC ID number of contributin federal political committee.	g			, , ,						
Name of Employer (for Individ	dual) Occi	upation (for Individual)	Memo	) Item						
			]							
SUBTOTAL of Receipts This Pa	age (optional)			y	85.	00				

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

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

2035.00

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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11b 11a 11c 12 Detailed Summary Page **X** 15 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name LIVE TRANSFERS AND DONOR CREATION LLC Α. Date of Receipt Mailing Address 1607 Ponce de Leon ave Suite GM8 06 21 2022 City Zip Code State Transaction ID : SA15-27939238 PR SAN JUAN 00909 Amount of Each Receipt this Period FEC ID number of contributing С 25000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) LIVE TRANSFERS **Business** Reimbursement of Legal Settlement Receipt For: Aggregate Year-to-Date ▼ Primary General 25000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing С federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primarv General Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Date of Receipt Mailing Address M – M City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing С federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 25000.00 SUBTOTAL of Receipts This Page (optional)..... 25000.00 TOTAL This Period (last page this line number only).....

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S	CHEDULE B (FEC Form 3X)	F	OR L	INE	NUMBER	:			ŀ	PAGE	18 O	F 34				
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the	(c		only 21b	/ one)		ີ າາ	Г			27			
			Summary Page			210 28a	22 28b		23 28c	╞	26		30b			
A	ny information copied from such Reports and State	ements mav	not be sold or us	ed by				pu		of				ons		
	for commercial purposes, other than using the na															
$\left  \right\rangle$	NAME OF COMMITTEE (In Full)		540													
/	UNITED WOMEN'S HEALTH ALL	LIANCE I	PAC													
<u> </u>	Full Name (Last, First, Middle Initial)															
Α.	ABC Company						Date o	of Di	em	ent						
				/ /												
	Mailing Address PO Box 2413						00		4	29	9 2022					
	City	State	Zip Code				FEC lo	dent	ificatio	on I	Numt	ber				
	Huntington Purpose of Disbursement	NY	11743							-						
	Fundraising and Media Consulting			0	04	٦.	С									
	Candidate Name			Cate	egory	/			Each		-		73667 It this P	eriod		
	Office Ocumbia				ype								2000.00			
	Office Sought: House Disburs Senate	ement For: Primary	General					-	-				2000.00	,		
	President	Other (spe							Itom							
	State: District:						Memo Item									
_	Full Name (Last, First, Middle Initial)															
в.	ABC Company						Date of Disbursement									
	Mailing Address PO Box 2413						06 29 2022									
	City	State NY	Zip Code 11743				FEC lo	dent	ificatio	on I	Numt	ber				
	Huntington Purpose of Disbursement		11743	_	_	-	С									
	Fundraising and Media Consulting			004 Transaction ID :						) · SF	21B-7	3667				
	Candidate Name					gory/ Amount of Each Disbursen								eriod		
	Office Sought: House Disburs	ement For:		L.	ype		5000.00							)		
	Senate	Primary	General						-							
	President	Other (spe	ecify)				M	emo	Item							
	State: District:															
C.	Full Name (Last, First, Middle Initial) Blank Rome LLP						Date o	of Di	isburse	em	ent					
-							MN	/	D	D	1	Y	(Y	Y		
	Mailing Address 1825 Eye Street NW						06		1	15		2	022			
	City	State	Zip Code				·		141 a - 11							
	Washington	DC	20006			FEC Identification Number										
	Purpose of Disbursement Legal Fees				01	٦.	C									
	Candidate Name						Transaction ID : SB21B-73664									
					egory ype	7	Amount of Each Disbursement this Pe									
		ement For:				3235.00						)				
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	rson for the purpose of soliciting contributions to solicit contributions from such committee.						
