

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

UNITED WOMEN'S HEALTH ALLIANCE PAC

ADDRESS (number and street) 1775 EYE STREET NW

Check if different than previously reported. (ACC)

WASHINGTON DC 20006

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00755694

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

<input type="checkbox"/> Feb 20 (M2)	<input type="checkbox"/> May 20 (M5)	<input type="checkbox"/> Aug 20 (M8)	<input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only)
<input type="checkbox"/> Mar 20 (M3)	<input type="checkbox"/> Jun 20 (M6)	<input type="checkbox"/> Sep 20 (M9)	<input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)
<input type="checkbox"/> Apr 20 (M4)	<input type="checkbox"/> Jul 20 (M7)	<input type="checkbox"/> Oct 20 (M10)	<input type="checkbox"/> Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12S)	

Election on M M M / D D D / Y Y Y Y Y Y in the State of  

(d) 30-Day POST-Election Report for the:

<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
--	---------------------------------------	--

Election on M M M / D D D / Y Y Y Y Y Y in the State of  

5. Covering Period M M M / D D D / Y Y Y Y Y Y 01 / 01 / 2023 through M M M / D D D / Y Y Y Y Y Y 06 / 30 / 2023

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer PLISHKA, JOHN, , ,

Signature of Treasurer PLISHKA, JOHN, , , [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 07 / 26 / 2023

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**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="2023"/>		37825.64
(b) Cash on Hand at Beginning of Reporting Period.....	37825.64	
(c) Total Receipts (from Line 19) .....	221244.98	221244.98
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	259070.62	259070.62
7. Total Disbursements (from Line 31).....	258789.78	258789.78
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	280.84	280.84
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) .....	0.00	

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).....	1625.00	1625.00
(ii) Unitemized .....	219619.98	219619.98
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	221244.98	221244.98
(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) .....	221244.98	221244.98
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).....	0.00	0.00
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)).....▶	221244.98	221244.98
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	221244.98	221244.98

**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 .....	258284.78	258284.78
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	258284.78	258284.78
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) .....	0.00	0.00
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 .....	505.00	505.00
(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)).....	505.00	505.00
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)) ..	258789.78	258789.78
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	258789.78	258789.78

**DETAILED SUMMARY PAGE**  
of Disbursements

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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) .....	221244.98	221244.98
34. Total Contribution Refunds (from Line 28(d)) .....	505.00	505.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	220739.98	220739.98
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	258284.78	258284.78
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	258284.78	258284.78

: 97 `A =G7 9 @C B9 CI G`H9 LH`F9 @ H98 `HC `5 `F9 DCFH`ZG7 <98 I @ `CF `H9 A =N5 HCB

Form/Schedule: F3XT  
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: F3XT  
Transaction ID:

This Committee is not involved in any matter before the Commission, nor does this committee have any outstanding debts and/or obligations. Additionally, this committee is no longer actively seeking contributions, or making independent expenditures. The remaining funds in this committees account will be used to pay any remaining bills/closing costs, and/or donated to a charity, once they receive notification from the Commission that their termination report has been approved.

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XT  
Transaction ID :

The Schedule D debt owed to "Stephanie Mastroianni for \$2,920.07 has been forgiven by the debtor (Stephanie Mastroianni), and is no longer owed.

Form/Schedule:  
Transaction ID:

**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 65  
(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. BROWN, CAROL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7414 QUIXOTE CT  
 City BOWIE State MD Zip Code 20720  
 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 ▼ 255.00

Date of Receipt 02 / 07 / 2023  
**Transaction ID : SA11AI-28858737**  
 Amount of Each Receipt this Period 130.00  
 Memo Item

**B. BROWN, CAROL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7414 QUIXOTE CT  
 City BOWIE State MD Zip Code 20720  
 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 ▼ 255.00

Date of Receipt 02 / 16 / 2023  
**Transaction ID : SA11AI-28855533**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

**C. CLAY, MARY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7503 WINDWARD DR  
 City NEW BERN State NC Zip Code 28560  
 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 ▼ 400.00

Date of Receipt 01 / 02 / 2023  
**Transaction ID : SA11AI-28857989**  
 Amount of Each Receipt this Period 400.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 655.00  
**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: PAGE 9 OF 65  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. COVIN, LEWIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 23 / 2023  
**Transaction ID : SA11AI-28846329**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item

**B. COVIN, LEWIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 23 / 2023  
**Transaction ID : SA11AI-28854087**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**C. HOSTETLER, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2524 ASHTON AVE  
 City KALAMAZOO State MI Zip Code 49004  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 11 / 2023  
**Transaction ID : SA11AI-28858793**  
 Amount of Each Receipt this Period  
 65.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 315.00  
**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:	PAGE 10 OF 65
	(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"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 2524 ASHTON AVE

City KALAMAZOO	State MI	Zip Code 49004
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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  

M M	/	D D	/	Y Y Y Y
01		17		2023

**Transaction ID : SA11AI-28858439**

Amount of Each Receipt this Period  
65.00

Memo Item

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

Mailing Address 2524 ASHTON AVE

City KALAMAZOO	State MI	Zip Code 49004
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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  

M M	/	D D	/	Y Y Y Y
01		25		2023

**Transaction ID : SA11AI-28860657**

Amount of Each Receipt this Period  
55.00

Memo Item

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

Mailing Address 2524 ASHTON AVE

City KALAMAZOO	State MI	Zip Code 49004
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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  

M M	/	D D	/	Y Y Y Y
02		10		2023

**Transaction ID : SA11AI-28859105**

Amount of Each Receipt this Period  
55.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	175.00
<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 11 OF 65
<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

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

**A. SIMMS, ENA S., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 102 APPIAN WAY  
 City KISSIMMEE State FL Zip Code 34758  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **02 / 16 / 2023**  
**Transaction ID : SA11AI-28846581**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. WERNER, JAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2004 W HILL TRL  
 City FINDLAY State OH Zip Code 45840  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt **01 / 18 / 2023**  
**Transaction ID : SA11AI-28859671**  
 Amount of Each Receipt this Period 80.00  
 Memo Item

**C. WERNER, JAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2004 W HILL TRL  
 City FINDLAY State OH Zip Code 45840  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt **02 / 02 / 2023**  
**Transaction ID : SA11AI-28856417**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	480.00
<b>TOTAL</b> This Period (last page this line number only).....▶	1625.00

