



**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**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2022"/>		89698.79
(b) Cash on Hand at Beginning of Reporting Period.....	102677.46	
(c) Total Receipts (from Line 19) .....	145373.90	902439.96
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	248051.36	992138.75
7. Total Disbursements (from Line 31).....	156642.31	900729.70
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

Write or Type Committee Name

**UNITED WOMEN'S HEALTH ALLIANCE PAC**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	2035.00	23040.00
(ii) Unitemized .....	118338.90	854399.96
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	120373.90	877439.96
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	120373.90	877439.96
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	25000.00	25000.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	145373.90	902439.96
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	145373.90	902439.96

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	151468.93	734386.81
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	151468.93	734386.81
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	5088.38	165417.89
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	85.00	925.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	85.00	925.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	156642.31	900729.70
32. 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

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	120373.90	877439.96
34. Total Contribution Refunds (from Line 28(d)) .....	85.00	925.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	120288.90	876514.96
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	151468.93	734386.81
37. Offsets to Operating Expenditures (from Line 15, page 3).....	25000.00	25000.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	126468.93	709386.81

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`ZG7 <98I @ `CF`#H9A-N5HCB

Form/Schedule: F3XN  
Transaction ID :

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

Form/Schedule: 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.

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. ANDERSON, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6317 LOCH MOOR DR  
 City EDINA State MN Zip Code 55439  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Psychiatrist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 06 / 06 / 2022  
**Transaction ID : SA11AI-27938586**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**B. ANDREWS, LESTER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 COLONNADES HILL DR  
 City CHARLOTTESVILLE State VA Zip Code 22901  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 06 / 19 / 2022  
**Transaction ID : SA11AI-27937810**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. BAYLISS, MARY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 206 CHAD PL  
 City OCEAN VIEW State DE Zip Code 19970  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 06 / 08 / 2022  
**Transaction ID : SA11AI-27939100**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 OF 34
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

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

Mailing Address 1305 NORTHCLIFF AVE  
APT B13

City NORMAN State OK Zip Code 73071

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
06 / 16 / 2022  
**Transaction ID : SA11AI-27936978**

Amount of Each Receipt this Period  
55.00

Memo Item

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

Mailing Address 20 WESTBROOK LN

City GROTON State MA Zip Code 01450

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
06 / 03 / 2022  
**Transaction ID : SA11AI-27936578**

Amount of Each Receipt this Period  
105.00

Memo Item

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

Mailing Address 20 WESTBROOK LN

City GROTON State MA Zip Code 01450

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
06 / 17 / 2022  
**Transaction ID : SA11AI-27937832**

Amount of Each Receipt this Period  
105.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	265.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

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

FOR LINE NUMBER: PAGE 9 OF 34  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A. BRYANT, GOLDIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 23479 ROAD 104  
 City OAKWOOD   State OH   Zip Code 45873  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired   Occupation (for Individual) Retired  
 Receipt For:  Primary    General    Other (specify) ▼  
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt 06 / 02 / 2022  
**Transaction ID : SA11AI-27934634**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**B. BUIST, EVERDENE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 894 142ND AVE  
 City WAYLAND   State MI   Zip Code 49348  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired   Occupation (for Individual) Retired  
 Receipt For:  Primary    General    Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 06 / 08 / 2022  
**Transaction ID : SA11AI-27939112**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. BURNS, MARY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16306 FM 756  
 City TYLER   State TX   Zip Code 75703  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired   Occupation (for Individual) Retired  
 Receipt For:  Primary    General    Other (specify)  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 06 / 16 / 2022  
**Transaction ID : SA11AI-27934410**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 95.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 34
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

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

Mailing Address 8029 1ST ST

City PARAMOUNT	State CA	Zip Code 90723
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
205.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 29 / 2022

**Transaction ID : SA11AI-27935210**

Amount of Each Receipt this Period  
40.00

Memo Item

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

Mailing Address 144 CALVIN ST

City TOWNSHIP OF WASHINGT	State NJ	Zip Code 07676
------------------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 09 / 2022