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	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALL	IANCE F	PAC											
Α.	Full Name (Last, First, Middle Initial) Grasshopper					Date of	Disburse		Y	Y Y	_			
	Mailing Address 320 Summer St					06 21 2022								
	Boston	State MA	Zip Code 02210		_									
	Purpose of Disbursement Telephone Service Candidate Name			001 Catego	- II.	C Tran Amount	isaction	-			riod			
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B.	Full Name (Last, First, Middle Initial) Intuit Inc.		Date of Disbursement											
	Mailing Address 2700 Coast Ave					06	06 06 2022							
	Mountain View	State CA	Zip Code 94043			FEC Identification Number								
	Purpose of Disbursement Accounting Software Candidate Name			00 Cotog			n ID : SB21B-73662							
	Office Sought: House Disburse	ment For:		Catego Typo	Amount	100.70								
	State: District:	Primary Other (spec	General cify)			Memo Item								
C.	Full Name (Last, First, Middle Initial)	CREATI	ON LLC			Date of Disbursement								
	Mailing Address 1607 Ponce de Leon ave Suite GM8					06	/ D	1		022				
	City SAN JUAN Purpose of Disbursement	State PR	Zip Code 00909			FEC Ide	ntificatio	n Numb	er	_				
	Telephone fundraising       Candidate Name		C Category/ Category/ Cat							riod				
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SCHEDULE B (FEC Form 3X)	EDULE B (FEC Form 3X)					E NUMBER: PAGE 21 OF 34									
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NAME OF COMMITTEE (In Full)		PAC													
						D	ato r	of Di	chure	-on	nont				
A. LIVE TRANSFERS AND DONOR	CREAT	REATION LLC							Date of Disbursement						
Mailing Address 1607 Ponce de Leon ave Suite GM8					L	06			01		L	2022			
City State Zip Code PR 00909							C lo	denti	ificatio	on	Num	nber			
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Telephone fundraising							1.00	ans	actio	n I	D · S	B21B	-73709		
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B. LIVE TRANSFERS AND DONOR	CREATI	ON LLC				D	ate c	of Di	sburs	en	nent				
						06 03 2022									
Mailing Address 1607 Ponce de Leon ave Suite GM8						06 03 2022									
City SAN JUAN	State PR	Zip Code 00909				FE	C lo	denti	ificatio	on	Nun	nber			
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	ment For:					L			_				5088	.38	
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State: District:		511 <b>y</b> )				×	M	emo	Item	Р		uo po	liou		
Full Name (Last, First, Middle Initial)															
C. LIVE TRANSFERS AND DONOR	CREATI	ON LLC				_		_	sburs		_	_			
Mailing Address 1607 Ponce de Leon ave							06	/		03		Y	y y 2022	Y	
Suite GM8					_										
City SAN JUAN	State PR	Zip Code 00909				FE	Clo	denti	ificatio	on	Num	nber			
Purpose of Disbursement Telephone fundraising - clearing from 05/18/22			_			C	;								
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SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 22						
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the	(check only	one)					
	Detailed	Summary Page	28a	28b 28c 29 30b					
Any information copied from such Reports and State or for commercial purposes, other than using the na									
UNITED WOMEN'S HEALTH ALL	IANCE F	AC							
Full Name (Last, First, Middle Initial) A. LIVE TRANSFERS AND DONOR	CREATI	ON LLC	Date of Disbursement						
Mailing Address 1607 Ponce de Leon ave Suite GM8				06 08 2022					
City SAN JUAN	State PR	Zip Code 00909		FEC Identification Number					
Purpose of Disbursement		00000		С					
Telephone fundraising			003	Transaction ID : SB21B-73709					
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Full Name (Last, First, Middle Initial)									
B. LIVE TRANSFERS AND DONOR	CREATI	ON LLC		Date of Disbursement					
Mailing Address 1607 Ponce de Leon ave Suite GM8									
City SAN JUAN	State PR	Zip Code 00909		FEC Identification Number					
Purpose of Disbursement Telephone fundraising				С					
Candidate Name			003	Transaction ID : SB21B-73709					
			Category/ Type	Amount of Each Disbursement this Period					
