12/02/2021 13 : 28

Image# 202112029469567558 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

(Schedule E)		TIONES		PAGE 1 OF 36 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FF	C IDENTIFICATION NUMBER ▼
UNITED WOMEN'S HEALTH ALLIANCE PAC				
Check if 24-hour report X 48-hour	report 🗶 New rep	ort Amends repo	ort filed on	
Full Name of Payee LIVE TRANSFERS AND DO	ONOR CREATION	LLC	M	
Mailing Address 1607 Ponce de Leon av Suite GM8	e		12 Amount	01 2021
City	State	Zip Code		909.85
SAN JUAN	PR	00909		ion ID : SE-S434225 Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		M / D D / Y Y Y Y
Name of Federal Candidate		x Support	Office Sought:	House District:
CORNYN, JOHN, , Sen,		Oppose	President	Senate State: TX
Calendar Year-To-Date Per Election for Office Sought	· · · · · · ·	9183.89	Disbursement Fo	or: X Primary General r (specify) ►
Full Name of Payee			Date of F	Public Distribution/Dissemination
LIVE TRANSFERS AND DOM	IOR CREATION LLO	0	12	M / D D / Y Y Y
Mailing Address 1607 Ponce de Leon	ave		Amount	
Suite GM8			Amount	
City	State	Zip Code		909.85
SAN JUAN	PR	00909		on ID : SE-S434227 Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		M / D D / Y Y Y Y
Name of Federal Candidate		X Support	Office Sought:	House District:
TILLIS, THOM, R., Sen,		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	· · · · · · · ·	9183.87	Disbursement Fo 2026	or: X Primary General r (specify)
(a) SUBTOTAL of Itemized Independent				1819.70
(b) SUBTOTAL of Unitemized Independent	nt Expenditures		••	7 1 1 7 1 1 7 1
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party comm	ny candidate or authorized			
MASTROIANNI, STEPHANIE, ,		ically Filed] Date		01 2021
Signature				

Image# 202112029469567559 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (in Full) FOR SE OF FORM 24/48 UNITED WOMEN'S HEALTH ALLIANCE PAC FEC IDENTIFICATION NUMBER ▼ Check if 24-hour report ★ 48-hour report ★ 100 C 00755694 Full Name of Payee Date of Public Distribution/Dissemination LIVE TRANSFERS AND DONOR CREATION LLC Date of Public Distribution/Dissemination Mailing Address 1607 Ponce de Leon ave Suite GM8 City State Zip Code SAN JUAN PR 00909 Purpose of Expenditure Category/ 004 Transaction ID : SE-S434229 Date of Disbursement or Obligation Name of Federal Candidate X Support Office Sought: ★ House District: 14 LAWRENCE, BRENDA, LULENAR, , Oppose President ★ Senate \$ tate: MI Calendar Year-To-Date President For: ★ Primary General 2022 Per Election for Office Sought P183.87 2022
UNITED WOMEN'S HEALTH ALLIANCE PAC C corr55694 Check if 24-hour report X 48-hour report Amends report filed on Full Name of Payee IVE TRANSFERS AND DONOR CREATION LLC Date of Public Distribution/Dissemination Mailing Address 1607 Ponce de Leon ave Date of Public Distribution/Dissemination Suite GM8 Vity State Zip Code City State Zip Code 909.85 SAN JUAN PR 00909 Date of Disbursement or Obligation Purpose of Expenditure Category/ 004 Mill / D / VIVIV Name of Federal Candidate Support Office Sought: House District: 14 LAWRENCE, BRENDA, LULENAR, , Oppose President Senate State: Mill Calendar Year-To-Date Pit83.87 2022 2021 Disbursement For: Y Primary General
Check if 24-hour report X 48-hour report X New report Amends report filed on Image: Construction of the second
Check if 24-hour report X New report Amends report filed on Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC Date of Public Distribution/Dissemination Mailing Address 1607 Ponce de Leon ave Suite GM8 City State Zip Code SAN JUAN PR 00909 Purpose of Expenditure Category/ 004 Telephone Fundraising Category/ 004 Name of Federal Candidate X Support LAWRENCE, BRENDA, LULENAR, , Oppose President Senate Calendar Year-To-Date 9183.87 Disbursement For: Y
LIVE TRANSFERS AND DONOR CREATION LLC Mailing Address 1607 Ponce de Leon ave Suite GM8 City State Zip Code SAN JUAN PR 00909 Purpose of Expenditure Telephone Fundraising Category/ Type 004 Name of Federal Candidate Image: Support Office Sought: LAWRENCE, BRENDA, LULENAR, , Oppose President Senate Category for Control of
Mailing Address 1607 Ponce de Leon ave Suite GM8 Amount City State Zip Code SAN JUAN PR 00909 Purpose of Expenditure Telephone Fundraising Category/ Type 004 Name of Federal Candidate Image: Support Office Sought: LAWRENCE, BRENDA, LULENAR, , Oppose President Calendar Year-To-Date Per Election for Office Sought 9183.87 2022
Amount Suite GM8 Amount City State Zip Code SAN JUAN PR 00909 Transaction ID : SE-S434229 Purpose of Expenditure Telephone Fundraising Category/ Type 004 M / D / Y Y Y Name of Federal Candidate X Support Office Sought: X House District: 14 LAWRENCE, BRENDA, LULENAR, , Oppose President Senate State: MI Calendar Year-To-Date Per Election for Office Sought 9183.87 Disbursement For: Y Primary General
SAN JUAN PR 00909 Transaction ID : SE-S434229 Purpose of Expenditure Telephone Fundraising Category/ Type 004 Date of Disbursement or Obligation Name of Federal Candidate X Support Office Sought: House District: 14 LAWRENCE, BRENDA, LULENAR, , Oppose President Senate State: MI Calendar Year-To-Date Per Election for Office Sought 9183.87 2022 Disbursement For: Y Primary General
