PAGE 1 / 29

### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORW 3X	For Other Than	n An Authorize	d Committee		Office U	se Only
NAME OF     COMMITTEE (in full)	TYPE OR PRINT		ample: If typing, ty er the lines.	rpe 12F	E4M5	
UNITED WOMEN'S H	HEALTH ALLIA	ANCE PAC			1 1 1 1 1	
ADDRESS (number and street)	2021 L ST NW S	STE 101-193				
Check if different than previously reported. (ACC)	WASHINGTON			DC	20036	6
2. FEC IDENTIFICATION I	NUMBER ▼	CITY A		STATE	<b>A</b>	ZIP CODE ▲
C C00755694		3. IS THIS REPORT	NEW (N)	OR	AMENDED (A)	
4. TYPE OF REPORT (Choose One)  (a) Quarterly Reports:	(b) Monthly Report Due On:	Feb 20 (M2  Mar 20 (M3  Apr 20 (M4)	) Jun 2	20 (M5) <b>x</b> 0 (M6)	Aug 20 (M8) Sep 20 (M9) Oct 20 (M10)	Nov 20 (M11) (Non-Election Year Only)  Dec 20 (M12) (Non-Election Year Only)  Jan 31 (YE)
April 15 Quarterly Report  July 15 Quarterly Report  October 15 Quarterly Report	(Q2) (C) 12-Da PRE-E Repor	y Election t for the:	Primary (12P)  Convention (12C)		neneral (12G)	Runoff (12R)
January 31 Year-End Report	(YE)	Election on	M M / D	D / Y Y	Y	in the State of
July 31 Mid-Year Report (Non-elect Year Only) (MY)	POST Repor	:-Election t for the:	General (30G)	R	unoff (30R)	Special (30S)
Termination Repo (TER)	rt	Election on	M = M / D =	D / Y Y	YY	in the State of
	07 01 /	2022	through	07 / D		22
I certify that I have examined Type or Print Name of Treasu	MÁSTROIANNI,	the best of my kno , STEPHANIE, , ,	owledge and belief	it is true, corr	ect and comple	te.
Signature of Treasurer	ASTROIANNI, STEPHAN	NIE, , ,	[Electronically Filed	d) Date	08 / D	2022
NOTE: Submission of false, erro	oneous, or incomplete	e information may s	ubject the person s	igning this Rep	ort to the penalti	ies of 52 U.S.C. § 30109
Office Use						<b>FORM 3X</b> Rev. 05/2016

#### **SUMMARY PAGE** OF RECEIPTS AND DISBURSEMENTS

Page 2 FFC Form 3X (Bev 05/2016)

1 LO I OIIII 3X (11ev. 03/2010)		i age Z
Write or Type Committee Name		
UNITED WOMEN'S HEALTH ALLIA	ANCE PAC	
Report Covering the Period: From: 07		07 31 2022
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand  January 1,  2022		89698.79
(b) Cash on Hand at  Beginning of Reporting Period	91409.05	
(c) Total Receipts (from Line 19)	116627.06	1019067.02
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	208036.11	1108765.81
7. Total Disbursements (from Line 31)	64410.48	965140.18
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	143625.63	143625.63
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	2920.07	
This committee has qualified as a multicar	ndidate committee. (see FEC FORM 1M)	

#### For further information contact:

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

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

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

#### UNITED WOMEN'S HEALTH ALLIANCE PAC

R	eport Covering the Period: From: 07	01 2022 To	o: 07 31 / 2022
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From: (a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	3545.00	26585.00
	(ii) Unitemized(iii) TOTAL (add	113082.06	967482.02
	Lines 11(a)(i) and (ii)	116627.06	994067.02
	(b) Political Party Committees	0.00	0.00
	(such as PACs)(d) Total Contributions (add Lines	0.00	0.00
10	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	116627.06	994067.02
12.	Transfers From Affiliated/Other Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received  Offsets To Operating Expenditures	0.00	0.00
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	25000.00
17	to Federal Candidates and Other Political Committees	0.00	0.00
	Other Federal Receipts (Dividends, Interest, etc.)  Transfers from Non-Federal and Levin Funds	0.00	0.00
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	116627.06	1019067.02
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	116627.06	1019067.02

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures:     (a) Allocated Federal/Non-Federal     Activity (from Schedule H4)		Caronaa Tour to Date
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	4 4	
Expenditures(c) Total Operating Expenditures	64360.48	798747.29
(add 21(a)(i), (a)(ii), and (b))▶	64360.48	798747.29
Transfers to Affiliated/Other Party Committees	0.00	0.00
Contributions to Federal Candidates/Committees	47 47 47	0.00
and Other Political Committees	0.00	0.00
Independent Expenditures (use Schedule E)	0.00	165417.89
Coordinated Party Expenditures (52 U.S.C. § 30116(d))	7 7 7 7	
(use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other		4 4
Than Political Committees	50.00	975.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds		4 4
(add Lines 28(a), (b), and (c))▶	50.00	975.00
Other Disbursements (Including		
Non-Federal Donations)	0.00	0.00
Federal Election Activity (52 U.S.C. § 30101( (a) Allocated Federal Election Activity (from Schedule H6)	20))	
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds		7 7 7
(c) Total Federal Election Activity (add	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	64410.48	965140.18
Total Federal Disbursements	,	
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	64410.48	965140.18

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5 **COLUMN A** COLUMN B III. Net Contributions/ **Total This Period** Calendar Year-to-Date **Operating Expenditures** 33. Total Contributions (other than loans) 116627.06 994067.02 (from Line 11(d), page 3) ..... 34. Total Contribution Refunds 50.00 975.00 (from Line 28(d))..... 35. Net Contributions (other than loans) 993092.02 116577.06 (subtract Line 34 from Line 33) ..... 36. Total Federal Operating Expenditures 64360.48 798747.29 (add Line 21(a)(i) and Line 21(b)) .......▶ 37. Offsets to Operating Expenditures 25000.00 0.00 (from Line 15, page 3)..... 38. Net Operating Expenditures 64360.48 773747.29 (subtract Line 37 from Line 36) ......