**Transaction ID : SA11AI-27932064**

Amount of Each Receipt this Period  
250.00

Memo Item

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

Mailing Address 5323 LEWIS COVIN RD

City MACCLENNY	State FL	Zip Code 32063
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
330.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 21 / 2022

**Transaction ID : SA11AI-27938998**

Amount of Each Receipt this Period  
30.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	320.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

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

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

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

Mailing Address 225 E MAIN ST

City SUDLERSVILLE	State MD	Zip Code 21668
----------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		15		2022

**Transaction ID : SA11AI-27937998**

Amount of Each Receipt this Period  
105.00

Memo Item

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

Mailing Address 125 E PARK SHORES CIR  
APT 23E

City VERO BEACH	State FL	Zip Code 32963
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
235.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		15		2022

**Transaction ID : SA11AI-27937944**

Amount of Each Receipt this Period  
80.00

Memo Item

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

Mailing Address 87 LYMAN BARNES RD

City BRIMFIELD	State MA	Zip Code 01010
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
480.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		04		2022

**Transaction ID : SA11AI-27939162**

Amount of Each Receipt this Period  
125.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	310.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

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

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

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

Mailing Address 374 HICKORY TREE RD

City PLEASANT HILL	State NC	Zip Code 27866
-----------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	17	/	2022

**Transaction ID : SA11AI-27937862**

Amount of Each Receipt this Period  
55.00

Memo Item

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

Mailing Address 55 DAVIS LN

City EASTON	State MD	Zip Code 21601
----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
335.00

Date of Receipt  

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

**Transaction ID : SA11AI-27937018**

Amount of Each Receipt this Period  
30.00

Memo Item

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

Mailing Address 55 DAVIS LN

City EASTON	State MD	Zip Code 21601
----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
335.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	19	/	2022

**Transaction ID : SA11AI-27937812**

Amount of Each Receipt this Period  
80.00

Memo Item

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

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

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

FOR LINE NUMBER: PAGE 13 OF 34  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

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

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

Mailing Address 9213 SPRING ST

City HIGHLAND	State IN	Zip Code 46322
------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	14	/	2022

**Transaction ID : SA11AI-27938030**

Amount of Each Receipt this Period  
55.00

Memo Item

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

Mailing Address 5317 RANDY CT  
LOT 34

City SANTA ROSA	State CA	Zip Code 95403
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	07	/	2022

**Transaction ID : SA11AI-27936870**

Amount of Each Receipt this Period  
50.00

Memo Item

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

Mailing Address 317 W MAIN ST  
APT 7104

City CHESTER	State CT	Zip Code 06412
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	07	/	2022

**Transaction ID : SA11AI-27936868**

Amount of Each Receipt this Period  
35.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	140.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 14 OF 34  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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

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

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

Mailing Address 315 S CENTER ST

City AMERICAN FORK	State UT	Zip Code 84003
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) Simplii	Occupation (for Individual) Director Of Strategic Partnerships
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
635.00

Date of Receipt  
06 / 27 / 2022  
**Transaction ID : SA11AI-27937298**

Amount of Each Receipt this Period  
55.00

Memo Item

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

Mailing Address 1700 ROBIN LN  
APT 209

City LISLE	State IL	Zip Code 60532
---------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
235.00

Date of Receipt  
06 / 07 / 2022  
**Transaction ID : SA11AI-27936354**

Amount of Each Receipt this Period  
25.00

Memo Item

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

Mailing Address 1103 MALLARD WAY

City GRANBURY	State TX	Zip Code 76048
------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
06 / 16 / 2022  
**Transaction ID : SA11AI-27937878**

Amount of Each Receipt this Period  
75.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	155.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

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

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

**A. RICHARDS, JANE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16 SALISBURY DR  
 APT 7504  
 City ASHEVILLE State NC Zip Code 28803  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt 06 / 30 / 2022  
**Transaction ID : SA11AI-27933196**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. SMITH, MARY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 244 N MACY ST  
 City FOND DU LAC State WI Zip Code 54935  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt 06 / 16 / 2022  
**Transaction ID : SA11AI-27934384**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**C. STARR, BETH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2231 NE BRIDGECREEK AVE  
 APT 107  
 City VANCOUVER State WA Zip Code 98664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 305.00