**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

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

**A. Laccinol, Christopher, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 17 Richard Smith Road

City Narragansett State RI Zip Code 02882

Purpose of Disbursement Legal Settlement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 06 / 2023

FEC Identification Number: C

Transaction ID : SB21B-89369

Amount of Each Disbursement this Period: 750.00

Memo Item

**B. Laccinol, Christopher, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 17 Richard Smith Road

City Narragansett State RI Zip Code 02882

Purpose of Disbursement Legal Settlement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 07 / 2023

FEC Identification Number: C

Transaction ID : SB21B-89369

Amount of Each Disbursement this Period: 3984.41

Memo Item

**C. ABC Company**

Full Name (Last, First, Middle Initial)

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

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 05 / 2023

FEC Identification Number: C

Transaction ID : SB21B-89369

Amount of Each Disbursement this Period: 2000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 6734.41

**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

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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

004

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	1		1	2		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-89369

Amount of Each Disbursement this Period

[REDACTED]	2000.00
------------	---------

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

004

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	1		2	0		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-89369

Amount of Each Disbursement this Period

[REDACTED]	5000.00
------------	---------

Memo Item

Full Name (Last, First, Middle Initial)

**C. ABC Company**

Mailing Address PO Box 2413

City  
Huntington

State  
NY

Zip Code  
11743

Purpose of Disbursement  
Fundraising and Media Consulting

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
0	1		2	0		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-89371

Amount of Each Disbursement this Period

[REDACTED]	2500.00
------------	---------

Memo Item

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

[REDACTED]	9500.00
------------	---------

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

[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

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

**A. ABC Company**

Full Name (Last, First, Middle Initial)

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

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 31 / 2023

FEC Identification Number: C

Transaction ID : SB21B-89370

Amount of Each Disbursement this Period: 1500.00

Memo Item

**B. ABC Company**

Full Name (Last, First, Middle Initial)

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

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 15 / 2023

FEC Identification Number: C

Transaction ID : SB21B-89370

Amount of Each Disbursement this Period: 2000.00

Memo Item

**C. ABC Company**

Full Name (Last, First, Middle Initial)

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

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 24 / 2023

FEC Identification Number: C

Transaction ID : SB21B-89370

Amount of Each Disbursement this Period: 5000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 8500.00

**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

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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

003  
Category/  
Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
03 / 02 / 2023

FEC Identification Number

C  
Transaction ID : SB21B-89370  
Amount of Each Disbursement this Period  
1500.00

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

004  
Category/  
Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
03 / 03 / 2023

FEC Identification Number

C  
Transaction ID : SB21B-89371  
Amount of Each Disbursement this Period  
5000.00

Memo Item

Full Name (Last, First, Middle Initial)

### C. ABC Company

Mailing Address PO Box 2413

City Huntington State NY Zip Code 11743

Purpose of Disbursement  
Fundraising and Media Consulting

004  
Category/  
Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
03 / 07 / 2023

FEC Identification Number

C  
Transaction ID : SB21B-89371  
Amount of Each Disbursement this Period  
5000.00

Memo Item

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

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

11500.00

# 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

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

**A. ABC Company**

Full Name (Last, First, Middle Initial)

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

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 17 / 2023

FEC Identification Number: C

Transaction ID : SB21B-89371

Amount of Each Disbursement this Period: 4000.00

Memo Item

**B. ABC Company**

Full Name (Last, First, Middle Initial)

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

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 24 / 2023

FEC Identification Number: C

Transaction ID : SB21B-89371

Amount of Each Disbursement this Period: 2500.00

Memo Item

**C. ABC Company**

Full Name (Last, First, Middle Initial)

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

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 24 / 2023

FEC Identification Number: C

Transaction ID : SB21B-89371

Amount of Each Disbursement this Period: 2500.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 9000.00

**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

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

**A. ABC Company**

Full Name (Last, First, Middle Initial)

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

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 31 / 2023

FEC Identification Number: C

Transaction ID : SB21B-89372

Amount of Each Disbursement this Period: 1000.00

Memo Item

**B. AME Capital**

Full Name (Last, First, Middle Initial)

Mailing Address 144 East Midwest Avenue

City Casper State WY Zip Code 82601

Purpose of Disbursement Marketing Management and Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 05 / 04 / 2023

FEC Identification Number: C

Transaction ID : SB21B-89372

Amount of Each Disbursement this Period: 1200.00

Memo Item

**C. AME Capital**

Full Name (Last, First, Middle Initial)

Mailing Address 144 East Midwest Avenue

City Casper State WY Zip Code 82601

Purpose of Disbursement Marketing Management and Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 05 / 05 / 2023

FEC Identification Number: C

Transaction ID : SB21B-89372

Amount of Each Disbursement this Period: 3500.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 5700.00

**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

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

Full Name (Last, First, Middle Initial)

### A. AME Capital

Mailing Address 144 East Midwest Avenue

City Casper State WY Zip Code 82601

Purpose of Disbursement  
Marketing Management and Consulting

003
Category/ Type

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		05		2023

FEC Identification Number

C
Transaction ID : SB21B-89372
Amount of Each Disbursement this Period
2000.00

Memo Item

Full Name (Last, First, Middle Initial)

### B. AME Capital

Mailing Address 144 East Midwest Avenue

City Casper State WY Zip Code 82601

Purpose of Disbursement  
Marketing Management and Consulting

003
Category/ Type

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		12		2023

FEC Identification Number

C
Transaction ID : SB21B-89372
Amount of Each Disbursement this Period
3000.00

Memo Item

Full Name (Last, First, Middle Initial)

### C. AME Capital

Mailing Address 144 East Midwest Avenue

City Casper State WY Zip Code 82601

Purpose of Disbursement  
Marketing Management and Consulting

003
Category/ Type

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		12		2023

FEC Identification Number

C
Transaction ID : SB21B-89372
Amount of Each Disbursement this Period
1000.00

Memo Item

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

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

6000.00

# 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

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

Full Name (Last, First, Middle Initial)

### A. AME Capital

Mailing Address 144 East Midwest Avenue

City Casper State WY Zip Code 82601

Purpose of Disbursement  
Marketing Management and Consulting

003
Category/ Type

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		19		2023

FEC Identification Number

C
Transaction ID : SB21B-89373
Amount of Each Disbursement this Period
2000.00

Memo Item

Full Name (Last, First, Middle Initial)