#### : 97 `A = G7 9 @ @ 5 B9 CIG`H9 LH`F9 @ 5 H98 `HC`5 `F9 DC FHž G7 < 98 I @ 9 `C F` ± H9 A ± N5 H± CB

Form/Schedule: F3XN
Transaction ID:

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

Form/Schedule: Transaction ID:

FOR LINE NUMBER:						PAGE	7	OF	29
(check only one)									
	X	11a		11b		11c	12	2	
		13		14		15	16	6	17

Any information copied from such Reports and Si or for commercial purposes, other than using the	tatements may not be sold or used by any person name and address of any political committee to					
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A						
/						
Full Name of Individual (Last, First, Middle Init	ial) or Full Organization Name	Date of Receipt				
Mailing Address 17929 W BIG LAKE BLVD		07 05 2022				
City	State Zip Code	Transaction ID : SA11AI-28015704				
MOUNT VERNON	WA 98274	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	35.00				
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item				
Retired	Retired	_				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General	245.00					
Other (specify) ▼	215.00					
Full Name of Individual (Last, First, Middle Init	ial) or Full Organization Name	Date of Receipt				
Mailing Address 17929 W BIG LAKE BLVD		07 09 2022				
City	State Zip Code					
MOUNT VERNON	WA 98274	Transaction ID : SA11AI-28013478  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	30.00				
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  215.00					
Full Name of Individual (Last, First, Middle Init	ial) or Full Organization Name	Date of Receipt				
Mailing Address 17929 W BIG LAKE BLVD		07 18 2022				
City	State Zip Code	Transaction ID : SA11AI-28014164				
MOUNT VERNON	WA 98274	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	25.00				
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item				
Receipt For:						
Primary General Other (specify)	Aggregate Year-to-Date ▼  215.00					
SUBTOTAL of Receipts This Page (optional)	·····	90.00				
TOTAL This Period (last page this line number of	only)					

FO	PAGE		8	OF	29			
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	he name and address of any political committee t						
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC						
Full Name of Individual (Last, First, Middle IABRAHAMSON, DOUGLAS, , ,	Initial) or Full Organization Name	Date of Receipt					
Mailing Address 17929 W BIG LAKE BLVD	07 26 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
City							
MOUNT VERNON	WA 98274	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	35.00					
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item					
Retired	Retired						
Receipt For:	Aggregate Year-to-Date ▼	]					
Primary General	00 0						
Other (specify) ▼	215.00						
Full Name of Individual (Last, First, Middle I	Initial) or Full Organization Name	Date of Receipt					
Mailing Address 1518 TUCUMCARI DR		07 15 2022					
City	State Zip Code	Transaction ID : SA11AI-28013038					
HOUSTON	TX 77090	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	75.00					
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item					
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼						
Full Name of Individual (Last, First, Middle I	7 7						
ANDERSON, JOAN, , ,		Date of Receipt					
Mailing Address 14812 CALIFORNIA ST		07 19 2022					
City OMAHA	State Zip Code NE 68154	Transaction ID : SA11AI-28014112					
	00104	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	100.00					
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item					
Receipt For:	Aggregate Year-to-Date ▼	1					
Primary General	55 5						
Other (specify)	335.00						
SUBTOTAL of Receipts This Page (optional)		210.00					
, , ,	<u> </u>						
TOTAL This Period (last page this line number	er only)						

FOR LINE NUMBER:						PAGE	9	OF	29
(check only one)									
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	Statements may not be sold or used by any person e name and address of any political committee to					
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	LLIANCE PAC					
Full Name of Individual (Last, First, Middle Ini ANDERSON, JOAN, , ,  Mailing Address 14812 CALIFORNIA ST	tial) or Full Organization Name	Date of Receipt  07 25 2022				
City OMAHA	State Zip Code NE 68154					
FEC ID number of contributing federal political committee.	C	75.00				
Name of Employer (for Individual)  Retired  Receipt For:	Occupation (for Individual)  Retired  Aggregate Year-to-Date ▼	Memo Item				
Primary General Other (specify) ▼	335.00					
Full Name of Individual (Last, First, Middle Ini ASKEW, SUSAN, , ,  Mailing Address 7913 FARMINGWOOD LN	itial) or Full Organization Name	Date of Receipt				
City RALEIGH	State Zip Code NC 27615	7 05 2022  Transaction ID : SA11AI-28014688  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C Occupation (for Individual)	150.00 Memo Item				
Name of Employer (for Individual) Retired Receipt For:	Occupation (for Individual) Retired  Aggregate Year-to-Date ▼	Wollie Itell				
Primary General  Other (specify) ▼	555.00					
Full Name of Individual (Last, First, Middle Ini	tial) or Full Organization Name	Date of Receipt				
Mailing Address 8433 WATERTOWN DR  City	State Zip Code	07 25 / 2022 Transaction ID : SA11Al-28014750				
INDIANAPOLIS  FEC ID number of contributing	IN 46216	Amount of Each Receipt this Period				
federal political committee.	Convention (for Individual)	50.00 Memo Item				
Name of Employer (for Individual)  DFAS  Receipt For:	Occupation (for Individual) Information & Technology  Aggregate Year-to-Date ▼	Mone ten				
Primary General Other (specify)	Aggregate Year-to-Date ▼ 825.00					
SUBTOTAL of Receipts This Page (optional)	<u> </u>	275.00				
TOTAL This Period (last page this line number	only)					