Purpose of Expenditure Telephone Fundraising Category/ Type 004 Date of Disbursement or Obligation Name of Federal Candidate X Support Office Sought: X House District: 14 LAWRENCE, BRENDA, LULENAR, , Oppose President Senate State: MI Calendar Year-To-Date Per Election for Office Sought 9183.87 Disbursement For: X Primary General
Purpose of Expenditure Telephone Fundraising Category/ Type 004 M M / D D / Y Y Y Y Name of Federal Candidate X Support Office Sought: X House District: 14 LAWRENCE, BRENDA, LULENAR, , Oppose President Senate State: MI Calendar Year-To-Date Per Election for Office Sought 9183.87 Disbursement For: X Primary General
LAWRENCE, BRENDA, LULENAR, , Oppose President Senate State: MI Calendar Year-To-Date Disbursement For: X Primary General Per Election for Office Sought 9183.87 2022 Oppose Disbursement For: X
Calendar Year-To-Date Disbursement For: X Primary General 2022
Per Election for Office Sought 9183.87 2022
Other (specify) ►
Full Name of Payee Date of Public Distribution/Dissemination
LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave
Suite GM8
City State Zip Code 909.84
SAN JUAN PR 00909 Transaction ID : SE-S434231 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising Category/ Type 004
Name of Federal Candidate Support Office Sought: X House District: 08
LESKO, DEBBIE, , , Oppose President Senate State: AZ
Calendar Year-To-Date Disbursement For: X Primary General 2022
Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
MASTROIANNI, STEPHANIE, , , [Electronically Filed] Date 12 01 2021
Signature

Image# 202112029469567560 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

(Schedule E)	PAGE 3 OF 36 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
UNITED WOMEN'S HEALTH ALLIANCE PAC	
	C C00755694
Check if 24-hour report X 48-hour report X New report Amends report filed o	
Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC	Date of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave	
Suite GM8	Amount
City State Zip Code	909.84
	Transaction ID : SE-S434233 Date of Disbursement or Obligation
Purpose of Expenditure Category/ Telephone Fundraising 004	
Name of Federal Candidate Support Office S	Sought: House District:
SHAHEEN, JEANNE, , ,	President State: <u>NH</u>
Calendar Year-To-Date Disburs Per Election for Office Sought 9183.87	sement For:
Full Name of Payee	Date of Public Distribution/Dissemination
LIVE TRANSFERS AND DONOR CREATION LLC	12 01 / Y Y Y Y 12 01 2021
Mailing Address 1607 Ponce de Leon ave	Amount
Suite GM8	Amount
City State Zip Code	909.84
	ransaction ID : SE-S434235 Date of Disbursement or Obligation
Purpose of Expenditure Category/ Telephone Fundraising 004	
Name of Federal Candidate Support Office	Sought: House District:
BLUNT, ROY, , ,	President X Senate State: MO
Calendar Year-To-Date Disburs Per Election for Office Sought 9183.90	sement For: X Primary General
	Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	1819.68
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not mad with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.	
MASTROIANNI, STEPHANIE, , , [Electronically Filed] Date 12	M / D D / Y Y Y Y 01 2021
Signature	

Image# 202112029469567561 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NMME OF COMMITTEE (IN Fail) PEC DENTRICATION NUMBER Y UNITED WOMEN'S HEALTH ALLIANCE PAC PEC DENTRICATION NUMBER Y Check if	(Schedule E)				FOR SE OF FORM 24/48
UNITED WOMEN'S HEALTH ALLIANCE PAC C C00756664 Check if24-hour report I all hour report	NAME OF COMMITTEE (In Full)				
Check if _ 24-hour report ▼ 48-hour report ▼ Amends report field on Check if _ 24-hour report ▼ 48-hour report ▼ Amends report field on Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC Mailing Address 1607 Ponce de Leon ave Suite GM8 City State Zp Code SAN JUAN PR 00909 Purpose of Expenditure Telephone Fundiciating MURRAY, PATTY, Category/ 004 Full Name of Federal Candidate MURRAY, PATTY, Category 004 Full Name of Payee Per Election for Office Sought 9158,89 Purpose of Expenditure Telephone Fundiciating City San JUAN PR 00909 Full Name of Federal Candidate MURRAY, PATTY, Category 004 Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC Mailing Address 1607 Ponce de Leon ave Suite GM8 City San JUAN PR 00909 Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC Mailing Address 1607 Ponce de Leon ave Suite GM8 City San JUAN PR 00909 Purpose of Expenditure Telephone Fundiciating Category/ 004 Transaction ID : SE-5434239 Date of Public Distribution/Dissemination 112 / 01 / 2021 Amount 2022 Other (specify) ► (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Itemized Independent Expenditures (c) TOTAL Independent Expenditures or augent of either, or (if the reporting entry is not a political party commitee) any political party committee or augent of either, or (if the reporting entry is not a political party commitee) any political party committee or augent of either, or (if the reporting entry is not a political party commitee) any political party committee or augent of either, or (if the reporting entry is not a political party commitee) any political party committee or augent of either, or (if the reporting entry is not a political party commitee) any political party committee or augent of either, or (if the reporting entry is not a political party commitee) any political party co	UNITED WOMEN'S HEALTH A	LLIANCE PAC			