	ement For:			12117.20					
Senate President	Primary Other (spe	cifv) General							
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Full Name (Last, First, Middle Initial) C. LIVE TRANSFERS AND DONOR				Date of Disbursement					
• LIVE TRANSFERS AND DONOR	GREAT								
Mailing Address 1607 Ponce de Leon ave Suite GM8				06 15 2022					
City SAN JUAN	State PR	Zip Code 00909		FEC Identification Number					
Purpose of Disbursement Telephone fundraising	<u> </u>			С					
Candidate Name			003 Category/ Type	Transaction ID : SB21B-7371( Amount of Each Disbursement this Period					
Office Sought: House Disburse	ement For:		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5086.36					
Senate	Primary Other (app)	General							
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SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 2						
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the	(check only	one)					
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NAME OF COMMITTEE (In Full)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
UNITED WOMEN'S HEALTH ALL		PAC							
Full Name (Last, First, Middle Initial)  A. LIVE TRANSFERS AND DONOR	CREATI	ON LLC		Date of Disbursement					
Mailing Address 1607 Ponce de Leon ave Suite GM8	1	1		06 15 2022					
City SAN JUAN	State PR	Zip Code 00909		FEC Identification Number					
Purpose of Disbursement Telephone fundraising				С					
Candidate Name			003	Transaction ID : SB21B-73710					
			Category/ Type	Amount of Each Disbursement this Period					
Office Sought: House Disburse	ement For: Primary	General		11868.00					
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Full Name (Last, First, Middle Initial)									
B. LIVE TRANSFERS AND DONOR	CREAT	ION LLC		Date of Disbursement					
Mailing Address 1607 Ponce de Leon ave Suite GM8	I			06 22 2022					
City SAN JUAN	State PR	Zip Code 00909		FEC Identification Number					
Purpose of Disbursement Telephone fundraising				С					
Candidate Name			003 Category/	Transaction ID : SB21B-73710 Amount of Each Disbursement this Period					
Office Sought: House Disburse	ement For:		Туре	5079.81					
Senate President	Primary	General							
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Mailing Address 1607 Ponce de Leon ave Suite GM8				06 22 2022					
City SAN JUAN	State PR	Zip Code 00909		FEC Identification Number					
Purpose of Disbursement Telephone fundraising				С					
Candidate Name			003 Category/ Type	Transaction ID : SB21B-7371( Amount of Each Disbursement this Period					
	ement For:		- 78~	11852.89					
Senate President	Primary Other (spe	General cify) ▼							
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or for commercial purposes, other than using the nar														
UNITED WOMEN'S HEALTH ALL	IANCE F	AC												
Full Name (Last, First, Middle Initial)						Data of Diaburgament								
A. LIVE TRANSFERS AND DONOR	CREATI	ON LLC				Date of Disbursement								
Mailing Address 1607 Ponce de Leon ave						06 29 2022								
Suite GM8														
City SAN JUAN	JUAN State Zip Code PR 00909							icatior	n Numl	ber				
Purpose of Disbursement	Construction of the second s													
Telephone fundraising Candidate Name	003								ID : SE					
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	ment For:		,								5177.83			
Senate President	Primary Other (spe	General												
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Full Name (Last, First, Middle Initial)														
B. LIVE TRANSFERS AND DONOR	CREAT	ON LLC				Date of								
Mailing Address 1607 Ponce de Leon ave														
Suite GM8		1												
City SAN JUAN	State PR	Zip Code 00909				FEC Identification Number								
Purpose of Disbursement		00000	_	_		С								
Telephone fundraising			00	03			ansa	ction	ID : SE	821B-7	73711			
Candidate Name			Cate Ty			Transaction ID : SB21B-73711 Amount of Each Disbursement this Perio						eriod		
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State: District:	Other (spec	спу)				Me	emo	ltem						
Full Name (Last, First, Middle Initial)														