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	ny information copied from such Reports and Stator commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AL	LIANCE	PAC	
Α.	Full Name of Individual (Last, First, Middle Initial BUIST, EVERDENE, , ,	al) or Full O	rganization Name	Date of Receipt
	Mailing Address 894 142ND AVE			07 25 2022
	City	State	Zip Code	Transaction ID : SA11AI-28014768
	WAYLAND	MI	49348	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	20.00		
	Name of Employer (for Individual) Retired	Occi Reti	upation (for Individual) ired	Memo Item
	Receipt For:  Primary General  Other (specify) ▼			
В.	Full Name of Individual (Last, First, Middle Initial BUTSCH, KRISTIN, , ,	al) or Full O	organization Name	Date of Receipt
	Mailing Address 6449 PARK CENTRAL DR W APT D	07 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID : SA11AI-28014292
	INDIANAPOLIS	IN	46260	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		80.00
	Name of Employer (for Individual) Retired		upation (for Individual) ired	Memo Item
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		270.00	
<u>С</u> .	Full Name of Individual (Last, First, Middle Initia BUTSCH, KRISTIN, , ,	al) or Full O	organization Name	Date of Receipt
	Mailing Address 6449 PARK CENTRAL DR W APT D		7.0	07 14 2022
	City INDIANAPOLIS	State IN	Zip Code 46260	Transaction ID : SA11AI-28014786
			40200	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		15.00
	Name of Employer (for Individual) Retired	Occi Reti	upation (for Individual) red	Memo Item
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify)		270.00	
s	SUBTOTAL of Receipts This Page (optional)		·····	115.00
Т	OTAL This Period (last page this line number o	nly)		1

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	Statements may not be sold or used by any pers e name and address of any political committee to	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle In CALVANO, VIRGINIA, , ,  Mailing Address 8029 1ST ST	itial) or Full Organization Name	Date of Receipt
City	State Zip Code	07 26 2022  Transaction ID : SA11AI-28013930
PARAMOUNT	CA 90723	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  245.00	
Full Name of Individual (Last, First, Middle In CHRYSTAL, CAROL, , , Mailing Address 3218 SHARPE RD	itial) or Full Organization Name	Date of Receipt
City WALL TOWNSHIP FEC ID number of contributing	State Zip Code 07719	07 12 2022  Transaction ID : SA11Al-28014346  Amount of Each Receipt this Period  55.00
federal political committee.  Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  230.00	
Full Name of Individual (Last, First, Middle In COVIN, LEWIS, , ,	itial) or Full Organization Name	Date of Receipt
Mailing Address 5323 LEWIS COVIN RD		07 21 2022
City MACCLENNY	State Zip Code FL 32063	Transaction ID : SA11AI-28009454  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	75.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 405.00	
SUBTOTAL of Receipts This Page (optional)		170.00
TOTAL This Period (last page this line number	only)	

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	(check only one)											
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Any information copied from such Reports and sor for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	ALLIANCE F	PAC	
Full Name of Individual (Last, First, Middle In DAVIS, CARL, , ,  Mailing Address 3255 SANTA ROSA WAY	nitial) or Full Orga	anization Name	Date of Receipt
011		7: 0 1	07 06 2022
City REDDING	State CA	Zip Code 96003	Transaction ID : SA11AI-28014644
	<u></u> ΟΛ	30003	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		55.00
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual) d	Memo Item
Receipt For:  Primary General  Other (specify) ▼	ear-to-Date ▼ 240.00		
Full Name of Individual (Last, First, Middle In DAVIS, CARL, , ,  Mailing Address 3255 SANTA ROSA WAY	nitial) or Full Orga	anization Name	Date of Receipt
- OZOO OMITANOOA WAT			07 15 2022
City	State	Zip Code	Transaction ID : SA11AI-28013028
REDDING	CA	96003	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		40.00
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual) d	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼	
Full Name of Individual (Last, First, Middle In DAVIS, SALLY, , ,	l nitial) or Full Orga	anization Name	Date of Receipt
Mailing Address 34554 MERION CT			07 21 2022
City	State	Zip Code	Transaction ID : SA11AI-28009460
DADE CITY	FL	33525	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		80.00
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 285.00	
SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number		<b>&gt;</b>	175.00

FOR LINE NUMBER: PAGE 13 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c 12

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name FILOSA, PATRICIA, , , Date of Receipt Mailing Address 60 UNION SQ 2022 City Zip Code State Transaction ID: SA11AI-28014512 MA **RANDOLPH** 02368 Amount of Each Receipt this Period FEC ID number of contributing C 150.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 310.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. FRANKLIN, MARK, , , Date of Receipt Mailing Address 1017 SHADOWLAWN DR 05 2022 City State Zip Code Transaction ID: SA11AI-28015978 **TOLEDO** OH 43609 Amount of Each Receipt this Period FEC ID number of contributing 110.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 515.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. FRANKLIN, MARK, , , Date of Receipt Mailing Address 1017 SHADOWLAWN DR 19 2022 City Zip Code State Transaction ID: SA11AI-28012768 OH **TOLEDO** 43609 Amount of Each Receipt this Period FEC ID number of contributing C 85.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 515.00 Other (specify) 345.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Use separate schedule(s) for each category of the Detailed Summary Page (check only 11a)

F	FOR LINE NUMBER:					PAGE	•	14	OF		29	
(0	(check only one)											
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		13		14		15		16			17	

Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PA	AC					
Full Name of Individual (Last, First, Middle GREEN, JANICE, , ,  Mailing Address 12 MURRAY HILL RD	Initial) or Full Organ	ization Name	Date of Receipt				
			07 08 2022				
City	State MA	Zip Code 02131	Transaction ID : SA11AI-28015958				
ROSLINDALE	IVIA	02131	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		30.00				
Name of Employer (for Individual) Retired	Occupati Retired	on (for Individual)	Memo Item				
Receipt For:  Primary General  Other (specify) ▼	Receipt For:  Aggregate Year-to-Date ▼  Primary General						
Full Name of Individual (Last, First, Middle GRIFFIN, RAYMOND, , ,	Initial) or Full Organ	ization Name	Date of Receipt				
Mailing Address 11859 CISCO BAY DR			07 14 2022				
City		Zip Code	Transaction ID : SA11AI-28014254				
DOWLING	MI	49050	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		50.00				
Name of Employer (for Individual) Retired	Occupati Retired	on (for Individual)	Memo Item				
Receipt For:	Aggregate Year	r-to-Date ▼					
Primary General Other (specify) ▼		215.00					
Full Name of Individual (Last, First, Middle Last, Middle Last	Initial) or Full Organ	ization Name	Date of Receipt				
Mailing Address 3150 LAKE JOHANNA BL\ APT 229			07 18 2022				
City ARDEN HILLS	State MN	Zip Code 55112	Transaction ID : SA11AI-28014160				
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period  75.00				
Name of Employer (for Individual) Retired	Occupation Retired	on (for Individual)	Memo Item				
Receipt For:	Aggregate Year	r-to-Date ▼					
Primary General Other (specify)		220.00					
SUBTOTAL of Receipts This Page (optional).		<b>&gt;</b>	155.00				
TOTAL This Period (last page this line numb	er only)						

FOR LINE NUMBER: [					PAGE	: ′	15	OF		29		
(0	(check only one)											
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	nd Statements may not be sold or used by any pers the name and address of any political committee to	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	I ALLIANCE PAC	
Full Name of Individual (Last, First, Middle HARDY, LEROY, , , Mailing Address 374 HICKORY TREE RD	e Initial) or Full Organization Name	Date of Receipt
		07 14 2022
City PLEASANT HILL	State Zip Code NC 27866	Transaction ID : SA11AI-28013118
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  85.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  295.00	
Full Name of Individual (Last, First, Middle HEINSHEIMER, BETTIE, , ,	e Initial) or Full Organization Name	Date of Receipt
Mailing Address 3722 27TH PL W  APT 303  City	State Zip Code	07 14 2022
SEATTLE	WA 98199	Transaction ID : SA11AI-28008422  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer (for Individual) Best Efforts	Occupation (for Individual) Best Efforts	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name of Individual (Last, First, Middle HERZBERG, JOHN, , ,	e Initial) or Full Organization Name	Date of Receipt
Mailing Address 3012 BLUFFWOOD DR		07 11 2022
City SAINT CHARLES	State Zip Code MO 63301	Transaction ID : SA11AI-28014398  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	55.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Other (specify)	210.00	
SUBTOTAL of Receipts This Page (optional	)	440.00
TOTAL This Period (last page this line num	ber only)	

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Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any per name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle In HUTTER, JAMES, , ,  Mailing Address 113 GOLD MINE RD  City FOSTER  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Retired Receipt For:  Primary General Other (specify)	State RI Zip Code 02825  C  Occupation (for Individual) Retired  Aggregate Year-to-Date ▼	Date of Receipt  07 21 2022  Transaction ID: SA11Al-28012550  Amount of Each Receipt this Period  55.00  Memo Item
Full Name of Individual (Last, First, Middle In JOHNSON, LORA, , , Mailing Address 2525 BELT RD  City  KNOXVILLE  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Retired  Receipt For:  Primary General Other (specify)   Full Name of Individual (Last, First, Middle In Individual)	Date of Receipt  O7 O7 2022  Transaction ID: SA11Al-28013580  Amount of Each Receipt this Period  100.00  Memo Item	
City ALDRICH  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Best Efforts  Receipt For:  Primary  Other (specify)	State Zip Code MO 65601  C  Occupation (for Individual) Best Efforts  Aggregate Year-to-Date  210.00	Date of Receipt  07
SUBTOTAL of Receipts This Page (optional)	·····	260.00
TOTAL This Period (last page this line number	r only)	

FOR LINE NUMBER: PAGE 17 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 12 11c

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Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name KOENEN, PATRICIA, , , Date of Receipt Mailing Address 904 PALM DR 2022 City Zip Code State Transaction ID: SA11AI-28014800 MO SAINT CHARLES 63301 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. MCCORMICK, FRANCES, , Date of Receipt Mailing Address 3 CORNELL CT 13 2022 City State Zip Code Transaction ID: SA11AI-28015186 **DEARBORN** MI 48124 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 230.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. MICHAELS, LINDA, , , Date of Receipt Mailing Address 76 FACTORY ST 19 2022 City Zip Code State Transaction ID: SA11AI-28012758 CT **SALISBURY** 06068 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) House Wife House Wife Receipt For: Aggregate Year-to-Date ▼ Primary General 205.00 Other (specify) 240.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

29 FOR LINE NUMBER: PAGE 18 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 12 11c Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name NOYES, SUZANNE, , , Date of Receipt Mailing Address 4897 W MAPLE LEAF CIR 2022 City State Zip Code Transaction ID: SA11AI-28014580 WI **GREENFIELD** 53220 Amount of Each Receipt this Period FEC ID number of contributing C 105.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 295.00 Other (specify)

Full Name of Individual (Last, First, Middle In OKEESE, ANDREW, , ,	Date of Receipt					
Mailing Address PO BOX 724	07 07 2022					
City	State	Zip Code	Transaction ID : SA11AI-28015962			
LANGLEY	WA	98260	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		45.00			
Name of Employer (for Individual) Retired	Occup. Retire	ation (for Individual) d	Memo Item			
Receipt For:  Primary General  Other (specify) ▼						
Full Name of Individual (Last, First, Middle In	ull Name of Individual (Last, First, Middle Initial) or Full Organization Name					