Check III 24-hour report X New report Amends report field on Full Name of Payse LIVE TRANSFERS AND DONOR CREATION LLC Date of Public Distribution/Dissemination Mailing Address 1607 Ponce de Leon ave Suite GMB Date of Public Distribution/Dissemination City State Zip Code Name of Expenditure 00000 Date of Public Distribution/Dissemination Purpose of Expenditure X Support Office Sought MURALY, PATTY, Oppose Distribution/Dissemination Catendar Year-To-Date 9183.89 Office Sought Precident X senate Full Name of Payse State Zip Code Transaction ID ::SE-SA4237 Data of Public Distribution/Dissemination 12 01/7 2021 Marrier of Expenditure Y State Y Support Office Sought Date of Public Distribution/Dissemination LIVE TRANSFERS AND DONOR CREATION LLC Mailing Address 1607 Ponce de Leon ave Suite GM8 Suite GM8 Zip Code Transaction ID ::SE-SA42329 Other (specify) * City State Zip Code Transaction ID ::SE-SA42329 SAN JUAN PR 00000 Transa					C C00755694
LIVE TRANSFERS AND DONOR CREATION LLC III 2 01 2021 Mailing Address 1807 Pance de Leon ave Amount Salue GM8 00084 Transaction ID : SE-S434237 Date of Expenditure 00084 Transaction ID : SE-S434237 Purpose of Expenditure Image: Subject of Expenditure Image: Subject of Expenditure Calendar Vear-To-Date 9183.89 Discursement For: Purpose of Expenditure Subject of Expenditure Image: Subject of Expenditure Calendar Vear-To-Date 9183.89 Date of Public District: Purpose of Expenditure Subject of Expenditure Image: Subject of District: Mailing Address 1607 Ponce de Leon ave Image: Subject of District: Mailing Address 1607 Ponce de Leon ave Image: Subject of District: Subject of Expenditure Image: Subject of District: Image: Subject of District: VAN HOLLEN, CHRIS, ., Oppose Oppose Image: Subject of District: VAN HOLLEN, CHRIS, ., Oppose Other (specify) Image: Subject of District: Image: Subject of District: VAN HOLLEN, CHRIS, ., Oppose Oppose Other (specify) Image: Subject of Othic Sought Image: Subject of Oth	Check if 24-hour report 🗶 48-hour rep	port 🗶 New repo	ort Amends repo		• M / D • D / Y • Y • Y • Y
Mailing Address 101 2021 Mailing Address 101 2021 Suite GM8 State Zip Code Otity State Zip Code SAN JUAN PR 00699 Purpose of Expenditure Feedbace Support Telephone Fundratising Cetegory/ Type 004 Feedbace Name of Federal Candidate Image: State WA Calendar Vex-To-Date President X Senate State Purpose of Expenditure 112 01 2021 Full Name of Federal Candidate 908,84 2022 Other (specify) > Full Name of Federal Candidate 908,94 2022 Other (specify) > Mailing Address 1607 Ponce de Leon ave State Zip Code SAN JUAN PR 00309 Purpose of Expenditure Transaction ID: SE-S434237 Transaction ID: SE-S434237 Category/ 004 Transaction ID: SE-S434239 Date of Dibbursement or Obligation 12 01 2021 Maunt Senate State MD 2004 SAN JUAN PR		NOR CREATION			
Suite GM8 Amount City State Zip Code SAN JUAN PR 00909 Purpose of Expenditure Category/ Telephone Fundraising Category/ Telephone Fundraising Category/ Telephone Fundraising Office Sought House District MURRAY, PATTY Oppose President X Sonate State: WA Catendar Year-To-Date Other Sought 183,99 Other (specify) × Ceneral Full Name of Payee UVE TRANSFERS AND DONOR CREATION LLC Date of Public Distruction Dissemination 12 / 0 01 / 2021 Mailing Address 1607 Ponce de Leon ave Sata Zip Code 908,84 SAN JUAN PR 00909 Transaction ID : SE-5434239 Date of Public Distruction Dissemination Mailing Address 1607 Ponce de Leon ave Sata Zip Code 908,84 Transaction ID : SE-5434239 San JUAN PR 00909 Paresident X count Transaction ID : SE-5434239 Name of Federal Candidate X Support Office Sought House Distruct Van HOLLEN, CHRIS, ., Oppose President X senale State: MD				M	
City State Zip Code 909.84 SAN JUAN PR 00909 Purpose of Expenditure Purpose of Expenditure Category/ Treephone 004 Transaction ID : SE-S43237 Date of Disbursement or Obligation Name of Federal Candidate Image: Support Office Sought House District MURRAY, PATTY, Oppose Deteroit President X Senate Calendar Year-To-Date Per Election for Office Sought 9183.89 Detevariation D: SE-S43232 Multing Address 1607 Ponce de Leon ave Suite GMB Date of Public Distribution/Dissemination City State Zip Code Transaction ID : SE-S432329 Date of Disbursement or Obligation Purpose of Expenditure Federal Candidate Yanount Transaction ID : SE-S434239 Date of Disbursement or Obligation Name of Federal Candidate Yan HOLLEN, CHRIS, Oppose Dete of Public Distribution/Dissemination VAN HOLLEN, CHRIS, Category/ Type Odd President X senate State (a) SUBTOTAL of Itemized Independent Expenditures Image: Senate State Disbursement For: Transaction ID : SE-S434239 (b) SUBTOTAL of Itemized Independent Expenditures I				Amour	nt