Date of Receipt 06 / 14 / 2022  
**Transaction ID : SA11AI-27938034**  
 Amount of Each Receipt this Period 80.00  
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 16 OF 34  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

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

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

Mailing Address 734 BRISTOL VILLAGE DR  
APT 104

City MIDLOTHIAN State VA Zip Code 23114

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
MM / DD / YYYY  
06 / 02 / 2022

**Transaction ID : SA11AI-27938922**

Amount of Each Receipt this Period  
50.00

Memo Item

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

Mailing Address 734 BRISTOL VILLAGE DR  
APT 104

City MIDLOTHIAN State VA Zip Code 23114

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
MM / DD / YYYY  
06 / 06 / 2022

**Transaction ID : SA11AI-27938582**

Amount of Each Receipt this Period  
35.00

Memo Item

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

Mailing Address

City State Zip Code

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	85.00
<b>TOTAL</b> This Period (last page this line number only).....	2035.00



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

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

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

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

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1607 Ponce de Leon ave  
Suite GM8

City SAN JUAN State PR Zip Code 00909

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

Name of Employer (for Individual) LIVE TRANSFERS Occupation (for Individual) Business

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
25000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 21 / 2022

**Transaction ID : SA15-27939238**

Amount of Each Receipt this Period  
25000.00

Memo Item  
 Reimbursement of Legal Settlement

**B.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

**C.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	25000.00
<b>TOTAL</b> This Period (last page this line number only).....	25000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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 (Last, First, Middle Initial)  
**A. ABC Company**

Mailing Address PO Box 2413

City Huntington State NY Zip Code 11743

Purpose of Disbursement Fundraising and Media Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
06 / 29 / 2022

FEC Identification Number: C

Transaction ID : SB21B-73667

Amount of Each Disbursement this Period: 12000.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. ABC Company**

Mailing Address PO Box 2413

City Huntington State NY Zip Code 11743

Purpose of Disbursement Fundraising and Media Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
06 / 29 / 2022

FEC Identification Number: C

Transaction ID : SB21B-73667

Amount of Each Disbursement this Period: 5000.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Blank Rome LLP**

Mailing Address 1825 Eye Street NW

City Washington State DC Zip Code 20006

Purpose of Disbursement Legal Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
06 / 15 / 2022

FEC Identification Number: C

Transaction ID : SB21B-73667

Amount of Each Disbursement this Period: 3235.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 20235.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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 (Last, First, Middle Initial)

**A. COA Network Inc.**

Mailing Address 991 Route 22 West  
Suite 200

City Bridgewater Township State NJ Zip Code 08807

Purpose of Disbursement  
800 Telephone numbers

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement  
MM / DD / YYYY  
06 / 23 / 2022

FEC Identification Number  
  
**Transaction ID : SB21B-73665**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. EagleBank**

Mailing Address 7815 Woodmont ave

City Bethesda State MD Zip Code 20814

Purpose of Disbursement  
Bank analysis fee

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement  
MM / DD / YYYY  
06 / 13 / 2022

FEC Identification Number  
  
**Transaction ID : SB21B-73663**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Google Gsuite**

Mailing Address 1600 Amphitheatre Pkwy

City Mountain View State CA Zip Code 94043

Purpose of Disbursement  
Email Services

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement  
MM / DD / YYYY  
06 / 03 / 2022

FEC Identification Number  
  
**Transaction ID : SB21B-73661**  
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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 (Last, First, Middle Initial)

**A. Grasshopper**

Mailing Address 320 Summer St

City Boston State MA Zip Code 02210

Purpose of Disbursement Telephone Service

Category/Type

Candidate Name

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

Date of Disbursement  

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	1		2	0	2	2

FEC Identification Number  
  
**Transaction ID : SB21B-73664**  
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Intuit Inc.**

Mailing Address 2700 Coast Ave

City Mountain View State CA Zip Code 94043

Purpose of Disbursement Accounting Software

Category/Type

Candidate Name

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

Date of Disbursement  

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	6		2	0	2	2

FEC Identification Number  
  
**Transaction ID : SB21B-73662**  
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 1607 Ponce de Leon ave Suite GM8