ROSSEVELT, JOANNE, , , Date of Receipt Mailing Address 8819 MCCRAW DR 11 2022 City State Zip Code Transaction ID: SA11AI-28013394  $\mathsf{TX}$ **DALLAS** 75209 Amount of Each Receipt this Period FEC ID number of contributing C 150.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	Ī	-	-	7	7		300.	00	٦
TOTAL This Period (last page this line number only)	Ī						- 4		
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Any information copied from such Reports and or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE P	PAC	
Full Name of Individual (Last, First, Middle I SCUDERI, MARGARET, , , Mailing Address 208 FALL HARVEST	nitial) or Full Orga	nization Name	Date of Receipt
City	Otot-	7in Code	07 11 2022
City CENTERVILLE	State GA	Zip Code 31028	Transaction ID : SA11AI-28014408
FEC ID number of contributing federal political committee.	C	31020	Amount of Each Receipt this Period  55.00
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item
Receipt For:  Primary General  Other (specify) ▼			
Full Name of Individual (Last, First, Middle I SOSA, ANITA, , , Mailing Address 2510 DARWIN DR	nitial) or Full Orga	nization Name	Date of Receipt
City SAN ANTONIO	State TX	Zip Code 78228	Transaction ID : SA11AI-28014516  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		40.00
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 370.00	
Full Name of Individual (Last, First, Middle I	nitial) or Full Orga	nization Name	Date of Receipt
Mailing Address 2231 NE BRIDGECREEK A APT L107		7. 0.4	07 06 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City VANCOUVER	State WA	Zip Code 98664	Transaction ID : SA11AI-28014616
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period  80.00
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 385.00	
SUBTOTAL of Receipts This Page (optional)		<b>&gt;</b>	175.00
TOTAL This Period (last page this line numbe	er only)		

FOR LINE NUMBER:					PAGE	2	20	OF		29		
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Any information copied from such Reports and or for commercial purposes, other than using t			
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE P	PAC	
Full Name of Individual (Last, First, Middle TAGUE, DENNIS, , ,  Mailing Address 150 HAGY ST	Initial) or Full Orga	nization Name	Date of Receipt
			07 05 2022
City	State	Zip Code	Transaction ID : SA11AI-28014682
POUNDING MILL	VA	24637	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.00
Name of Employer (for Individual)  Dennis Tague	Occupa Owner	tion (for Individual)	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 265.00	
Full Name of Individual (Last, First, Middle TAGUE, DENNIS, , ,  Mailing Address 150 HAGY ST	Initial) or Full Orga	nization Name	Date of Receipt
	07 27 2022		
City	State	Zip Code	Transaction ID : SA11AI-28015854
POUNDING MILL	VA	24637	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		55.00
Name of Employer (for Individual) Dennis Tague	Occupa Owner	ation (for Individual)	Memo Item
Receipt For:	Aggregate Yea	ar-to-Date ▼	
Primary General Other (specify) ▼		265.00	
Full Name of Individual (Last, First, Middle C. TRAMER, HARRIET, , ,	Initial) or Full Orga	nization Name	Date of Receipt
Mailing Address 151 N MICHIGAN AVE APT 1604			07 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City CHICAGO	State	Zip Code 60601	Transaction ID : SA11AI-28014752
FEC ID number of contributing	C	33301	Amount of Each Receipt this Period 40.00
federal political committee.			
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item
Receipt For:  Primary  General	Aggregate Yea	ar-to-Date ▼	
Other (specify)	45	230.00	
SUBTOTAL of Receipts This Page (optional).		·····	145.00
TOTAL This Period (last page this line number	er only)		

FOR LINE NUMBER:					PAGE	2	21	OF		29	
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	13		14		15		16			17	

	the name and address of any political committee t	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle TRIMBUR, NANCY, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 3556 SPUR CT		07 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI-28015672
CHINO	CA 91710	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Retired	Retired	-
Receipt For:	Aggregate Year-to-Date ▼	]
Primary General	00 0	
Other (specify) ▼	320.00	
Full Name of Individual (Last, First, Middle TRIMBUR, NANCY, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 3556 SPUR CT		07 06 2022
City	State Zip Code	Transaction ID : SA11AI-28014656
CHINO	CA 91710	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	55.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	
Full Name of Individual (Last, First, Middle VANDYKE, MARCIA, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 140 WASHINGTON RD		07 09 2022
City	State Zip Code	Transaction ID : SA11AI-28014492
RYE	NH 03870	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	175.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	0.0	
Other (specify)	230.00	
SUBTOTAL of Receipts This Page (optional)		280.00
	<u> </u>	
TOTAL This Period (last page this line numb	per only)	

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

							PAGE	2	22	OF		29
FOR LINE NUMBER: PAGE 22 OF 29 (check only one)    X   11a												
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NAME OF COMMITTEE (In Full)

or for commercial purposes, other than doing th	to flame and address of any political committee t	S CONOR CONTRIBUTION NOTIFICATION CONTRIBUTION.				
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	ALLIANCE PAC					
Full Name of Individual (Last, First, Middle In VANDYKE, MARCIA, , ,	nitial) or Full Organization Name	Date of Receipt				
Mailing Address 140 WASHINGTON RD	Otata Zin Onda	07 19 2022				
City RYE	State Zip Code NH 03870	Transaction ID: SA11AI-28012836  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	55.00				
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item				
Receipt For:  Primary General  Other (specify) ▼	Primary General Aggregate Teal-10-Date V					
Full Name of Individual (Last, First, Middle Ir WEIS, SUZANNE, , ,	nitial) or Full Organization Name	Date of Receipt				
Mailing Address 412 N BROADWAY AVE	07 01 2022					
City MARSHFIELD	State Zip Code WI 54449	Transaction ID : SA11AI-28015794  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	35.00				
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  220.00					
Full Name of Individual (Last, First, Middle Ir ZAK, HENRY, , ,	nitial) or Full Organization Name	Date of Receipt				
Mailing Address 8204 E BOULEVARD DR		07 26 2022				
City ALEXANDRIA	State Zip Code VA 22308	Transaction ID : SA11AI-28013948  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	80.00				
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item				
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 480.00					
SUBTOTAL of Receipts This Page (optional)		170.00				
TOTAL This Period (last page this line number	only)	3545.00				