SAN JUAN PR 00009 Transaction ID : SE-S434237 Purpose of Expenditure Category/ Trelephone Fundraising Office Sought House District MURRAY, PATTY, Oppose President X enate State: WA Calendar Year-To-Date President X enate State: WA Full Name of Payee Disbursement For: X Primary General LIVE TRANSFERS AND DONOR CREATION LLC Date of Public Distribution/Dissemination If 2 01 2021 Mailing Address 1607 Ponce de Leon ave State Zip Code Amount If 2 01 2021 Name of Federal Candidate X Support Office Sought: House District: Office Sought If 2 01 2021 Name of Federal Candidate X Support Office Sought: House District: If 2 01 2021 Name of Federal Candidate X Support Office Sought: House District: If 2 01 2021 Name of Federal Candidate X Support Office Sought: House District: If 2 If 2 If 3 If 3 If 3 If 3 <		Stata	Zin Codo		000.94
Purpose of Expenditure Telephone Fundraising Category/ Type 004 Image: Category/ Type 004 Name of Federal Candidate Image: Category/ Type 004 Image: Category/ Type 004 MURRAY, PATTY, Oppose President Image: Category/ President Image: Category/ Type Office Sought Image: Category/ Type Office Sought Put Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC Date of Public Distribution/Dissemination Image: Category/ Tarsaction ID : SE-S434239 Oily State Zip Code 909.84 SAN JUAN PR 00909 Purpose of Expenditure Telephone Fundraising Category/ Type Odd Name of Federal Candidate X Support Office Sought House District VAN HOLLEN, CHRIS, ., Oppose President X senate State: MD Disbursement For: X Primary Ceneral 202 Other (specity) + (a) SUBTOTAL of Itemized Independent Expenditures Image: Category Periodent Expenditures Image: Category Periodent For: X Primary Ceneral 202 Other (specity) + (b) SUBTOTAL of Itemized Independent Expenditures Image: Category Periodent For: X Primary Ceneral 202 Image: Category Periodent For: X Primary Ceneral 202 Other (specity) + (c) TOTAL Independent Expenditures <	,				action ID : SE-S434237
MURRAY, PATTY, Oppose President X Senate State: WA Calendar Year-To-Date Per Election for Office Sought 9183.89 Disbursement For: X Primary General 2022 Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC Date of Public Distribution/Dissemination Mailing Address 1607 Ponce de Leon ave Suite GM8 Date of Public Distribution/Dissemination City State Zip Code SAN JUAN PR 00909 Purpose of Expenditure Teleptone Fundraising Category/ Type 004 Name of Federal Candidate VAN HOLLEN, CHRIS, Oppose President X Senate State: MD Calendar Year-To-Date Per Election for Office Sought 9183.89 Office Sought House District: President X Ymmary General 2022 (a) SUBTOTAL of Itemized Independent Expenditures 1819.68 (b) SUBTOTAL of Unitemized Independent Expenditures 1819.68 (c) TOTAL Independent Expenditures 1819.68 (b) SUBTOTAL of Unitemized Independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. <					
MURRAY, PATTY, ○ oppose President X Senate State: WA Calendar Year-To-Date 9183.89 Disbursement For: X Primary General Per Election for Office Sought 9183.89 Disbursement For: X Primary General LIVE TRANSFERS AND DONOR CREATION LLC Date of Public Distribution/Dissemination 12 01 2021 Mailing Address 1607 Ponce de Leon ave State Zip Code 909.84 City State Zip Code 909.84 Purpose of Expenditure Category/ 004 Transaction ID : SE-S434239 Date of Federal Candidate Yupp 004 Ymmary General VAN HOLLEN, CHRIS, Oppose Office Sought House District: Disbursement For: Y Primary General Calendar Year-To-Date 9183.89 Disbursement For: Y Primary General Per Election for Office Sought 9183.89 Disbursement For: Y Primary General Calendar Year-To-Date 9183.89 Other (specify) > Issign for the specify issig	Name of Federal Candidate		X Support	Office Sought	t: House District:
Per Election for Office Sought 9183.89 2022 Other (specify) ▶ Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC Date of Public Distribution/Dissemination Mailing Address 1607 Ponce de Leon ave Suite GMB Amount City State Zip Code 909.84 Tansaction ID: SE-5434239 Date of Disbursement or Obligation Purpose of Expenditure Category/ 004 Telephone Fundraising Category/ 004 Name of Federal Candidate Image: Support Office Sought VAN HOLLEN, CHRIS, ., Oppose President X Senate State: Calendar Year-To-Date Disbursement For: Y Primary Per Election for Office Sought 9183.89 Disbursement For: Y Primary (a) SUBTOTAL of Itemized Independent Expenditures Itemized Independent Expenditures Itemized independent Expenditures (c) TOTAL Independent Expenditures Itemized or office or audidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee or its agent.	MURRAY, PATTY, , ,				
LIVE TRANSFERS AND DONOR CREATION LLC Mailing Address 1607 Ponce de Leon ave Suite GM8 City State Zip Code SAN JUAN PR 00909 Purpose of Expenditure Category/ 004 Transaction ID : SE-S434239 Date of Disbursement or Obligation Name of Federal Candidate Image: Support Office Sought VAN HOLLEN, CHRIS, , , Oppose President Calendar Year-To-Date 9183.89 Disbursement For: Image: Primary Calendar Year-To-Date 9183.89 Other (specify) > (a) SUBTOTAL of Itemized Independent Expenditures 1819.68 (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		· · · · · · ·	9183.89	2022	