City SAN JUAN State PR Zip Code 00909

Purpose of Disbursement Telephone fundraising

Category/Type

Candidate Name

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

Date of Disbursement  

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	2	2

FEC Identification Number  
  
**Transaction ID : SB21B-73705**  
 Amount of Each Disbursement this Period

Memo Item

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

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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 (Last, First, Middle Initial)

### A. LIVE TRANSFERS AND DONOR CREATION LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	01	/	2022

Mailing Address 1607 Ponce de Leon ave  
Suite GM8

City SAN JUAN State PR Zip Code 00909

Purpose of Disbursement Telephone fundraising  
Candidate Name  
Category/Type 003

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

FEC Identification Number

C [ ]  
Transaction ID : SB21B-73709  
Amount of Each Disbursement this Period  
[ ] 11740.97

Memo Item

Full Name (Last, First, Middle Initial)

### B. LIVE TRANSFERS AND DONOR CREATION LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	03	/	2022

Mailing Address 1607 Ponce de Leon ave  
Suite GM8

City SAN JUAN State PR Zip Code 00909

Purpose of Disbursement Telephone fundraising - clearing from 05/18/22  
Candidate Name  
Category/Type 003

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

FEC Identification Number

C [ ]  
Transaction ID : SB21B-73708  
Amount of Each Disbursement this Period  
[ ] 5088.38  
Invoice for Schedule Es from previous period  
 Memo Item

Full Name (Last, First, Middle Initial)

### C. LIVE TRANSFERS AND DONOR CREATION LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	03	/	2022

Mailing Address 1607 Ponce de Leon ave  
Suite GM8

City SAN JUAN State PR Zip Code 00909

Purpose of Disbursement Telephone fundraising - clearing from 05/18/22  
Candidate Name  
Category/Type 003

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

FEC Identification Number

C [ ]  
Transaction ID : SB21B-73708  
Amount of Each Disbursement this Period  
[ ] 11872.90

Memo Item

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

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

[ ] 23613.87  
[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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 (Last, First, Middle Initial)

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

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
06			08			2022			

Mailing Address 1607 Ponce de Leon ave  
Suite GM8

FEC Identification Number

**C**

**Transaction ID : SB21B-73709**

Amount of Each Disbursement this Period

5193.09

City SAN JUAN State PR Zip Code 00909

Purpose of Disbursement  
Telephone fundraising

003

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

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

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
06			08			2022			

Mailing Address 1607 Ponce de Leon ave  
Suite GM8

FEC Identification Number

**C**

**Transaction ID : SB21B-73709**

Amount of Each Disbursement this Period

12117.20

City SAN JUAN State PR Zip Code 00909

Purpose of Disbursement  
Telephone fundraising

003

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

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

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
06			15			2022			

Mailing Address 1607 Ponce de Leon ave  
Suite GM8

FEC Identification Number

**C**

**Transaction ID : SB21B-73711**

Amount of Each Disbursement this Period

5086.36

City SAN JUAN State PR Zip Code 00909

Purpose of Disbursement  
Telephone fundraising

003

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Memo Item

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

22396.65

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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 (Last, First, Middle Initial)

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	15	/	2022

Mailing Address 1607 Ponce de Leon ave  
Suite GM8

City SAN JUAN State PR Zip Code 00909

Purpose of Disbursement Telephone fundraising

Category/Type

FEC Identification Number

**Transaction ID : SB21B-73710**  
Amount of Each Disbursement this Period

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	22	/	2022

Mailing Address 1607 Ponce de Leon ave  
Suite GM8

City SAN JUAN State PR Zip Code 00909

Purpose of Disbursement Telephone fundraising

Category/Type

FEC Identification Number

**Transaction ID : SB21B-73710**  
Amount of Each Disbursement this Period

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	22	/	2022

Mailing Address 1607 Ponce de Leon ave  
Suite GM8

City SAN JUAN State PR Zip Code 00909

Purpose of Disbursement Telephone fundraising

Category/Type

FEC Identification Number

**Transaction ID : SB21B-73710**  
Amount of Each Disbursement this Period

Candidate Name

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

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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 (Last, First, Middle Initial)