SCHEDULE B (FEC Form 3X)			FOR LIN	IE NUMBER: PAGE 23 OF 29					
ITEMIZED DISBURSEMENTS		parate schedule(s)  n category of the	(check o	(check only one)					
		Summary Page	21 22						
Any information against from such Barrarta and Otal	tomonto ====	, not be sold as							
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NAME OF COMMITTEE (In Full)									
$ \; angle$ UNITED WOMEN'S HEALTH ALI	LIANCE	PAC							
<u> </u>									
Full Name (Last, First, Middle Initial)  A. ABC Company				Date of Disbursement					
ADO Company				M M / D D / Y Y Y Y					
Mailing Address PO Box 2413				07 19 2022					
Oih.	Otata	7:n 0!							
City Huntington	State NY	Zip Code 11743		FEC Identification Number					
Purpose of Disbursement	1			C					
Fundraising and Media Consulting			004	Transaction ID : SB21B-74197					
Candidate Name			Category/	Amount of Each Disbursement this Period					
Office Sought: House Disburs	sement For:		Туре	15000.00					
Senate	Primary	General							
President	Other (sp	ecify) ▼		Memo Item					
State: District:				П					
Full Name (Last, First, Middle Initial)				Date of Disbursement					
B. Blank Rome LLP				Date of Dispursement					
Mailing Address 1825 Eye Street NW				07 19 2022					
	State	Zip Code							
City		FEC Identification Number							
Washington Purpose of Disbursement	DC	20006		C					
Legal Fees			001	Transaction ID : SB21B-74197 Amount of Each Disbursement this Period 2921.00					
Candidate Name			Category/						
Office Sought: House Disburs	sement For:		Туре						
Senate Disburs	Primary	General		2321.00					
President	Other (sp			Memo Item					
State: District:				I wello item					
Full Name (Last, First, Middle Initial)				Date of Dishares and					
C. COA Network Inc.				Date of Disbursement					
Mailing Address 991 Route 22 West				07 25 2022					
Suite 200	1								
City	State NJ	Zip Code 08807		FEC Identification Number					
Bridgewater Township Purpose of Disbursement	140	00007		C					
800 Telephone numbers			001	Transaction ID : SB21B-74197					
Candidate Name			Category/	Amount of Each Disbursement this Period					
Office Sought: House Disburs	sement For:		Туре	150.15					
Senate Dispurs	Primary	General		130.10					
President	Other (sp			Memo Item					
State: District:				I WELLIO ITELLI					
				19074.45					
SUBTOTAL of Disbursements This Page (optional	)		·····•	18071.15					
TOTAL This Period (last nage this line number on	lv)								

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S	CHEDULE B (FEC Form 3X)	FOR LINE NUMBER: PAGE								
	EMIZED DISBURSEMENTS		arate schedule(s)	(check or	NOMBER:					
			category of the Summary Page	211						
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	y information copied from such Reports and State for commercial purposes, other than using the nar									
	NAME OF COMMITTEE (In Full)									
$ \rangle$	UNITED WOMEN'S HEALTH ALL	IANCE F	PAC							
_	Full Name (Last, First, Middle Initial)									
Α.	EagleBank				Date of Disbursement  O7 12 2022					
	Mailing Address 7815 Woodmont ave									
	,	State	Zip Code		FEC Identification Number					
	Bethesda Purpose of Disbursement	MD	20814							
	Bank analysis fee			001	C					
	Candidate Name	ma								
				Category/ Type	Amount of Each Disbursement this Period					
		ment For:			383.88					
	Senate	Primary	General							
	State: President State:	Other (spe	сіту) 🔻		Memo Item					
_	Full Name (Last, First, Middle Initial)									
В.					Date of Disbursement					
					M = M / D = D / Y = Y = Y					
	Mailing Address 1600 Amphitheatre Pkwy	State	Zip Code		07 05 2022					
	City Mountain View		FEC Identification Number							
	Purpose of Disbursement	CA	94043		Transaction ID : SB21B-74195 Amount of Each Disbursement this Period					
	Email Services			001						
	Candidate Name			Category/						
	Office Courses			Туре						
	Office Sought: House Disburse Senate	ment For: Primary	General		39.11					
	President	Other (spe								
	State: District:	, , ,			Memo Item					
	Full Name (Last, First, Middle Initial)									
C.	Grasshopper				Date of Disbursement					
	Mailing Address 320 Summer St				07 18 2022					
	Maining / Marcoso 320 Guninier St				0, 10 2022					
	,	State	Zip Code		FEC Identification Number					
	Boston Purpose of Disbursement	MA	02210							
	Telephone Service			001	C Transaction ID + SP21P 74104					
	Candidate Name			Category/	Transaction ID: SB21B-7419( Amount of Each Disbursement this Period					
				Type	11000					
	Office Sought: House Disburse Senate	ment For:	Ganaral		110.88					
	President	Primary Other (spe	General							
	State: District:	(500	<i>31</i> ▼		Memo Item					
Г	<u> </u>									
s	UBTOTAL of Disbursements This Page (optional)			·····•	533.87					
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SCHEDULE B (FEC Form 3X)	Ī.,		FOR LINE NUMBER: PAGE 25 OF							
ITEMIZED DISBURSEMENTS		parate schedule(s) h category of the	. ,	lly one)						
		d Summary Page	×	21b 28a	22 28b	23 28c	26	27 30b		
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NAME OF COMMITTEE (In Full)										
UNITED WOMEN'S HEALTH ALI	LIANCE	PAC								
Full Name (Last, First, Middle Initial)										
A. Intuit Inc.					Date of	f Disburse				
Mailing Address 2700 Coast Ave				07	/ D	)5	2022			
City	State	Zip Code			FEC Id	entificatio	n Number			
Mountain View	CA	94043								
Purpose of Disbursement Accounting Software			001		C					
Candidate Name			n./			ID : SB21	B-74194 nent this Period			
			Catego Type	′y/	Amoun	t of Each	Disburser	nent this Period		
Office Sought: House Disburs	ement For:				ΙΙ.		1 75	106.00		
Senate	Primary	General				,	,			
State: District:	Other (sp	ecify) 🔻			Me	mo Item				
Full Name (Last, First, Middle Initial)										
B. LIVE TRANSFERS AND DONOR	R CREAT	ΓΙΟΝ LLC			Date of	f Disburse	ement			
M 20 A 1 1					M = M		D / Y	YYYY		
Mailing Address 1607 Ponce de Leon ave Suite GM8	In				07 19 202			2022		
City SAN JUAN	State PR	Zip Code 00909			FEC Id	entificatio	n Number			
Purpose of Disbursement	1	00000		_	С					
Telephone fundraising		003 Category/				Transaction ID : SB21B-74196 Amount of Each Disbursement this Period				
Candidate Name										
Office Sought: House Disburs	omont For:	Type			34944.52					
Senate Disbuis	Primary	nent For: Primary General				34944.32				
President	Other (sp									
State: District:					IVIE	mo Item				
Full Name (Last, First, Middle Initial)					_					
C. North American Marketing Solution	ons Inc					f Disburse				
Mailing Address 3245 N 126th St					07	/ D	9	2022		
City	State	Zip Code			EEC 14	ontificatio	n Number			
Brookfield	WI	53005			I LO IO	entineatio	ii Nuilibei			
Purpose of Disbursement Mailers and Caging			003		C	ensaction	1D : SB21	IB-74197		
Candidate Name			Catego	y/			_	nent this Period		
Office Sought: House Disburs	ement For:		Туре					6072.07		
Senate	Primary	General				-	7	45		
President	Other (sp	ecify) 🔻			Me	mo Item				
State: District:	_				I I IVIC					
SUBTOTAL of Disbursements This Page (optional)	)			<b>•</b>		1 40		41122.59		
TOTAL This Period (last page this line number on	lv)									