Mailing Address 1607 Ponce de Leon ave Suite GM8 City State Zip Code SAN JUAN PR 00909 Purpose of Expenditure Telephone Fundraising Category/ Type 004 Name of Federal Candidate Support Office Sought VAN HOLLEN, CHRIS, Oppose President Senate Calendar Year-To-Date Per Election for Office Sought 9183,89 Disbursement For: Y Primary (a) SUBTOTAL of Itemized Independent Expenditures 1819,68 (b) SUBTOTAL of Unitemized Independent Expenditures 1819,68 (c) TOTAL Independent Expenditures Ite request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			_	Date of	of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave Suite GMB Amount City State Zip Code SAN JUAN PR 00909 Purpose of Expenditure Transaction ID : SE-S434239 Date of Disbursement or Obligation Telephone Fundraising Category/ Type 004 Name of Federal Candidate Image: Support Office Sought: House VAN HOLLEN, CHRIS, , , Oppose President Senate State: MD Calendar Year-To-Date President Image: Support Office Sought: House Disbursement For: Image: President Image: Senate State: MD (a) SUBTOTAL of Unitemized Independent Expenditures Image: Senate <	LIVE TRANSFERS AND DONC	OR CREATION LLC	2	M	
Suite GM8 Amount City State Zip Code SAN JUAN PR 00909 Purpose of Expenditure Telephone Fundraising Category/ Type 004 Transaction ID : SE-S434239 Date of Disbursement or Obligation Name of Federal Candidate Y Duty Office Sought: House Disbursement or Obligation VAN HOLLEN, CHRIS, . , Oppose President Senate State: MD Calendar Year-To-Date Per Election for Office Sought 9183.89 Disbursement For: Y Primary General 202 (a) SUBTOTAL of Itemized Independent Expenditures 1819.68 (b) SUBTOTAL of Unitemized Independent Expenditures 1819.68 (c) TOTAL Independent Expenditures 1819.68 Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee or its agent. MASTROIANNI, STEPHANIE, . , [Electronically Filed] Date 12 0 7 2021 <td>Mailing Address 1607 Ponce de Leon av</td> <td>e</td> <td></td> <td> L</td> <td></td>	Mailing Address 1607 Ponce de Leon av	e		L	
City State Zip Code 909.84 SAN JUAN PR 00909 Transaction ID : SE-S434239 Purpose of Expenditure Telephone Fundraising Category/ Type 004 Transaction ID : SE-S434239 Name of Federal Candidate Support Office Sought: I bouse District: VAN HOLLEN, CHRIS, . , Oppose President X Senate Calendar Year-To-Date Per Election for Office Sought 9183.59 Disbursement For: Y Primary (a) SUBTOTAL of Itemized Independent Expenditures > 1819.68 (b) SUBTOTAL of Unitemized Independent Expenditures > 1819.68 (c) TOTAL Independent Expenditures > Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or and the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee or its agent. MASTROIANNI, STEPHANIE, . , [Electronically Filed] Date 12 01 2021	Suite GM8			Amou	nt
Date of Disbursement or Obligation Purpose of Expenditure Telephone Fundraising Name of Federal Candidate VAN HOLLEN, CHRIS, , , Oppose President Xenter Calendar Year-To-Date Per Election for Office Sought 9183.89 Other (specify) ▶ (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		State	Zip Code		909.84
Purpose of Expenditure Telephone Fundraising Category/ Type 004 Image: Category/ Type 004 Name of Federal Candidate VAN HOLLEN, CHRIS, , , Image: Category/ Type 004 Image: Category/ Type 004 Calendar Year-To-Date Per Election for Office Sought Image: Category/ Persident Office Sought Image: President Image: Senate State: Image: MD Calendar Year-To-Date Per Election for Office Sought Image: Senate State: Image: Senate State State State: Image: Senate State: Image: Senate Stat	SAN JUAN	PR	00909		
VAN HOLLEN, CHRIS, , , Oppose President Calendar Year-To-Date Per Election for Office Sought 9183.89 Disbursement For: Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee or its agent. MASTROIANNI, STEPHANIE, , , [Electronically Filed] Date Date					
Calendar Year-To-Date Per Election for Office Sought 9183.89 Disbursement For: X Primary General 2022 (a) SUBTOTAL of Itemized Independent Expenditures	Name of Federal Candidate		X Support	Office Sough	t: House District:
Per Election for Office Sought 9183.89 2022 Other (specify) > (a) SUBTOTAL of Itemized Independent Expenditures > 1819.68 (b) SUBTOTAL of Unitemized Independent Expenditures > - (c) TOTAL Independent Expenditures > - Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. MASTROIANNI, STEPHANIE, , , [Electronically Filed] Date 12 01 / 2021	VAN HOLLEN, CHRIS, , ,		Oppose	Preside	ent X Senate State: MD
(a) SUBTOTAL of Itemized Independent Expenditures. ↓ 1819.68 (b) SUBTOTAL of Unitemized Independent Expenditures ↓ ↓ (c) TOTAL Independent Expenditures. ↓ ↓ Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee or its agent. MASTROIANNI, STEPHANIE, , , [Electronically Filed] Date 12 01 2021			9183.89	2022	
(b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. MASTROIANNI, STEPHANIE, . , [Electronically Filed] Date 12				0	ther (specify)
(c) TOTAL Independent Expenditures. Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. MASTROIANNI, STEPHANIE, , , [Electronically Filed] Date 12	(a) SUBTOTAL of Itemized Independent Ex	penditures		•	1819.68
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. MASTROIANNI, STEPHANIE, , , [Electronically Filed] Date 12 01 2021	(b) SUBTOTAL of Unitemized Independent	Expenditures		• •	· · · · · · · · · ·