C. North American Marketing Solution	ns Inc					Date o	f Dis	burse	ment					
Mailing Address 3245 N 126th St						м м 06	/	0			y y y y 2022			
City Brookfield	State WI	Zip Code 53005				FEC Id	lentif	icatior	Numl	ber				
Purpose of Disbursement	**1	33003	_	_		С								
Mailers and Caging			00	03			ansa	ction	ID : SI	321B-	7366 <sup>1</sup>			
Candidate Name				gory/ pe		Amoun	t of	Each	Disbur	semer	nt this Pe	eriod		
Office Sought: House Disburse	ment For:		тy	20							2343.97			
Senate	Primary	General				_		, "						
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SCHEDULE B (FEC Form 3X)					NUMBER: PAGE 25 OF 34
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NAME OF COMMITTEE (In Full)					
UNITED WOMEN'S HEALTH ALI	IANCE I	PAC			
Full Name (Last, First, Middle Initial)	no Ino				Date of Disbursement
A. North American Marketing Solution	ons inc				
Mailing Address 3245 N 126th St				06 15 2022	
City Decelficial	State WI	Zip Code			FEC Identification Number
Brookfield Purpose of Disbursement	VVI	53005		_	С
Mailers and Caging			00	3	Transaction ID : SB21B-73664
Candidate Name			Categ		Amount of Each Disbursement this Period
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Senate	Primary	General			
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B. North American Marketing Solution	ons Inc				Date of Disbursement
Mailing Address 3245 N 126th St					06 15 2022
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City Brookfield	State WI	Zip Code 53005			FEC Identification Number
Purpose of Disbursement			_	-	С
Mailers and Caging			00	3	Transaction ID : SB21B-73664
Candidate Name			Categ Typ		Amount of Each Disbursement this Period
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Senate President	Primary	General			
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Full Name (Last, First, Middle Initial)					
C. North American Marketing Solution	ons Inc				Date of Disbursement
Mailing Address 3245 N 126th St					06 / 27 / Y Y Y Y 2022
City	State	Zip Code			FEC Identification Number
Brookfield Purpose of Disbursement	WI	53005			
Mailers and Caging			00	3	C Transaction ID : SB21B-7366
Candidate Name			Categ Typ		Amount of Each Disbursement this Period
	ement For:				3303.54
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SCHEDULE B (FEC I	Form 3X)			FOR LINE N	NUMBER: PAGE 26 OF 34						
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					n for the purpose of soliciting contributions solicit contributions from such committee.						
NAME OF COMMITTEE (In Fi	,										
UNITED WOMEN'S	HEALTH ALLI	IANCE P	PAC								
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Mailing Address 3245 N 126th	St				06 29 2022						
City Brookfield	:	State WI	Zip Code 53005		FEC Identification Number						
Purpose of Disbursement					С						
Mailers and Caging				003	Transaction ID : SB21B-73667						
Candidate Name				Category/ Type	Amount of Each Disbursement this Period						
Office Sought: House Senate		ment For: Primary	General		3454.42						
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Full Name (Last, First, Middle B. North American Mar	,	ns Inc			Date of Disbursement						
Mailing Address 3245 N 126th	n St				06 / D D / Y Y Y Y Y 06 30 2022						
City Brookfield		State WI	Zip Code 53005		FEC Identification Number						
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State: District:			<b>y</b> )		Memo Item						
Full Name (Last, First, Middle C. PACSmart Filing Ser					Date of Disbursement						
Mailing Address 1013 Centre F Suite 403-A	Rd.				06 / D D / Y Y Y Y 27 2022						
City	;	State DE	Zip Code 19805		FEC Identification Number						
Wilmington Purpose of Disbursement		DE	19605		С						
FEC Compliance Reporting				Category/ Type	Transaction ID : SB21B-73666 Amount of Each Disbursement this Period						
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	Full Name (Last, First, Middle Initial)							Det	-4 D	a kara						
А.	PACSmart Filing Services						Date of Disbursement									