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SCHEDULE B (FEC Form 3X)			FOR LII	NE NUMBER	:	PAGE 26 OF 29				
ITEMIZED DISBURSEMENTS		parate schedule(s)  n category of the	v of the							
		Summary Page		1b 22	23	26 27				
[				3a 28b	28c	29 30b				
Any information copied from such Reports and Stat or for commercial purposes, other than using the na										
NAME OF COMMITTEE (In Full)										
UNITED WOMEN'S HEALTH ALI	IANCE	PAC								
Full Name (Last, First, Middle Initial)				D-t-	4 Diala					
A. RallyPay				Date of	of Disburse					
Mailing Address 995 Market Street				07	0	2022				
Floor 2 City	State	Zip Code								
San Franciso	CA	94103		FEC Id	dentification	n Number				
Purpose of Disbursement				С						
Merchant Fees			003		ansaction	ID : SB21B-74195				
Candidate Name			Category/ Type	Amour	nt of Each	Disbursement this Period				
Office Sought: House Disburs	ement For:		Турс			1497.54				
Senate	Primary	General			7	4 4				
President	Other (sp	ecify) ▼		Me	emo Item					
State: District:										
Full Name (Last, First, Middle Initial)	Doto	of Disburse	omant							
B. RallyPay				Date		D / Y Y Y Y				
Mailing Address 995 Market Street Floor 2										
City	FEC Id	dentification	n Number							
San Franciso Purpose of Disbursement	CA	94103								
Merchant Fees			003	C						
Candidate Name			Category/	-	Transaction ID : SB21B-74195 Amount of Each Disbursement this Period					
		nent For:			64.00					
	ement For:									
Senate President	Other (sp	General								
State: District:	Other (sp	ecity)		Me	emo Item					
Full Name (Last, First, Middle Initial)										
C. RallyPay					of Disburse					
Mailing Address 995 Market Street				07		2022				
Floor 2	04-4-	7:- 0-4-								
City San Franciso	State CA	Zip Code 94103		FEC Id	dentificatio	n Number				
Purpose of Disbursement Combined 'off the top' Credit Card Chargebacks		0.130		С						
			003			ID: SB21B-7419; Disbursement this Period				
Candidate Name	Candidate Name Category/									
Office Sought: House Disburs	ement For:		71	$\exists \mid \mid :$		29.00				
Senate	Primary	General								
President	Other (sp	ecify) ▼		Me	emo Item					
State: District:										
SUPTOTAL of Dishursoments This Days (authors)						1590.54				
SUBTOTAL of Disbursements This Page (optional)			······		7	4				
TOTAL This Period (last page this line number only	v)									