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. MASTROIANNI, STEPHANIE, , , [Electronically Filed] Date 12 01 2021	(c) TOTAL Independent Expenditures				· · · · · · · · · · ·
[Electronically Filed] Date 12 01 2021	with, or at the request or suggestion of, any	candidate or authorized			
	MASTROIANNI, STEPHANIE, , ,	[Electron	ically Filed1	12	
	Signature		Date		2021

Image# 202112029469567562 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

(Schedule E)	PAGE 5 OF 36 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER
UNITED WOMEN'S HEALTH ALLIANCE PAC	
	C C00755694
Check if 24-hour report X 48-hour report New report Amends report	filed on
Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC	Date of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave	
Suite GM8	Amount
City State Zip Code	980.13
SAN JUAN PR 00909	Transaction ID : SE-S434241 Date of Disbursement or Obligation
Purpose of Expenditure Category/ Telephone Fundraising 004	
Name of Federal Candidate	Office Sought: House District:
CORNYN, JOHN, , Sen, Oppose	President State: TX
	Disbursement For: ➤ Primary General 026 Other (specify) ►
Full Name of Payee	Date of Public Distribution/Dissemination
LIVE TRANSFERS AND DONOR CREATION LLC	12 08 2021
Mailing Address 1607 Ponce de Leon ave	
Suite GM8	Amount
City State Zip Code	980.13
SAN JUAN PR 00909	Transaction ID : SE-S434243 Date of Disbursement or Obligation
Purpose of Expenditure Telephone FundraisingCategory/ 004Type004	
Name of Federal Candidate Support C	Office Sought: House District:
TILLIS, THOM, R., Sen, Oppose	President X Senate State: NC
	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	1960.26
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were no with, or at the request or suggestion of, any candidate or authorized committee or agent of e party committee) any political party committee or its agent.	
MASTROIANNI, STEPHANIE, , , [Electronically Filed] Date	12 01 2021
Signature	

Image# 202112029469567563 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

(Schedule E)	PAGE 6 OF 36 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
UNITED WOMEN'S HEALTH ALLIANCE PAC	
	C C00755694
Check if 24-hour report X 48-hour report New report Amends report filed on	
Full Name of Payee Date LIVE TRANSFERS AND DONOR CREATION LLC Date	e of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave	
Suite GM8	ount
City State Zip Code	980.13
	nsaction ID : SE-S434245 e of Disbursement or Obligation
Purpose of Expenditure Category/ Telephone Fundraising 004	
Name of Federal Candidate Support Office Source	ght: X House District: 14
LAWRENCE, BRENDA, LULENAR, , Oppose Presi	ident Senate State: <u>MI</u>
Calendar Year-To-Date Per Election for Office Sought 10164.00 Disburseme	ent For: ★ Primary General Other (specify) ►
Full Name of Payee Date	e of Public Distribution/Dissemination
LIVE TRANSFERS AND DONOR CREATION LLC	12 08 2021
Mailing Address 1607 Ponce de Leon ave	
Suite GM8	ount
City State Zip Code	980.13
	saction ID : SE-S434247 e of Disbursement or Obligation
Purpose of Expenditure Telephone FundraisingCategory/ Type004	
Name of Federal Candidate Support Office Sou	ight: 🖌 House District: 08
LESKO, DEBBIE, , , Oppose Pres	sident Senate State: AZ
Calendar Year-To-Date Disbursem 2022	ent For: X Primary General
	Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	1960.26
(b) SUBTOTAL of Unitemized Independent Expenditures	-171717-
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (party committee) any political party committee or its agent.	
MASTROIANNI, STEPHANIE, , , [Electronically Filed] Date 12	/ D D / Y Y Y Y 01 2021
Signature [Electronically Filed] Date 12	2021

Image# 202112029469567564 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

(Schedule E)				FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
UNITED WOMEN'S HEALTH A	LLIANCE PAC			
				C C00755694
Check if 24-hour report 🗴 48-hour rep	port 🗶 New repo	ort Amends repo		M / D = D / Y = Y = Y = Y
			Date of	of Public Distribution/Dissemination
LIVE TRANSFERS AND DOM	NOR CREATION		M	12 08 2021
Mailing Address 1607 Ponce de Leon ave			Amou	nt
Suite GM8				
City	State	Zip Code		980.13
SAN JUAN	PR	00909		action ID : SE-S434249 of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	M	
Name of Federal Candidate		x Support	Office Sough	it: House District:
SHAHEEN, JEANNE, , ,		Oppose	Preside	ent X Senate State: NH
Calendar Year-To-Date Per Election for Office Sought		10164.00	Disbursemen 2026 O	tt For:
Full Name of Payee			Date	of Public Distribution/Dissemination
LIVE TRANSFERS AND DONC	OR CREATION LLC		N	12 08 2021
Mailing Address 1607 Ponce de Leon ave	2		L	12 00 2021
Suite GM8	-		Amou	Int
City	State	Zip Code		980.13
SAN JUAN	PR	00909		action ID : SE-S434251
Purpose of Expenditure		Category/ 004		of Disbursement or Obligation
Telephone Fundraising		Type 004		
Name of Federal Candidate		X Support	Office Sough	nt: House District:
BLUNT, ROY, , ,		Oppose	Preside	ent X Senate State: MO
Calendar Year-To-Date			Disbursemen	nt For: X Primary General
Per Election for Office Sought		10164.03	2022	Other (specify)