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	29	/	2022

Mailing Address 1607 Ponce de Leon ave  
Suite GM8

City SAN JUAN State PR Zip Code 00909

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

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

FEC Identification Number

**C** [Redacted]  
**Transaction ID : SB21B-73710**  
Amount of Each Disbursement this Period  
5177.83

Memo Item

Full Name (Last, First, Middle Initial)

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	29	/	2022

Mailing Address 1607 Ponce de Leon ave  
Suite GM8

City SAN JUAN State PR Zip Code 00909

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

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

FEC Identification Number

**C** [Redacted]  
**Transaction ID : SB21B-73711**  
Amount of Each Disbursement this Period  
12081.57

Memo Item

Full Name (Last, First, Middle Initial)

**C. North American Marketing Solutions Inc**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	03	/	2022

Mailing Address 3245 N 126th St

City Brookfield State WI Zip Code 53005

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

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

FEC Identification Number

**C** [Redacted]  
**Transaction ID : SB21B-7366'**  
Amount of Each Disbursement this Period  
2343.97

Memo Item

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

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

19603.37
[Redacted]



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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 (Last, First, Middle Initial)

### A. North American Marketing Solutions Inc

Mailing Address 3245 N 126th St

City Brookfield State WI Zip Code 53005

Purpose of Disbursement  
Mailers and Caging

001  
 002  
 003  
Category/  
Type

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
06 / 15 / 2022

FEC Identification Number

C  
Transaction ID : SB21B-73664  
Amount of Each Disbursement this Period  
2752.89

Memo Item

Full Name (Last, First, Middle Initial)

### B. North American Marketing Solutions Inc

Mailing Address 3245 N 126th St

City Brookfield State WI Zip Code 53005

Purpose of Disbursement  
Mailers and Caging

001  
 002  
 003  
Category/  
Type

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
06 / 15 / 2022

FEC Identification Number

C  
Transaction ID : SB21B-73664  
Amount of Each Disbursement this Period  
4242.66

Memo Item

Full Name (Last, First, Middle Initial)

### C. North American Marketing Solutions Inc

Mailing Address 3245 N 126th St

City Brookfield State WI Zip Code 53005

Purpose of Disbursement  
Mailers and Caging

001  
 002  
 003  
Category/  
Type

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
06 / 27 / 2022

FEC Identification Number

C  
Transaction ID : SB21B-73664  
Amount of Each Disbursement this Period  
3303.54

Memo Item

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

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

10299.09

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

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

FOR LINE NUMBER:  
(check only one)

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

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 (Last, First, Middle Initial) <b>A. North American Marketing Solutions Inc</b>		Date of Disbursement MM / DD / YYYY 06 / 29 / 2022	
Mailing Address 3245 N 126th St		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-73667</b>	
City Brookfield	State WI	Zip Code 53005	Amount of Each Disbursement this Period 3454.42
Purpose of Disbursement Mailing and Caging		Category/ Type 003	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. North American Marketing Solutions Inc</b>		Date of Disbursement MM / DD / YYYY 06 / 30 / 2022	
Mailing Address 3245 N 126th St		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-73668</b>	
City Brookfield	State WI	Zip Code 53005	Amount of Each Disbursement this Period 7389.93
Purpose of Disbursement Mailing and Caging		Category/ Type 003	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. PACSmart Filing Services</b>		Date of Disbursement MM / DD / YYYY 06 / 27 / 2022	
Mailing Address 1013 Centre Rd. Suite 403-A		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-73666</b>	
City Wilmington	State DE	Zip Code 19805	Amount of Each Disbursement this Period 1100.00
Purpose of Disbursement FEC Compliance Reporting		Category/ Type	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	11944.35
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