### B. AME Capital

Mailing Address 144 East Midwest Avenue

City Casper State WY Zip Code 82601

Purpose of Disbursement  
Marketing Management and Consulting

003
Category/ Type

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		01		2023

FEC Identification Number

C
Transaction ID : SB21B-89373
Amount of Each Disbursement this Period
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

### C. AME Capital

Mailing Address 144 East Midwest Avenue

City Casper State WY Zip Code 82601

Purpose of Disbursement  
Marketing Management and Consulting

003
Category/ Type

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		02		2023

FEC Identification Number

C
Transaction ID : SB21B-89373
Amount of Each Disbursement this Period
500.00

Memo Item

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

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

3500.00

**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

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

**A. AME Capital**

Full Name (Last, First, Middle Initial)

Mailing Address 144 East Midwest Avenue

City Casper State WY Zip Code 82601

Purpose of Disbursement Marketing Management and Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 06 / 28 / 2023

FEC Identification Number: C

Transaction ID : SB21B-89373

Amount of Each Disbursement this Period: 500.00

Memo Item

**B. COA Network Inc.**

Full Name (Last, First, Middle Initial)

Mailing Address 991 Route 22 West Suite 200

City Bridgewater Township State NJ Zip Code 08807

Purpose of Disbursement 800 Telephone numbers

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 23 / 2023

FEC Identification Number: C

Transaction ID : SB21B-89374

Amount of Each Disbursement this Period: 150.15

Memo Item

**C. COA Network Inc.**

Full Name (Last, First, Middle Initial)

Mailing Address 991 Route 22 West Suite 200

City Bridgewater Township State NJ Zip Code 08807

Purpose of Disbursement 800 Telephone numbers

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 23 / 2023

FEC Identification Number: C

Transaction ID : SB21B-89374

Amount of Each Disbursement this Period: 148.65

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 798.80

**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

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

Full Name (Last, First, Middle Initial) <b>A. COA Network Inc.</b>		Date of Disbursement MM / DD / YYYY 03 / 23 / 2023
Mailing Address 991 Route 22 West Suite 200		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-89374</b>
City Bridgewater Township	State NJ	Zip Code 08807
Purpose of Disbursement 800 Telephone numbers	Category/ Type 001	
Candidate Name	Amount of Each Disbursement this Period 148.65	
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. COA Network Inc.</b>		Date of Disbursement MM / DD / YYYY 04 / 24 / 2023
Mailing Address 991 Route 22 West Suite 200		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-89374</b>
City Bridgewater Township	State NJ	Zip Code 08807
Purpose of Disbursement 800 Telephone numbers	Category/ Type 001	
Candidate Name	Amount of Each Disbursement this Period 148.65	
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. COA Network Inc.</b>		Date of Disbursement MM / DD / YYYY 05 / 23 / 2023
Mailing Address 991 Route 22 West Suite 200		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-89374</b>
City Bridgewater Township	State NJ	Zip Code 08807
Purpose of Disbursement 800 Telephone numbers	Category/ Type 001	
Candidate Name	Amount of Each Disbursement this Period 148.65	
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:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	445.95
<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

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

Full Name (Last, First, Middle Initial)

**A. COA Network Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		23		2023

Mailing Address 991 Route 22 West  
Suite 200

City Bridgewater Township State NJ Zip Code 08807

Purpose of Disbursement 800 Telephone numbers

001  
Category/Type

FEC Identification Number

C

Transaction ID : SB21B-89375  
Amount of Each Disbursement this Period

148.65

Memo Item

Candidate Name

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

Full Name (Last, First, Middle Initial)

**B. EagleBank**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		10		2023

Mailing Address 7815 Woodmont ave

City Bethesda State MD Zip Code 20814

Purpose of Disbursement Bank analysis fee

001  
Category/Type

FEC Identification Number

C

Transaction ID : SB21B-89375  
Amount of Each Disbursement this Period

464.60

Memo Item

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

Full Name (Last, First, Middle Initial)

**C. EagleBank**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		13		2023

Mailing Address 7815 Woodmont ave

City Bethesda State MD Zip Code 20814

Purpose of Disbursement Bank analysis fee

001  
Category/Type

FEC Identification Number

C

Transaction ID : SB21B-89375  
Amount of Each Disbursement this Period

422.68

Memo Item

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

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

1035.93

**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

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

Full Name (Last, First, Middle Initial)

### A. EagleBank

Mailing Address 7815 Woodmont ave

City Bethesda State MD Zip Code 20814

Purpose of Disbursement  
Bank analysis fee

001  
Category/  
Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
03 / 13 / 2023

FEC Identification Number

C  
Transaction ID : SB21B-89375  
Amount of Each Disbursement this Period  
228.11

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

001  
Category/  
Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
04 / 11 / 2023

FEC Identification Number

C  
Transaction ID : SB21B-89376  
Amount of Each Disbursement this Period  
286.31

Memo Item

Full Name (Last, First, Middle Initial)

### C. EagleBank

Mailing Address 7815 Woodmont ave

City Bethesda State MD Zip Code 20814

Purpose of Disbursement  
Bank analysis fee

001  
Category/  
Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
05 / 10 / 2023

FEC Identification Number

C  
Transaction ID : SB21B-89377  
Amount of Each Disbursement this Period  
186.72

Memo Item

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

701.14

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

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

Full Name (Last, First, Middle Initial)

### A. EagleBank

Mailing Address 7815 Woodmont ave

City Bethesda State MD Zip Code 20814

Purpose of Disbursement  
Bank analysis fee

001  
Category/  
Type

Candidate Name

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

Date of Disbursement  
MM / DD / YYYY  
06 / 12 / 2023

FEC Identification Number  
C  
Transaction ID : SB21B-89376  
Amount of Each Disbursement this Period  
188.77

Memo Item

Full Name (Last, First, Middle Initial)

### B. Google Gsuite

Mailing Address 1600 Amphitheatre Pkwy

City Mountain View State CA Zip Code 94043

Purpose of Disbursement  
Email Services

001  
Category/  
Type

Candidate Name

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

Date of Disbursement  
MM / DD / YYYY  
01 / 03 / 2023

FEC Identification Number  
C  
Transaction ID : SB21B-89376  
Amount of Each Disbursement this Period  
52.14