(a) SUBTOTAL of Itemized Independent Ex	penditures		•	1960.26
(b) SUBTOTAL of Unitemized Independent	Expenditures		• •	
			_	
(c) TOTAL Independent Expenditures			•••	
Under penalty of perjury I certify that the in with, or at the request or suggestion of, any party committee) any political party committe	candidate or authorized			
MASTROIANNI, STEPHANIE, , ,	Flortron	ically Filed]	M M /	
Signature		Date	9 12	01 2021

Image# 202112029469567565 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC PEC IDENTIFICATION NUMBER ▼ Check if 24-hour report X New report Amends report filed on 1 2 0 0 1 0 1 0 </th <th>(Schedule E)</th> <th></th> <th></th> <th></th> <th>FOR SE</th> <th>8 OF 36 OF FORM 24/48</th>	(Schedule E)				FOR SE	8 OF 36 OF FORM 24/48
UNITED WOMEN'S HEALTH ALLIANCE PAC Check if 24-hour report ▲ 48-hour report ▲ 4	NAME OF COMMITTEE (In Full)					
Check ifAhour report X Ashour neport X New reportAmends report field onAmends report	UNITED WOMEN'S HEALTH AL	LIANCE PAC				
Check II 24-hour report X New report Amends report field on Full Name of Payses LIVE TRANSFERS AND DONOR CREATION LLC Date of Public Distribution/Dissonination Mailing Address 1607 Ponce de Leon ave Suite GMB Sanuul Sanuul City State Zip Code Senitation Purpose of Expenditure Category/ Telephone Fundrasing Odd Transaction ID : SF-SA4263 Date of Disbursement or Obligation Name of Federal Candidate X Support Odd Precision T MURRAY, PATTY, Oppose Precident X Senitation X Catendar Year-To-Date Precident X Senitation X Senitation X Put Date of Expenditure Suite GM8 Date of Public Distribution/Dissemination LIVE TRANSFERS AND DONOR CREATION LLC Date of Public Distribution/Dissemination Mailing Address 1607 Ponce de Leon ave Suite GM8 Suite GM8 Category/ Odd Transaction ID : SE-SA42825 Date of Public Distribution/Dissemination Total Address Suite GM8 City State Zip Code Transaction ID : SE-SA42825 SAN JUAN PR 00009 <t< td=""><td></td><td></td><td></td><td></td><td>C C0075569</td><td>94</td></t<>					C C0075569	94
LIVE TRANSFERS AND DONOR CREATION LLC Mailing Address 1607 Ponce de Leon ave Suite GMB City SAN JUAN PR 00909 Name of Expenditure Calendar YearTo-Date Per Election for Office Sought 10164.02 City San JUAN PR 00909 Name of Pagea LIVE TRANSFERS AND DONOR CREATION LLC Mailing Address 1607 Ponce de Leon ave Suite GMB City San JUAN PR 00909 City City State City Suite GMB City State City City City City City City City City	Check if24-hour report X 48-hour report	rt 🗶 New repo	ort Amends repo		M / D D	
Mailing Address 1607 Ponce de Leon ave Suite GM8 12 06 2021 Ory State Zip Code Amount SAN JUAN PR 09909 Transaction ID: SE-S434253 Purpose of Expenditure Telephone Fundraising Category/ Code Office Sought House District Name of Federal Candidate Image: Suite Suite Suite Suite Suite Image: Suite	Full Name of Payee	OR CREATION	LLC			
Suite GM8 Amount City State Zip Code SAN JUAN PR 00909 Purpose of Expenditure Category/ 04 Telephone Fundraising Category/ 04 Name of Federal Candidate X Support Office Sought House District MURAX, PATTY Oppose Disbursement For: X Immary General Calendar Vear-To-Date Disbursement For: X Immary General Per Election for Office Sought 10164_02 Other (specify) × Full Name of Payee Date of Public Disbursemination 12 08 2021 Mailing Address 1607 Ponce de Leon ave Saite GM8 Transaction ID: SE-S434255 Date of Disbursement or Obligation City State Zip Code 980.13 Transaction ID: SE-S434255 Date of Disbursement or Obligation 12 08 2021 Name of Federal Candidate X Support Office Sought House District: VAN HOLLEN, CHRIS, Oppose Disbursement For: X Primary General Oppose Disbursement For: X Primary General 2022	Mailing Address 1607 Ponce de Leon ave			Ľ		
SAN JUAN PR 00009 Transaction ID : SE-S434253 Purpose of Expenditure Telephone Fundraising Category/ Type 004 Image: Category/ Type 004 Name of Federal Candidate MURRAY, PATTY, Oppose President X senate State: WA Calendar Year-To-Date Per Election for Office Sought 10164.02 Disbursement For: X Primary Ceneral 2022 Other (specify) Date of Public Distribution/Disseminiation Image: Category/ Transaction ID : SE-S434255 Amount City State Zip Code Amount Image: Category/ Transaction ID : SE-S434255 Date of Disbursement or Obligation Name of Federal Candidate X support Office Sought: Image: Category/ Transaction ID : SE-S434255 Date of Disbursement or Obligation Name of Federal Candidate X support Office Sought: Image: Category/ Transaction ID : SE-S434255 Date of Disbursement or Obligation Name of Federal Candidate X support Office Sought: Image: Category/ Transaction ID : SE-S434255 Date of Disbursement For: X Primary Ceneral 2022 Name of Federal Candidate X support Office Sought: Image: Category/ President X Senate Image: Category/ President X Senate Image: Category/ President X Senate Image				Amou	nt	