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

### A. PACSmart Filing Services

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 1013 Centre Rd.  
Suite 403-A

M M M	/	D D D	/	Y Y Y Y Y
06		29		2022

City Wilmington State DE Zip Code 19805

FEC Identification Number

Purpose of Disbursement  
FEC Compliance Reporting

C
---

Transaction ID : SB21B-73667  
Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

2200.00
---------

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

Memo Item

State: District:

### B. RallyPay

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 995 Market Street  
Floor 2

M M M	/	D D D	/	Y Y Y Y Y
06		30		2022

City San Francisco State CA Zip Code 94103

FEC Identification Number

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

C
---

Transaction ID : SB21B-73668  
Amount of Each Disbursement this Period

Candidate Name

003  
Category/  
Type

29.00
-------

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

Memo Item

State: District:

### C. RallyPay

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 995 Market Street  
Floor 2

M M M	/	D D D	/	Y Y Y Y Y
06		30		2022

City San Francisco State CA Zip Code 94103

FEC Identification Number

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

C
---

Transaction ID : SB21B-73668  
Amount of Each Disbursement this Period

Candidate Name

003  
Category/  
Type

58.00
-------

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

Memo Item

State: District:

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

2287.00
---------

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

--

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

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

FOR LINE NUMBER:  
(check only one)

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

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 (Last, First, Middle Initial)

**A. RallyPay**

Mailing Address 995 Market Street  
Floor 2

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Combined 'off the top' CC Transaction fees Jun

Candidate Name

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

Category/  
Type

Date of Disbursement  
MM / DD / YYYY  
06 / 30 / 2022

FEC Identification Number  
  
**Transaction ID : SB21B-73669**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. RallyPay**

Mailing Address 995 Market Street  
Floor 2

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Combined 'off the top' CC Transaction fees Jun

Candidate Name

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

Category/  
Type

Date of Disbursement  
MM / DD / YYYY  
06 / 30 / 2022

FEC Identification Number  
  
**Transaction ID : SB21B-73669**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. RallyPay**

Mailing Address 995 Market Street  
Floor 2

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Combined 'off the top' CC Transaction fees Jun

Candidate Name

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

Category/  
Type

Date of Disbursement  
MM / DD / YYYY  
06 / 30 / 2022

FEC Identification Number  
  
**Transaction ID : SB21B-73669**  
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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 (Last, First, Middle Initial)

**A. RallyPay**

Mailing Address 995 Market Street  
Floor 2

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Combined 'off the top' CC Transaction fees Jun

Category/  
Type

Candidate Name

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

Date of Disbursement  
MM / DD / YYYY  
06 / 30 / 2022

FEC Identification Number  
  
**Transaction ID : SB21B-73668**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. RallyPay**

Mailing Address 995 Market Street  
Floor 2

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Combined 'off the top' CC Transaction fees Jun

Category/  
Type

Candidate Name

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

Date of Disbursement  
MM / DD / YYYY  
06 / 30 / 2022

FEC Identification Number  
  
**Transaction ID : SB21B-73669**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. VoIPster Communications**

Mailing Address 11400 Decimal Dr #1003

City Louisville State KY Zip Code 40299

Purpose of Disbursement  
Carrier Minutes

Category/  
Type

Candidate Name

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

Date of Disbursement  
MM / DD / YYYY  
06 / 03 / 2022

FEC Identification Number  
  
**Transaction ID : SB21B-73667**  
Amount of Each Disbursement this Period

Memo Item

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

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

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 30 OF 34
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

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

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

Outstanding Balance Beginning This Period 2920.07	Transaction ID : SD10-997100	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2920.07

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>LIVE TRANSFERS AND DONOR CREATION LLC</b>			Nature of Debt (Purpose): Telephone fundraising
Mailing Address 1607 Ponce de Leon ave Suite GM8			
City SAN JUAN	State PR	Zip Code 00909	