	Mailing Address 1013 Centre Rd.						06 29 2022									
	Suite 403-A															
	City 5 Wilmington	State DE	Zip Code 19805				FEC Identification Number									
	Purpose of Disbursement FEC Compliance Reporting						-	С								
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	Mailing Address 005 Market Street				06 30 2022							Y				
Mailing Address 995 Market Street Floor 2						2022										
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			category of the Summary Page		21b 28a	22 28b	23		26 29	27 30	b	
Any information copied from such or for commercial purposes, other												
NAME OF COMMITTEE (IN FU	,	LIANCE F	PAC									
Full Name (Last, First, Middle   A. RallyPay	nitial)					Date of		irse		YYYY	Y	
Mailing Address 995 Market Str Floor 2	eet					06		30		2022		
City San Franciso		State CA	Zip Code 94103			FEC Identification Number						
Purpose of Disbursement Combined 'off the top' CC Tran Candidate Name	saction fees Jun			00					-	21B-7366		
Office Sought: House	Disburs	ement For:		Categ Typ		Amoun	t of Ea	Ch	Disburse	ement this	5.80	
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Mailing Address 995 Market St Floor 2					06 / 0 / Y Y Y Y 06 2022							
City San Franciso		State CA	Zip Code 94103			FEC Id	entifica	tion	Numbe	r		
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Full Name (Last, First, Middle	nitial)											
C. RallyPay								D	D /	Y Y Y	Y	
Mailing Address 995 Market Str Floor 2	eet					06		30		2022		
City San Franciso Purpose of Disbursement		State CA	Zip Code 94103		_	FEC Id	entifica	tion	Numbe	r	1	
Combined 'off the top' CC Tran	saction fees Jun			003 Categ	jory/	Tra				21B-7366 ement this		
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State: District:	nt	Other (spe	ecify) ▼			Me	emo Ite	m				
SUBTOTAL of Disbursements Th	is Page (optional)				···· <b>&gt;</b>		- <del>7</del> -	-		46	0.92	
TOTAL This Period (last page th	is line number onl	y)			···· <b>Þ</b>				,			

I

S	CHEDULE B (FEC Form 3X)				FOR LINE NUMBER: PAGE 29 0							
IT	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the	(cl	heck o	nly one) b 22 23 26 27						
			Summary Page		28							
	y information copied from such Reports and State for commercial purposes, other than using the na											
$\setminus$	NAME OF COMMITTEE (In Full)											
	UNITED WOMEN'S HEALTH ALL	IANCE F	PAC									
Α.	Full Name (Last, First, Middle Initial) RallyPay					Date of Disbursement						
	Mailing Address 995 Market Street Floor 2				06 / D D / Y Y Y Y 2022							
	City	State CA	Zip Code			FEC Identification Number						
	San Franciso Purpose of Disbursement	CA	94103	_		C						
	Combined 'off the top' CC Transaction fees Jun			0	03	Transaction ID : SB21B-73668						
	Candidate Name				egory/ /pe	Amount of Each Disbursement this Period						
	Office Sought: House Disburse Senate	ment For:				1098.23						
	State: District:	Primary Other (spec	General cify) ▼			Memo Item						
	Full Name (Last, First, Middle Initial)											
В.	RallyPay					Date of Disbursement						
	Mailing Address 995 Market Street Floor 2											
	City San Franciso	State CA	Zip Code 94103			FEC Identification Number						
	Purpose of Disbursement	0.1	04100	_		C						
	Combined 'off the top' CC Transaction fees Jun Candidate Name				903 egory/	Transaction ID : SB21B-73669 Amount of Each Disbursement this Period						
					/pe							
	Office Sought: House Disburse Senate	ment For: Primary	General			1279.69						
	President	Other (spec										
	State: District:					Memo Item						
C.	Full Name (Last, First, Middle Initial) VoIPster Communications					Date of Disbursement						
	Mailing Address 11400 Decimal Dr #1003					06 / D D / Y Y Y Y 2022						
	City Louisville	State KY	Zip Code 40299			FEC Identification Number						
	Purpose of Disbursement Carrier Minutes			0	03	С						
	Candidate Name			Cate	egory/ /pe	Transaction ID : SB21B-73661 Amount of Each Disbursement this Period						
	Office Sought: House Disburse	Sought: House Disbursement For:				3518.21						