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

001  
Category/  
Type

Candidate Name

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

Date of Disbursement  
MM / DD / YYYY  
02 / 03 / 2023

FEC Identification Number  
C  
Transaction ID : SB21B-89376  
Amount of Each Disbursement this Period  
52.14

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 293.05

**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

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

Full Name (Last, First, Middle Initial)

### A. Google Gsuite

Mailing Address 1600 Amphitheatre Pkwy

City Mountain View State CA Zip Code 94043

Purpose of Disbursement  
Email Services

001  
Category/  
Type

Candidate Name

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

Date of Disbursement  
MM / DD / YYYY  
03 / 02 / 2023

FEC Identification Number  
C  
Transaction ID : SB21B-89377  
Amount of Each Disbursement this Period  
52.14

Memo Item

Full Name (Last, First, Middle Initial)

### B. Google Gsuite

Mailing Address 1600 Amphitheatre Pkwy

City Mountain View State CA Zip Code 94043

Purpose of Disbursement  
Email Services

001  
Category/  
Type

Candidate Name

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

Date of Disbursement  
MM / DD / YYYY  
04 / 03 / 2023

FEC Identification Number  
C  
Transaction ID : SB21B-89377  
Amount of Each Disbursement this Period  
52.14

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

001  
Category/  
Type

Candidate Name

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

Date of Disbursement  
MM / DD / YYYY  
05 / 01 / 2023

FEC Identification Number  
C  
Transaction ID : SB21B-89377  
Amount of Each Disbursement this Period  
52.14

Memo Item

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

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

156.42

# 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

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

Full Name (Last, First, Middle Initial)

### A. Google Gsuite

Mailing Address 1600 Amphitheatre Pkwy

City Mountain View State CA Zip Code 94043

Purpose of Disbursement  
Email Services

001  
Category/  
Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
06 / 01 / 2023

FEC Identification Number

C  
Transaction ID : SB21B-89377  
Amount of Each Disbursement this Period  
52.14

Memo Item

Full Name (Last, First, Middle Initial)

### B. Grasshopper

Mailing Address 320 Summer St

City Boston State MA Zip Code 02210

Purpose of Disbursement  
Telephone Service

001  
Category/  
Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
01 / 18 / 2023

FEC Identification Number

C  
Transaction ID : SB21B-89377  
Amount of Each Disbursement this Period  
111.19

Memo Item

Full Name (Last, First, Middle Initial)

### C. Grasshopper

Mailing Address 320 Summer St

City Boston State MA Zip Code 02210

Purpose of Disbursement  
Telephone Service

001  
Category/  
Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
02 / 21 / 2023

FEC Identification Number

C  
Transaction ID : SB21B-89377  
Amount of Each Disbursement this Period  
110.86

Memo Item

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

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

274.19

# 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

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

**A. Grasshopper**

Full Name (Last, First, Middle Initial)

Mailing Address 320 Summer St

City Boston State MA Zip Code 02210

Purpose of Disbursement Telephone Service

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY  
03 / 20 / 2023

FEC Identification Number: C

Transaction ID : SB21B-89378

Amount of Each Disbursement this Period: 110.86

Memo Item

**B. Grasshopper**

Full Name (Last, First, Middle Initial)

Mailing Address 320 Summer St

City Boston State MA Zip Code 02210

Purpose of Disbursement Telephone Service

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY  
04 / 18 / 2023

FEC Identification Number: C

Transaction ID : SB21B-89378

Amount of Each Disbursement this Period: 109.57

Memo Item

**C. Grasshopper**

Full Name (Last, First, Middle Initial)

Mailing Address 320 Summer St

City Boston State MA Zip Code 02210

Purpose of Disbursement Telephone Service

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY  
05 / 18 / 2023

FEC Identification Number: C

Transaction ID : SB21B-89378

Amount of Each Disbursement this Period: 109.57

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 330.00

**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

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

Full Name (Last, First, Middle Initial)

**A. Grasshopper**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	20	/	2023

Mailing Address 320 Summer St

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B-89378**  
Amount of Each Disbursement this Period

[REDACTED] 109.57

Memo Item

City Boston State MA Zip Code 02210

Purpose of Disbursement Telephone Service

001  
Category/  
Type

Candidate Name

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

Full Name (Last, First, Middle Initial)

**B. Greenspoon Marder, LLP**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	31	/	2023

Mailing Address 100 West Cypress Creek Road Suite 700

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B-89379**  
Amount of Each Disbursement this Period

[REDACTED] 20000.00

Memo Item

City Fort Lauderdale State FL Zip Code 33309

Purpose of Disbursement Legal Fees

001  
Category/  
Type

Candidate Name

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

Full Name (Last, First, Middle Initial)

**C. Hopsie Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	04	/	2023

Mailing Address 22 Monument Sq

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B-89378**  
Amount of Each Disbursement this Period

[REDACTED] 60.00

Memo Item

City Portland State ME Zip Code 04101

Purpose of Disbursement Fundraising Software

003  
Category/  
Type

Candidate Name

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

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

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

[REDACTED] 20169.57

[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

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

Full Name (Last, First, Middle Initial)

**A. Hopsie Inc.**

Mailing Address 22 Monument Sq

City Portland State ME Zip Code 04101

Purpose of Disbursement  
Fundraising Software

003
Category/ Type

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		06		2023

FEC Identification Number

C
Transaction ID : SB21B-89379
Amount of Each Disbursement this Period
60.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Hopsie Inc.**

Mailing Address 22 Monument Sq

City Portland State ME Zip Code 04101

Purpose of Disbursement  
Fundraising Software

003
Category/ Type

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		06		2023

FEC Identification Number

C
Transaction ID : SB21B-89379
Amount of Each Disbursement this Period
60.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Hopsie Inc.**

Mailing Address 22 Monument Sq

City Portland State ME Zip Code 04101

Purpose of Disbursement  
Fundraising Software

003
Category/ Type

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		04		2023

FEC Identification Number

C
Transaction ID : SB21B-89379
Amount of Each Disbursement this Period
60.00

Memo Item

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

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

180.00

# 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

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

Full Name (Last, First, Middle Initial)

### A. Hopsie Inc.

Mailing Address 22 Monument Sq

City Portland State ME Zip Code 04101

Purpose of Disbursement  
Fundraising Software

003

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 26 / 2023

FEC Identification Number

C [Redacted]

Transaction ID : SB21B-89380

Amount of Each Disbursement this Period

[Redacted] 23.75

Memo Item

Full Name (Last, First, Middle Initial)