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S	CHEDULE B (FEC Form 3X)			EOD LIN	F NUMBER: PAGE 27 OF 29						
	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page			FOR LINE NUMBER: PAGE 27 OF 29 (check only one)						
				21	b 22 23 26 27						
_		Dotalica	- animary rage	28	a 28b 28c 29 30b						
	y information copied from such Reports and State for commercial purposes, other than using the nar										
$\setminus$	NAME OF COMMITTEE (In Full)										
	UNITED WOMEN'S HEALTH ALLIANCE PAC										
_	Full Name (Last, First, Middle Initial)	Date of Diskursament									
Α.	RallyPay	Date of Disbursement									
	Mailing Address 995 Market Street Floor 2	07 31 7 2022									
	City	FEC Identification Number									
	San Franciso Purpose of Disbursement	CA	94103								
	Purpose of Disbursement Combined 'off the top' CC Transaction fees Jul			003	C						
	Candidate Name				Transaction ID : SB21B-74194						
				Category/ Type	Amount of Each Disbursement this Period						
		ment For:			63.20						
	Senate	Primary	General								
	State: President State:	Other (spec		Memo Item							
_	Full Name (Last, First, Middle Initial)										
В.	RallyPay	Date of Disbursement									
	Mailing Address 995 Market Street Floor 2	07 31 2022									
	,	State Zip Code CA 94103			FEC Identification Number						
	San Franciso Purpose of Disbursement	C									
	Combined 'off the top' CC Transaction fees Jul	Transaction ID : SB21B-74193									
	Candidate Name			Category/	Amount of Each Disbursement this Period						
					117.00						
	Office Sought: House Disburser Senate	ment For: Primary	General		117.20						
	President	Other (spec			п.,						
	State: District:	- (-	• /		Memo Item						
	Full Name (Last, First, Middle Initial)										
C.	RallyPay	Date of Disbursement									
	Moiling Address OF Market Office	07 31 2022									
	Mailing Address 995 Market Street Floor 2	01 31 2022									
		State	Zip Code		FEC Identification Number						
	San Franciso										
	Purpose of Disbursement Combined 'off the top' CC Transaction fees Jul	C									
	Candidate Name	003 Category/ Type	Transaction ID : SB21B-74194 Amount of Each Disbursement this Period								
	Office Sought: House Disburse	638.87									
	Senate	Primary	General								
	President	Other (spec	cify) ▼		Memo Item						
_	State: District:										
s	UBTOTAL of Disbursements This Page (optional)			<b>&gt;</b>	819.27						
$\vdash$	,										
Т	OTAL This Period (last page this line number only	)									

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SCHEDULE B (FEC Form 3X)			EOD LINE	FOR LINE NUMBER: PAGE 28 OF 29						
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page			FOR LINE NUMBER: PAGE 28 OF 29 (check only one)						
			<b>X</b> 21b	22 23 26 27						
			28a	28b 28c 29 30b						
Any information copied from such Reports and Stater or for commercial purposes, other than using the nar										
NAME OF COMMITTEE (In Full)										
UNITED WOMEN'S HEALTH ALLIANCE PAC										
Full Name (Last, First, Middle Initial)				Date of Dishuraneset						
A. RallyPay	Date of Disbursement									
Mailing Address 995 Market Street Floor 2	07 31 2022									
,	State	Zip Code		FEC Identification Number						
San Franciso	CA	94103								
Purpose of Disbursement Combined 'off the top' CC Transaction fees Jul			003	C						
Candidate Name				Transaction ID: SB21B-74194 Amount of Each Disbursement this Period 673.61						
			Category/ Type							
Office Sought: House Disburser	ment For:									
Senate	Primary Other (spec	General								
President		Memo Item								
State: District: Full Name (Last, First, Middle Initial)										
B. RallyPay	Date of Disbursement									
Kanyi ay	M M / D D / Y Y Y Y									
Mailing Address 995 Market Street Floor 2	07 31 2022									
,	State CA	Zip Code 94103		FEC Identification Number						
San Franciso Purpose of Disbursement										
Combined 'off the top' CC Transaction fees Jul			003	C						
Candidate Name			Category/	Transaction ID : SB21B-74193 Amount of Each Disbursement this Period						
	Type									
	ment For:		1380.31							
Senate President	Senate Primary General									
State: District:	Other (spec	ыу)		Memo Item						
Full Name (Last, First, Middle Initial)										
C.	Date of Disbursement									
Mailing Address										
City	State	Zip Code		FEC Identification Number						
Purpose of Disbursement	C									
	O									
Candidate Name	Amount of Each Disbursement this Period									
Office Sought: House Disburser										
Senate	Primary Other (spec	General								
State: District:		Memo Item								
State: District:										
SUBTOTAL of Disbursements This Page (optional)				2053.92						
				7 7 7						
TOTAL This Period (last page this line number only)	)			64191.34						

# SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE 29 OF
FOR LINE NUMBER:
(check only one)

9 **X** 10

29

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

A. Full Name (Last, First, Middle Initial) of Debtor (	Nature of Debt (Purpose): Advance for various legal, administrative							
Mastroianni, Stephanie, , ,	Advance for various legal, administrative							
Mailing Address 2021 L St NW Ste 101-193								
City	State	Zip Code	-					
Washington	DC	20036						
Outstanding Balance Beginning This Period			Transaction ID: SD10-1014686					
2920.07								
Amount Incurred This Period	Paym	nent This Period	Outstanding Balance at Close of This Period					
0.00		0.00	2920.07					
B. Full Name (Last, First, Middle Initial) of Debtor of	Nature of Debt (Purpose):							
Mailing Address	_							
City	State	Zip Code	_					
Outstanding Balance Beginning This Period	I	I						
Amount Incurred This Period	Outstanding Balance at Close of This Period							
	• • • • •	nent This Period	1					
	7 7							
C. Full Name (Last, First, Middle Initial) of Debtor of	Nature of Debt (Purpose):							
Mailing Address								
City	State	Zip Code						
Outstanding Balance Beginning This Period								
Amount Incurred This Period	Pavm	nent This Period	Outstanding Balance at Close of This Period					
Amount incured this i chod	1 dyll	ient mis i enou	Cutstanding Balance at Close of This Feriod					
		7	7 7 7					
) SUBTOTALS This Period This Page (optional)	2920.07							
	2920.07							
) TOTALS This Period (last page this line number or								
) TOTAL OUTSTANDING LOANS from Schedule C	0.00							
) ADD 2) and 3) and carry forward to appropriate lin	2920.07							