	Senate President	Primary Other (spec	General cify) ▼			Memo Item						
_	State: District:											
s	UBTOTAL of Disbursements This Page (optional).				····· <b>Þ</b>	5896.13						
т	OTAL This Period (last page this line number only	·)			►	151265.86						

SCHEDULE D (FEC Form 3X)			(Use separate	PAGE 30 OF 34
	BTS AND OBLIGATIONS			
			schedule(s) for each	FOR LINE NUMBER: (check only one) 9
Excluding Loans			numbered line)	<b>×</b> 10
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIA	ANCE PAC			
A. Full Name (Last, First, Middle Initial) of Debt	tor or Creditor			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	·		Transacti	on ID : SD10-997100
2920.07				
Amount Incurred This Period	Pay	ment This Period	Outstandir	ng Balance at Close of This Period
0.00			.00	2920.07
D. Full Name (Lept. First Middle Initial) of Dalate	an an Onaditan		Nature of D	
B. Full Name (Last, First, Middle Initial) of Debto			Telephone	ebt (Purpose): fundraising
LIVE TRANSFERS AND DOING			. cicpiterie	
Mailing Address 1607 Ponce de Leon ave Suite GM8				
City	State	Zip Code		
CANLILIAN	PR	00909		
SAN JUAN				
Outstanding Balance Beginning This Period	I		Transact	ion ID : SD10-997102
Outstanding Balance Beginning This Period 16961.28	1		Transact	ion ID : SD10-997102
Outstanding Balance Beginning This Period	Рау	ment This Period		ion ID : SD10-997102 ng Balance at Close of This Period
Outstanding Balance Beginning This Period 16961.28	Pay	ment This Period	Outstandir	
Outstanding Balance Beginning This Period 16961.28 Amount Incurred This Period 0.00			Outstandir	ng Balance at Close of This Period
Outstanding Balance Beginning This Period 16961.28 Amount Incurred This Period			Outstandir	ng Balance at Close of This Period
Outstanding Balance Beginning This Period 16961.28 Amount Incurred This Period 0.00			Outstandir	ng Balance at Close of This Period
Outstanding Balance Beginning This Period 16961.28 Amount Incurred This Period 0.00			Outstandir	ng Balance at Close of This Period
Outstanding Balance Beginning This Period 16961.28 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debr Mailing Address	tor or Creditor	16961	Outstandir	ng Balance at Close of This Period
Outstanding Balance Beginning This Period 16961.28 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debr			Outstandir	ng Balance at Close of This Period
Outstanding Balance Beginning This Period 16961.28 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debr Mailing Address	tor or Creditor	16961	Outstandir	ng Balance at Close of This Period
Outstanding Balance Beginning This Period 16961.28 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debr Mailing Address City	tor or Creditor	16961	Outstandir	ng Balance at Close of This Period
Outstanding Balance Beginning This Period 16961.28 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debr Mailing Address City	tor or Creditor State	I6961	Outstandir	ng Balance at Close of This Period
Outstanding Balance Beginning This Period 16961.28 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debr Mailing Address City Outstanding Balance Beginning This Period	tor or Creditor State	16961	Outstandir	ebt (Purpose):
Outstanding Balance Beginning This Period 16961.28 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debr Mailing Address City Outstanding Balance Beginning This Period	tor or Creditor State	I6961	Outstandir	ebt (Purpose):
Outstanding Balance Beginning This Period 16961.28 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debr Mailing Address City Outstanding Balance Beginning This Period	tor or Creditor State Pay	Zip Code	Outstandir	ebt (Purpose):
Outstanding Balance Beginning This Period          16961.28         Amount Incurred This Period         0.00         C. Full Name (Last, First, Middle Initial) of Debr         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)	tor or Creditor State Pay	Zip Code	Outstandir	ng Balance at Close of This Period 0.00 ebt (Purpose):