### B. Hopsie Inc.

Mailing Address 22 Monument Sq

City Portland State ME Zip Code 04101

Purpose of Disbursement  
Fundraising Software

003

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 04 / 2023

FEC Identification Number

C [Redacted]

Transaction ID : SB21B-89380

Amount of Each Disbursement this Period

[Redacted] 60.00

Memo Item

Full Name (Last, First, Middle Initial)

### C. Hopsie Inc.

Mailing Address 22 Monument Sq

City Portland State ME Zip Code 04101

Purpose of Disbursement  
Fundraising Software

003

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 05 / 2023

FEC Identification Number

C [Redacted]

Transaction ID : SB21B-89380

Amount of Each Disbursement this Period

[Redacted] 60.00

Memo Item

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

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

[Redacted] 143.75

[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

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

Full Name (Last, First, Middle Initial)

### A. Intuit Inc.

Mailing Address 2700 Coast Ave

City Mountain View State CA Zip Code 94043

Purpose of Disbursement  
Accounting Software

001
Category/ Type

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:	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		04		2023

FEC Identification Number

C

**Transaction ID : SB21B-89380**

Amount of Each Disbursement this Period

106.00

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

001
Category/ Type

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:	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		06		2023

FEC Identification Number

C

**Transaction ID : SB21B-89380**

Amount of Each Disbursement this Period

106.00

Memo Item

Full Name (Last, First, Middle Initial)

### C. Intuit Inc.

Mailing Address 2700 Coast Ave

City Mountain View State CA Zip Code 94043

Purpose of Disbursement  
Accounting Software

001
Category/ Type

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:	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		06		2023

FEC Identification Number

C

**Transaction ID : SB21B-89380**

Amount of Each Disbursement this Period

106.00

Memo Item

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

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

318.00

**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

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

Full Name (Last, First, Middle Initial)

**A. 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

/  /

FEC Identification Number

**Transaction ID : SB21B-89381**  
 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

/  /

FEC Identification Number

**Transaction ID : SB21B-89381**  
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. 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

/  /

FEC Identification Number

**Transaction ID : SB21B-89381**  
 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

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

Full Name (Last, First, Middle Initial)

**A. La Masseria**

Mailing Address 235 W. 48th St

City New York State NY Zip Code 10036

Purpose of Disbursement  
Meals/entertainment

Category/  
Type

Candidate Name

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

State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-89382**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. La Masseria**

Mailing Address 235 W. 48th St

City New York State NY Zip Code 10036

Purpose of Disbursement  
Meals/entertainment

Category/  
Type

Candidate Name

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

State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-89382**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. La Masseria**

Mailing Address 235 W. 48th St

City New York State NY Zip Code 10036

Purpose of Disbursement  
Meals/entertainment

Category/  
Type

Candidate Name

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

State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-89382**  
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

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

Full Name (Last, First, Middle Initial) <b>A. Laderach Lexington LLC</b>		Date of Disbursement MM / DD / YYYY 06 / 16 / 2023	
Mailing Address 731 Lexington Ave		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-89382</b> Amount of Each Disbursement this Period [REDACTED] 286.93	
City New York	State NY	Zip Code 10022	Category/ Type 001
Purpose of Disbursement Meals/entertainment			
Candidate Name		Memo Item <input type="checkbox"/>	
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. LIVE TRANSFERS AND DONOR CREATION LLC</b>		Date of Disbursement MM / DD / YYYY 01 / 04 / 2023	
Mailing Address 1607 Ponce de Leon ave Suite GM8		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-89382</b> Amount of Each Disbursement this Period [REDACTED] 13555.07	
City SAN JUAN	State PR	Zip Code 00909	Category/ Type 003
Purpose of Disbursement Telephone fundraising			
Candidate Name		Memo Item <input type="checkbox"/>	
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. LIVE TRANSFERS AND DONOR CREATION LLC</b>		Date of Disbursement MM / DD / YYYY 01 / 04 / 2023	
Mailing Address 1607 Ponce de Leon ave Suite GM8		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-89382</b> Amount of Each Disbursement this Period [REDACTED] 5809.31	
City SAN JUAN	State PR	Zip Code 00909	Category/ Type 003
Purpose of Disbursement Telephone fundraising			
Candidate Name		Memo Item <input type="checkbox"/>	
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).....▶	[REDACTED] 19651.31
<b>TOTAL</b> This Period (last page this line number only).....▶	[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

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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
0	1		1	2		2	0	2	3

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-89383**  
Amount of Each Disbursement this Period  
15845.67

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
0	1		2	0		2	0	2	3

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-89383**  
Amount of Each Disbursement this Period  
13800.72

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
0	1		3	1		2	0	2	3

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-89383**  
Amount of Each Disbursement this Period  
14530.42

Memo Item

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

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

44176.81

**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

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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
02		03		2023

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-89383**  
Amount of Each Disbursement this Period  
[ ] 15976.17

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
02		10		2023

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-89384**  
Amount of Each Disbursement this Period  
[ ] 18262.74

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
02		22		2023

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-89384**  
Amount of Each Disbursement this Period  
[ ] 18098.20

Memo Item

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

[ ] 52337.11

**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

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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
03			10			2023			

Mailing Address 1607 Ponce de Leon ave  
Suite GM8

FEC Identification Number

**C**

**Transaction ID : SB21B-89384**

Amount of Each Disbursement this Period

6011.96

City SAN JUAN State PR Zip Code 00909

Purpose of Disbursement Telephone fundraising  003  
Candidate Name  Category/Type

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

Memo Item

Full Name (Last, First, Middle Initial)

**B. North American Marketing Solutions Inc**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
01			04			2023			

Mailing Address 3245 N 126th St

FEC Identification Number

**C**

**Transaction ID : SB21B-89384**

Amount of Each Disbursement this Period

3305.59

City Brookfield State WI Zip Code 53005

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

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

Memo Item

Full Name (Last, First, Middle Initial)

**C. North American Marketing Solutions Inc**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
01			05			2023			

Mailing Address 3245 N 126th St

FEC Identification Number

**C**

**Transaction ID : SB21B-89384**

Amount of Each Disbursement this Period

3462.86

City Brookfield State WI Zip Code 53005

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

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)..... ▶

<input type="text"/> 12780.41
<input type="text"/>

**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

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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  
Mailing and Caging