Outstanding Balance Beginning This Period 16961.28	Transaction ID : SD10-997102	
Amount Incurred This Period 0.00	Payment This Period 16961.28	Outstanding Balance at Close of This Period 0.00

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

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

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

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
FEC IDENTIFICATION NUMBER C C00755694

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising - clearing from 05/18/22
Category/Type 004
Date of Public Distribution/Dissemination 05/18/2022
Amount 636.05
Transaction ID: SE-S936334
Date of Disbursement or Obligation 06/03/2022

Name of Federal Candidate: LAWRENCE, BRENDA, LULENAR,
Support Oppose
Office Sought: House District: 14 State: MI
Disbursement For: Primary General 2022 Other (specify)

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising - clearing from 05/18/22
Category/Type 004
Date of Public Distribution/Dissemination 05/18/2022
Amount 636.04
Transaction ID: SE-S936336
Date of Disbursement or Obligation 06/03/2022

Name of Federal Candidate: LESKO, DEBBIE,
Support Oppose
Office Sought: House District: 08 State: AZ
Disbursement For: Primary General 2022 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1272.09
(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]

Signature

Date 05/18/2022

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
FEC IDENTIFICATION NUMBER C C00755694

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising - clearing from 05/18/22
Category/Type 004
Date of Public Distribution/Dissemination 05/18/2022
Amount 636.05
Transaction ID: SE-S936338
Date of Disbursement or Obligation 06/03/2022

Name of Federal Candidate: BLUNT, ROY, , ,
Support Oppose
Office Sought: House Senate State: MO
Disbursement For: Primary General 2022 Other (specify)

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising - clearing from 05/18/22
Category/Type 004
Date of Public Distribution/Dissemination 05/18/2022
Amount 636.05
Transaction ID: SE-S936340
Date of Disbursement or Obligation 06/03/2022

Name of Federal Candidate: MURRAY, PATTY, , ,
Support Oppose
Office Sought: House Senate State: WA
Disbursement For: Primary General 2022 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]
Signature

Date 05/18/2022



SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
FEC IDENTIFICATION NUMBER C C00755694

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising - clearing from 05/18/22
Category/Type 004
Date of Public Distribution/Dissemination 05/18/2022
Amount 636.05
Transaction ID: SE-S936342
Date of Disbursement or Obligation 06/03/2022

Name of Federal Candidate: VAN HOLLEN, CHRIS, ,
Support Oppose
Office Sought: House Senate
District: 00 State: MD
Calendar Year-To-Date Per Election for Office Sought 19957.05
Disbursement For: Primary General
Other (specify)

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising - clearing from 05/18/22
Category/Type 004
Date of Public Distribution/Dissemination 05/18/2022
Amount 636.05
Transaction ID: SE-S936344
Date of Disbursement or Obligation 06/03/2022

Name of Federal Candidate: CORNYN, JOHN, , Sen,
Support Oppose
Office Sought: House Senate
District: 00 State: TX
Calendar Year-To-Date Per Election for Office Sought 19957.05
Disbursement For: Primary General
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 05/18/2022

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
FEC IDENTIFICATION NUMBER C C00755694

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising - clearing from 05/18/22
Category/Type 004
Date of Public Distribution/Dissemination 05/18/2022
Amount 636.04
Transaction ID: SE-S936346
Date of Disbursement or Obligation 06/03/2022

Name of Federal Candidate: TILLIS, THOM, R., Sen.
Support Oppose
Office Sought: House Senate
District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought 19957.05
Disbursement For: Primary General
Other (specify)

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising - clearing from 05/18/22
Category/Type 004
Date of Public Distribution/Dissemination 05/18/2022
Amount 636.05
Transaction ID: SE-S936348
Date of Disbursement or Obligation 06/03/2022

Name of Federal Candidate: SHAHEEN, JEANNE, , ,
Support Oppose
Office Sought: House Senate
District: 00 State: NH
Calendar Year-To-Date Per Election for Office Sought 19957.06
Disbursement For: Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1272.09
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures 5088.38

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 05/18/2022

Signature