Outstanding Balance Beginning This Period 16961.28 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debr Mailing Address City Outstanding Balance Beginning This Period Amount Incurred This Period	tor or Creditor State Pay	Zip Code	Outstandir	ng Balance at Close of This Period 0.00 ebt (Purpose): ng Balance at Close of This Period 2920.07 2920.07
Outstanding Balance Beginning This Period          16961.28         Amount Incurred This Period         0.00         C. Full Name (Last, First, Middle Initial) of Debr         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)	tor or Creditor          State         Pay         er only)	Zip Code	Outstandir	ng Balance at Close of This Period 0.00 ebt (Purpose):

ITEMIZED INDEPENDENT EXPENDITURES				PAGE 31 OF 34
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
UNITED WOMEN'S HEALTH ALLIAN	ICE PAC			
				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	TION LLC	Memo		f Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave			Amour	05 18 2022
Suite GM8				
City	State	Zip Code		636.05
SAN JUAN	PR	00909		action ID : SE-S936334 f Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising - clearing from 05/18/22		Category/ Type 004		06 / D D / Y Y Y Y 2022
Name of Federal Candidate:		X Support	Office Sough	t: X House District: 14
LAWRENCE, BRENDA, LULENAR, ,		Oppose	Preside	ent Senate State: <u>MI</u>
Calendar Year-To-Date Per Election for Office Sought	7 7 7	19957.08	Disbursement	t For: 🗴 Primary 🗌 General
Full Name of Payee		Memo		f Public Distribution/Dissemination
LIVE TRANSFERS AND DONOR CF	REATION LL			05 / <sup>D</sup> <sup>D</sup> <sup>D</sup> <sup>D</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup>
Mailing Address 1607 Ponce de Leon ave			L	05 16 2022
Suite GM8			Amour	ıt
City	State	Zip Code		636.04
SAN JUAN	PR	00909		action ID : SE-S936336 f Disbursement or Obligation
Purpose of Expenditure		Category/	М	M / D D / Y Y Y Y
Telephone Fundraising - clearing from 05/18/22		Type 004		06 03 2022
Name of Federal Candidate:		<b>x</b> Support	Office Sough	t: X House District: 08
LESKO, DEBBIE, , ,		Oppose	Preside	ent Senate State: <u>AZ</u>
Calendar Year-To-Date Per Election for Office Sought		19957.06	Disbursement	t For: 🗶 Primary 🗌 General
(a) SUBTOTAL of Itemized Independent Expenditures			•	1272.09
(b) SUBTOTAL of Unitemized Independent Expenditu	res		•	7
(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	05 <sup>M</sup>	18 / Y Y Y Y 18 2022
Signature				

ITEMIZED INDEPENDENT EXPENDITURES				PAGE 32 OF 34
NAME OF COMMITTEE (In Full)			FEC	FOR LINE 24 OF FORM 3X IDENTIFICATION NUMBER ▼
UNITED WOMEN'S HEALTH ALLIAN	ICE PAC			
			C	C00755694
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	Memo	Item Date of Pub	lic Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave			05	18 2022
Suite GM8			Amount	
City	State	Zip Code		636.05
SAN JUAN	PR	00909		<b>ID : SE-S936338</b> pursement or Obligation
Purpose of Expenditure Telephone Fundraising - clearing from 05/18/22		Category/ Type 004	M M	/ D D / Y Y Y Y 03 / 2022
Name of Federal Candidate:		X Support	Office Sought:	House District: 00
BLUNT, ROY, , ,		Oppose	President	Senate State: MO
Calendar Year-To-Date Per Election for Office Sought		19957.04	Disbursement For:	Primary General
	, , , ,			specify) ►
Full Name of Payee LIVE TRANSFERS AND DONOR CF	REATION LL	.C Memo	Date of Pub	/ D D / Y Y Y Y 18 2022
Mailing Address 1607 Ponce de Leon ave				
Suite GM8			Amount	
City	State	Zip Code		636.05
SAN JUAN	PR	00909		n ID : SE-S936340 pursement or Obligation
Purpose of Expenditure Telephone Fundraising - clearing from 05/18/22		Category/ Type 004	06	/ D D / Y Y Y Y 03 / 2022
Name of Federal Candidate:		X Support	Office Sought:	House District: 00
MURRAY, PATTY, , ,			President	Senate State: WA
Calendar Year-To-Date Per Election for Office Sought		19957.05	Disbursement For: 2022	Primary General
	7 7		Other (	specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	;		►	1272.10
(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 candid party committee) any political party committee or its	ate or authorized			
	[Electronically Fil	ed] Date	05 / D 05	D / Y Y Y Y 2022