Category/Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-89385**  
Amount of Each Disbursement this Period

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  
Mailing and Caging

Category/Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-89385**  
Amount of Each Disbursement this Period

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  
Mailing and Caging

Category/Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-89385**  
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

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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

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-89385**  
Amount of Each Disbursement this Period

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

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-89385**  
Amount of Each Disbursement this Period

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

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-89388**  
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

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

Full Name (Last, First, Middle Initial)

### A. North American Marketing Solutions Inc

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	0		2	0	2	3

Mailing Address 3245 N 126th St

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B-89386**

Amount of Each Disbursement this Period

[REDACTED] 2086.92

Memo Item

City Brookfield State WI Zip Code 53005

Purpose of Disbursement  
Mailers and Caging

003
Category/ Type

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. North American Marketing Solutions Inc

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	4		2	0	2	3

Mailing Address 3245 N 126th St

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B-89386**

Amount of Each Disbursement this Period

[REDACTED] 4280.44

Memo Item

City Brookfield State WI Zip Code 53005

Purpose of Disbursement  
Mailers and Caging

003
Category/ Type

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)

### C. North American Marketing Solutions Inc

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	0		2	0	2	3

Mailing Address 3245 N 126th St

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B-89386**

Amount of Each Disbursement this Period

[REDACTED] 1833.18

Memo Item

City Brookfield State WI Zip Code 53005

Purpose of Disbursement  
Mailers and Caging

003
Category/ Type

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:	

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

[REDACTED] 8200.54

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

[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

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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

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-89386**  
Amount of Each Disbursement this Period

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

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-89387**  
Amount of Each Disbursement this Period

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

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-89387**  
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

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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  
Mailing and Caging

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-89387**  
Amount of Each Disbursement this Period

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  
Mailing and Caging

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-89387**  
Amount of Each Disbursement this Period

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  
Mailing and Caging

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-89387**  
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

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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 05 / 12 / 2023	
Mailing Address 3245 N 126th St			FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-89388</b> Amount of Each Disbursement this Period 2630.66	
City Brookfield	State WI	Zip Code 53005	Category/Type 003	
Purpose of Disbursement Mailers and Caging		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:	<input type="checkbox"/> Memo Item			

Full Name (Last, First, Middle Initial) <b>B. North American Marketing Solutions Inc</b>			Date of Disbursement MM / DD / YYYY 05 / 12 / 2023	
Mailing Address 3245 N 126th St			FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-89388</b> Amount of Each Disbursement this Period 246.50	
City Brookfield	State WI	Zip Code 53005	Category/Type 003	
Purpose of Disbursement Mailers and Caging		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:	<input type="checkbox"/> Memo Item			

Full Name (Last, First, Middle Initial) <b>C. North American Marketing Solutions Inc</b>			Date of Disbursement MM / DD / YYYY 05 / 19 / 2023	
Mailing Address 3245 N 126th St			FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-89388</b> Amount of Each Disbursement this Period 104.81	
City Brookfield	State WI	Zip Code 53005	Category/Type 003	
Purpose of Disbursement Mailers and Caging		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:	<input type="checkbox"/> Memo Item			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2981.97
<b>TOTAL</b> This Period (last page this line number only).....▶	[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

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

Full Name (Last, First, Middle Initial)

### A. North American Marketing Solutions Inc

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	01	/	2023

Mailing Address 3245 N 126th St

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-89388

Amount of Each Disbursement this Period

[REDACTED] 138.72

Memo Item

City Brookfield State WI Zip Code 53005

Purpose of Disbursement  
Mailing and Caging

003
Category/ Type

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. North American Marketing Solutions Inc

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	13	/	2023

Mailing Address 3245 N 126th St

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-89388

Amount of Each Disbursement this Period

[REDACTED] 178.91

Memo Item

City Brookfield State WI Zip Code 53005

Purpose of Disbursement  
Mailing and Caging

003
Category/ Type

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)

### C. North American Marketing Solutions Inc

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	20	/	2023

Mailing Address 3245 N 126th St

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-89388

Amount of Each Disbursement this Period

[REDACTED] 200.00

Memo Item

City Brookfield State WI Zip Code 53005

Purpose of Disbursement  
Mailing and Caging

003
Category/ Type

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:	

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

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

[REDACTED] 517.63

[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

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

### A. Opus Virtual Offices

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 1825 NW Corporate Blvd  
Suite 110

M M M	/	D D D	/	Y Y Y Y Y
01		03		2023

City Boca Raton State FL Zip Code 33431

FEC Identification Number

Purpose of Disbursement  
Virtual Office

C

Candidate Name

001
Category/ Type

Transaction ID : SB21B-89389

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

99.00

Memo Item

### B. Opus Virtual Offices

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 1825 NW Corporate Blvd  
Suite 110

M M M	/	D D D	/	Y Y Y Y Y
02		03		2023

City Boca Raton State FL Zip Code 33431

FEC Identification Number

Purpose of Disbursement  
Virtual Office

C

Candidate Name

001
Category/ Type

Transaction ID : SB21B-89389

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

99.00

Memo Item

### C. Opus Virtual Offices

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 1825 NW Corporate Blvd  
Suite 110

M M M	/	D D D	/	Y Y Y Y Y
03		03		2023

City Boca Raton State FL Zip Code 33431

FEC Identification Number

Purpose of Disbursement  
Virtual Office

C

Candidate Name

001
Category/ Type

Transaction ID : SB21B-89389

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

99.00

Memo Item

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

297.00

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

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

**A. Opus Virtual Offices**

Full Name (Last, First, Middle Initial)

Mailing Address 1825 NW Corporate Blvd Suite 110

City Boca Raton State FL Zip Code 33431

Purpose of Disbursement Virtual Office  001 Category/Type

Candidate Name

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

State: District:

Date of Disbursement: 04 / 03 / 2023

FEC Identification Number: C

Transaction ID : SB21B-89389

Amount of Each Disbursement this Period: 99.00

Memo Item

**B. Opus Virtual Offices**

Full Name (Last, First, Middle Initial)

Mailing Address 1825 NW Corporate Blvd Suite 110

City Boca Raton State FL Zip Code 33431

Purpose of Disbursement Virtual Office  001 Category/Type

Candidate Name

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

State: District:

Date of Disbursement: 05 / 03 / 2023

FEC Identification Number: C

Transaction ID : SB21B-89390

Amount of Each Disbursement this Period: 99.00

Memo Item

**C. Opus Virtual Offices**

Full Name (Last, First, Middle Initial)

Mailing Address 1825 NW Corporate Blvd Suite 110

City Boca Raton State FL Zip Code 33431

Purpose of Disbursement Virtual Office  001 Category/Type

Candidate Name

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

State: District:

Date of Disbursement: 06 / 05 / 2023

FEC Identification Number: C

Transaction ID : SB21B-89391

Amount of Each Disbursement this Period: 99.00

Memo Item

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

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

297.00

# 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

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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
01		05		2023

City Wilmington State DE Zip Code 19805

FEC Identification Number

Purpose of Disbursement  
FEC Compliance Reporting

C

Candidate Name

001  
Category/  
Type

Transaction ID : SB21B-89390  
Amount of Each Disbursement this Period

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

1100.00

Memo Item

### B. 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
03		01		2023

City Wilmington State DE Zip Code 19805

FEC Identification Number

Purpose of Disbursement  
FEC Compliance Reporting

C

Candidate Name

001  
Category/  
Type

Transaction ID : SB21B-89390  
Amount of Each Disbursement this Period

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

1100.00

Memo Item

### C. 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
04		18		2023

City Wilmington State DE Zip Code 19805

FEC Identification Number

Purpose of Disbursement  
FEC Compliance Reporting

C

Candidate Name

001  
Category/  
Type

Transaction ID : SB21B-89390  
Amount of Each Disbursement this Period

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

550.00

Memo Item

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

2750.00

**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

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

**A. PACSmart Filing Services**

Full Name (Last, First, Middle Initial)

Mailing Address 1013 Centre Rd.  
Suite 403-A

City Wilmington State DE Zip Code 19805

Purpose of Disbursement  
FEC Compliance Reporting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
05 / 19 / 2023

FEC Identification Number: C

Transaction ID : SB21B-89391

Amount of Each Disbursement this Period: 500.00

Memo Item

**B. Posto Pazzo**

Full Name (Last, First, Middle Initial)

Mailing Address 84 North New York Ave

City Huntington State NY Zip Code 11743

Purpose of Disbursement  
Meals/entertainment

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
04 / 11 / 2023

FEC Identification Number: C

Transaction ID : SB21B-89391

Amount of Each Disbursement this Period: 243.62

Memo Item

**C. RallyPay**

Full Name (Last, First, Middle Initial)

Mailing Address 995 Market Street  
Floor 2

City San Francisco State CA Zip Code 94103

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

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
01 / 03 / 2023

FEC Identification Number: C

Transaction ID : SB21B-89391

Amount of Each Disbursement this Period: 51.95

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	795.57
<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

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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 Jan

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
0	1		3	1		2	0	2	3

FEC Identification Number

C [REDACTED]  
**Transaction ID : SB21B-89391**  
 Amount of Each Disbursement this Period  
 [REDACTED] 1071.91

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 Jan

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
0	1		3	1		2	0	2	3

FEC Identification Number

C [REDACTED]  
**Transaction ID : SB21B-89391**  
 Amount of Each Disbursement this Period  
 [REDACTED] 156.72

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 Jan

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
0	1		3	1		2	0	2	3

FEC Identification Number

C [REDACTED]  
**Transaction ID : SB21B-89391**  
 Amount of Each Disbursement this Period  
 [REDACTED] 712.99

Memo Item

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

[REDACTED]	1941.62
------------	---------

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

[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

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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 Jan

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-89392**  
 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 Jan

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-89392**  
 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' Credit Card Chargebacks

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-89392**  
 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

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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 Feb

003

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B-89392

Amount of Each Disbursement this Period

1000.25

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 Feb

003

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B-89393

Amount of Each Disbursement this Period

150.00

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 Feb

003

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B-89393

Amount of Each Disbursement this Period

309.08

Memo Item

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

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

1459.33

# 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

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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 Feb

003
Category/ Type

Candidate Name

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2023

FEC Identification Number

C
Transaction ID : SB21B-89393
Amount of Each Disbursement this Period
24.80

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 Feb

003
Category/ Type

Candidate Name

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2023

FEC Identification Number

C
Transaction ID : SB21B-89393
Amount of Each Disbursement this Period
120.21

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  
Merchant processor fees

003
Category/ Type

Candidate Name

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 10 / 2023

FEC Identification Number

C
Transaction ID : SB21B-89393
Amount of Each Disbursement this Period
33.20

Memo Item

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

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

178.21

**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

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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  
Merchant processor fees

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-89394**  
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  
Merchant processor fees

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-89394**  
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  
Merchant processor fees

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-89394**  
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

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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  
Merchant processor fees

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
0	3		2	3		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-89394

Amount of Each Disbursement this Period

[REDACTED] 54.00

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  
Merchant processor fees

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
0	3		2	3		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-89394

Amount of Each Disbursement this Period

[REDACTED] 49.00

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  
Merchant processor fees

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
0	3		2	7		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-89394

Amount of Each Disbursement this Period

[REDACTED] 79.00

Memo Item

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

[REDACTED] 182.00

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

[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

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

**A. RallyPay**

Full Name (Last, First, Middle Initial)

Mailing Address 995 Market Street  
Floor 2

City San Francisco State CA Zip Code 94103

Purpose of Disbursement Merchant processor fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 03 / 29 / 2023

FEC Identification Number: C

Transaction ID : SB21B-89395

Amount of Each Disbursement this Period: 45.20

Memo Item

**B. RallyPay**

Full Name (Last, First, Middle Initial)

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 Mar

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 03 / 31 / 2023

FEC Identification Number: C

Transaction ID : SB21B-89395

Amount of Each Disbursement this Period: 158.96

Memo Item

**C. RallyPay**

Full Name (Last, First, Middle Initial)

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 Mar

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 03 / 31 / 2023

FEC Identification Number: C

Transaction ID : SB21B-89395

Amount of Each Disbursement this Period: 30.60

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 234.76

**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

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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 Mar

003
Category/ Type

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:	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		31		2023

FEC Identification Number

C [ ]

**Transaction ID : SB21B-89395**

Amount of Each Disbursement this Period

[ ] 43.28

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 Mar

003
Category/ Type

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:	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		31		2023

FEC Identification Number

C [ ]