Signature				

ITEMIZED INDEPENDENT EXPENDITURES	PAGE 33 OF 34					
NAME OF COMMITTEE (In Full)	FOR LINE 24 OF FORM 3X					
UNITED WOMEN'S HEALTH ALLIANCE PAC						
	C C00755694					
Check if 24-hour report 48-hour report New report Amends report filed on						
Full Name of Payee  Memo Item  Memo Item	Date of Public Distribution/Dissemination					
LIVE TRANSPERS AND DONOR CREATION LEC	05 / <sup>1</sup> 8 2022					
Mailing Address 1607 Ponce de Leon ave	Amount					
Suite GM8						
City State Zip Code PR 00909 T	636.05					
	Date of Disbursement or Obligation					
Purpose of Expenditure Telephone Fundraising - clearing from 05/18/22     Category/ Type     004	06 / D D / Y Y Y Y 2022					
Name of Federal Candidate:	Sought: House District: 00					
VAN HOLLEN, CHRIS, , , Oppose Pr	resident X Senate State: MD					
Calendar Year-To-Date Disburse Per Election for Office Sought 19957.05 2022	ement For: <b>x</b> Primary General					
	Other (specify) ►					
Full Name of Payee       Image: Memo Item         LIVE TRANSFERS AND DONOR CREATION LLC	Date of Public Distribution/Dissemination					
Mailing Address	05 18 2022					
1607 Ponce de Leon ave	mount					
City State Zip Code	636.05					
ER UU9U9	Transaction ID : SE-S936344 Date of Disbursement or Obligation					
Purpose of Expenditure         Category/           Telephone Fundraising - clearing from 05/18/22         Category/	$\begin{array}{c c} & & & \\ & & & & \\ & & & & \\ & & & \\ & & & & \\ & & & & \\ & & & & \\ & & & & \\ & & & & \\ & & & & \\ & & & & \\ & & & & \\ & & & & \\ & & & & \\ & & &$					
Name of Federal Candidate: Support Office S	Sought: House District: 00					
	President X Senate State: TX					
10057.05	pursement For: X Primary General					
Per Election for Office Sought 2026	Other (specify)					
(a) SUBTOTAL of Itemized Independent Expenditures 1272.10						
(b) SUBTOTAL of Unitemized Independent Expenditures						
(c) TOTAL Independent Expenditures						
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
MASTROIANNI, STEPHANIE, , , [Electronically Filed] Date 05	/ D D / Y Y Y Y 18 2022					
Signature						

ITEMIZED INDEPENDENT EXPENDITURES	6				PAGE 34	<b>.</b> .	
NAME OF COMMITTEE (In Full)				FEC		24 OF FORM 3X	
UNITED WOMEN'S HEALTH ALLIAN	NCE PAC			L L L			
				С	C00755694	+	
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	M M	/ D D /	Y Y Y Y	
Full Name of Payee		Memo	Item Dat	e of Publ	lic Distributior	n/Dissemination	
				<sup>M</sup> 05 <sup>M</sup>	/ 18	Y Y Y Y 2022	
Mailing Address 1607 Ponce de Leon ave			Am	Amount			
Suite GM8						222.04	
City	State	Zip Code 00909		ncontion	ID : SE-S93	636.04	
SAN JUAN	PR	00909			oursement or		
Purpose of Expenditure Telephone Fundraising - clearing from 05/18/22		Category/ Type 004		<sup>M</sup> 06	/ D D D 03	Y Y Y Y Y 2022	
Name of Federal Candidate:		X Support	Office Sou	ight:	House	District:00	
TILLIS, THOM, R., Sen,		Oppose	Pres	ident	× Senate	State: NC	
Calendar Year-To-Date Per Election for Office Sought		19957.05	Disbursem 2026		X Primai	y General	
Full Name of Payee				,	specify)	/Dissemination	
LIVE TRANSFERS AND DONOR CF	REATION LL	.C Memo		M M	/ D D	Y Y Y Y	
Mailing Address				05	18	2022	
1607 Ponce de Leon ave Suite GM8			Am	ount			
City	State	Zip Code				636.05	
SAN JUAN	PR	00909		Transaction ID : SE-S936348 Date of Disbursement or Obligation			
Purpose of Expenditure Telephone Fundraising - clearing from 05/18/22		Category/ Tupo 004		06 / 03 / 2022			
		Type 004					
				ce Sought: House District: 00			
SHAHEEN, JEANNE, , ,		Oppose	Pres	sident	X Senate	State: <u>NH</u>	
Calendar Year-To-Date Per Election for Office Sought		19957.06	Disbursem 2026	bursement For: <b>x</b> Primary General			
	7 7			Other (s	specify) 🕨		
(a) SUBTOTAL of Itemized Independent Expenditures 1272.09							
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres						
(c) TOTAL Independent Expenditures				7		5088.38	
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						
MASTROIANNI, STEPHANIE, , ,	[Electronically Fil	led] Date	e 05	/ 18		22 Y	
Signature							