**Transaction ID : SB21B-89395**

Amount of Each Disbursement this Period

[ ] 56.68

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 Mar

003
Category/ Type

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:	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		31		2023

FEC Identification Number

C [ ]

**Transaction ID : SB21B-89395**

Amount of Each Disbursement this Period

[ ] 32.85

Memo Item

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

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

132.81
[ ]



**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

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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  
Merchant processor fees

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-89396**  
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  
Merchant processor fees

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-89396**  
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 Apr

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-89396**  
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

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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 Apr

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-89397**  
 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  
Merchant processor fees

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-89397**  
 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  
Merchant processor fees

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-89397**  
 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

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

**A. RallyPay**

Full Name (Last, First, Middle Initial)

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 May

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement 05 / 31 / 2023

FEC Identification Number C

Transaction ID : SB21B-89397

Amount of Each Disbursement this Period 20.38

Memo Item

**B. RallyPay**

Full Name (Last, First, Middle Initial)

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 May

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement 05 / 31 / 2023

FEC Identification Number C

Transaction ID : SB21B-89397

Amount of Each Disbursement this Period 1.20

Memo Item

**C. RallyPay**

Full Name (Last, First, Middle Initial)

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 May

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement 05 / 31 / 2023

FEC Identification Number C

Transaction ID : SB21B-89397

Amount of Each Disbursement this Period 3.08

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 24.66

**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

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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 May

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-89398**  
 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' Credit Card Chargebacks

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-89398**  
 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

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-89398**  
 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

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

**A. RallyPay**

Full Name (Last, First, Middle Initial)

Mailing Address 995 Market Street  
Floor 2

City San Francisco State CA Zip Code 94103

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

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
06 / 30 / 2023

FEC Identification Number: C

Transaction ID : SB21B-89398

Amount of Each Disbursement this Period: 145.00

Memo Item

**B. RallyPay**

Full Name (Last, First, Middle Initial)

Mailing Address 995 Market Street  
Floor 2

City San Francisco State CA Zip Code 94103

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

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
06 / 30 / 2023

FEC Identification Number: C

Transaction ID : SB21B-89398

Amount of Each Disbursement this Period: 174.00

Memo Item

**C. RallyPay**

Full Name (Last, First, Middle Initial)

Mailing Address 995 Market Street  
Floor 2

City San Francisco State CA Zip Code 94103

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

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
06 / 30 / 2023

FEC Identification Number: C

Transaction ID : SB21B-89398

Amount of Each Disbursement this Period: 29.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 348.00

**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

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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' Credit Card Chargebacks

003
Category/ Type

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2023

FEC Identification Number  
C  
Transaction ID : SB21B-89399  
Amount of Each Disbursement this Period  
116.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. UPS Store**

Mailing Address 2021 L St NW  
Ste 101

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Postage/Shipping

001
Category/ Type

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		17		2023

FEC Identification Number  
C  
Transaction ID : SB21B-89400  
Amount of Each Disbursement this Period  
26.22

Memo Item

Full Name (Last, First, Middle Initial)

**C. UPS Store**

Mailing Address 2021 L St NW  
Ste 101

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Postage/Shipping

001
Category/ Type

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		30		2023

FEC Identification Number  
C  
Transaction ID : SB21B-89400  
Amount of Each Disbursement this Period  
26.22

Memo Item

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

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

168.44
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**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

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

Full Name (Last, First, Middle Initial)

**A. UPS Store**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		14		2023

Mailing Address 2021 L St NW  
Ste 101

City Washington State DC Zip Code 20036

Purpose of Disbursement Postage/Shipping  
Candidate Name  
Category/Type 001

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

FEC Identification Number

C  
**Transaction ID : SB21B-89400**  
Amount of Each Disbursement this Period  
26.22

Memo Item

Full Name (Last, First, Middle Initial)

**B. UPS Store**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		13		2023

Mailing Address 2021 L St NW  
Ste 101

City Washington State DC Zip Code 20036

Purpose of Disbursement Postage/Shipping  
Candidate Name  
Category/Type 001

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

FEC Identification Number

C  
**Transaction ID : SB21B-89400**  
Amount of Each Disbursement this Period  
26.22

Memo Item

Full Name (Last, First, Middle Initial)

**C. UPS Store**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		03		2023

Mailing Address 2021 L St NW  
Ste 101

City Washington State DC Zip Code 20036

Purpose of Disbursement Postage/Shipping  
Candidate Name  
Category/Type 001

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

FEC Identification Number

C  
**Transaction ID : SB21B-89400**  
Amount of Each Disbursement this Period  
26.22

Memo Item

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

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

78.66
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# 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

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

Full Name (Last, First, Middle Initial)

### A. UPS Store

Mailing Address 2021 L St NW  
Ste 101

City Washington State DC Zip Code 20036

Purpose of Disbursement Postage/Shipping

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 10 / 2023

FEC Identification Number

C  
Transaction ID : SB21B-89401  
Amount of Each Disbursement this Period  
26.22

Memo Item

Full Name (Last, First, Middle Initial)

### B. UPS Store

Mailing Address 2021 L St NW  
Ste 101

City Washington State DC Zip Code 20036

Purpose of Disbursement Postage/Shipping

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 05 / 2023

FEC Identification Number

C  
Transaction ID : SB21B-89401  
Amount of Each Disbursement this Period  
26.22

Memo Item

Full Name (Last, First, Middle Initial)

### C. UPS Store

Mailing Address 2021 L St NW  
Ste 101

City Washington State DC Zip Code 20036

Purpose of Disbursement Postage/Shipping

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 20 / 2023

FEC Identification Number

C  
Transaction ID : SB21B-89401  
Amount of Each Disbursement this Period  
26.22

Memo Item

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

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

78.66



**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

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

Full Name (Last, First, Middle Initial)

**A. VOIP Stir PR**

Mailing Address 1607 Ponce De Leon Ave  
Suite GM8

City San Juan State PR Zip Code 00909

Purpose of Disbursement  
Registration Filings

Category/  
Type

Candidate Name

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

Date of Disbursement  
MM / DD / YYYY  
02 / 27 / 2023

FEC Identification Number  
  
**Transaction ID : SB21B-89401**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

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

Date of Disbursement  
MM / DD / YYYY

FEC Identification Number  
  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

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

Date of Disbursement  
MM / DD / YYYY

FEC Identification Number  
  
Amount of Each Disbursement this Period

Memo Item

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

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