Purpose of Expenditure Telephone Fundraising Category/ (Pype 004 Date of Disbursement or Obligation Name of Federal Candidate MURRAY, PATTY, ., Oppose President X Senate State: WA Calendar Year-To-Date Per Election for Office Sought 10164.02 Disbursement For: X Primary General 2022 Calendar Year-To-Date Per Election for Office Sought 10164.02 Disbursement For: X Primary General 2022 Mailing Address 1607 Ponce de Leon ave Suite GM8 Date of Public Distribution/Dissemination Transaction ID : SE-State Save of Disbursement or Obligation 12 08 Purpose of Expenditure Telephone Fundraising Category/ Transaction ID : SE-State State: MD Name of Federal Candidate VAN HOLLEN, CHRIS, ., Oppose Office Sought: House District: President VAN HOLLEN, CHRIS, ., Oppose Office Sought: House District: President Y Senate State: MD Obsursement For: Y Primary General 2022 Other (specify) > Electronically for president Y Senate State: MD Van HOLLEN, CHRIS, ., Oppose Disbursement For: Y Primary General 2022 Other (specify) > (a) SUBTOTAL of Itemized Independent Expenditures 1960.26 (b) SUBTOTAL of Unitemized Independent Expenditures reported herein	City	State	Zip Code			980.13
Telephone Fundraising Callegory 0.04 If the second		PR	00909			
MURRAY, PATTY,				M	M / D D	/ Y Y Y Y Y
Calendar Year-To-Date Disbursement For: Y Primary General Full Name of Payee LiVE TRANSFERS AND DONOR CREATION LLC Date of Public Distribution/Dissemination Mailing Address 1607 Ponce de Leon ave Sate Zip Ode 2021 Mailing Address 1607 Ponce de Leon ave Sate Zip Code Sate Zip Ode 2021 Amount City State Zip Code Secondaria Sate of Dubusement or Obligation Zip	Name of Federal Candidate		X Support	Office Sough	t: House	District:
Per Election for Office Sought 10164.02 2022 Other (specify) ▶ Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC Date of Public Distribution/Dissemination Mailing Address 1607 Ponce de Leon ave Suite GMB Amount City State Zip Code Amount Purpose of Expenditure Teascation for Office Sought Dete of Disbursement or Obligation Purpose of Expenditure Category/ 004 Transaction ID: SE-S434255 Date of Federal Candidate Image: Support Office Sought Image: Support VAN HOLLEN, CHRIS, ., Oppose Disbursement For: Y Primary General Category/ Other (specify) ▶ Image: Support Office Sought: House Disbursement For: Y Primary General VAN HOLLEN, CHRIS, ., Oppose Disbursement For: Y Primary General 2022 (a) SUBTOTAL of Itemized Independent Expenditures Image: Support	MURRAY, PATTY, , ,		Oppose	Preside	ent X Senate	State: WA
LIVE TRANSFERS AND DONOR CREATION LLC Mailing Address 1607 Ponce de Leon ave Suite GM8 City State Zip Code SAN JUAN PR 00909 Purpose of Expenditure Category/ 004 Transaction ID : SE-S434255 Date of Disbursement or Obligation Name of Federal Candidate Support Office Sought: VAN HOLLEN, CHRIS, ., Oppose President Calendar Year-To-Date Disbursement For: Primary Per Election for Office Sought 10164.02 Other (specify) ▶ (a) SUBTOTAL of Itemized Independent Expenditures 1960.26 (b) SUBTOTAL of Unitemized Independent Expenditures 1960.26 Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			10164.02	2022		ary General
Mailing Address 1607 Ponce de Leon ave Suite GMB Amount City State Zip Code SAN JUAN PR 00909 Purpose of Expenditure Category/ 004 Telephone Fundratsing Category/ 004 Name of Federal Candidate Image: Second State Support VAN HOLLEN, CHRIS, Oppose President Senate Calendar Year-To-Date Disbursement For: Primary General 2022 Other (specify) >				Date	of Public Distribut	ion/Dissemination
Mailing Address 1607 Ponce de Leon ave Suite GM8 Amount City State Zip Code SAN JUAN PR 00909 Purpose of Expenditure Category/ Type 004 Name of Federal Candidate Image: Sanate State: MD VAN HOLLEN, CHRIS, Oppose President Calendar Year-To-Date Per Election for Office Sought 10164.02 Disbursement For: Image: President (a) SUBTOTAL of Itemized Independent Expenditures Image: Perentitive State State: MD Disbursement For: Image: President (b) SUBTOTAL of Unitemized Independent Expenditures Image: President Expenditures Image: President Expenditures (c) TOTAL Independent Expenditures Image: President Expenditures Image: President Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) ary political party committee or its agent.	LIVE TRANSFERS AND DONOF	CREATION LLC	j	N		
Suite GM8 Amount City State Zip Code SAN JUAN PR 00909 Purpose of Expenditure Transaction ID : SE-S434255 Transaction ID : SE-S434255 Date of Disbursement or Obligation Name of Federal Candidate Image: Category/ Type 004 Name of Federal Candidate Support Office Sought: House District: VAN HOLLEN, CHRIS, Oppose President I Senate State: MD Disbursement For: Image: President I Senate State: Calendar Year-To-Date Disbursement For: Image: President I Senate State: MD Disbursement For: Image: President I Senate Disbursement For: Image: President I Senate President I Senate (a) SUBTOTAL of Itemized Independent Expenditures Image: President I Senate Image: President I Senate Image: President I Senate (c) TOTAL Independent Expenditures Image: President I Senate Image: President I Senate Image: President I Senate Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or a the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee or its agent. Image: Preservere Preserverise Preservere Preserverise Preserv	Mailing Address 1607 Ponce de Leon ave			L	12 00	2021
City State Zip Code 980.13 SAN JUAN PR 00909 Transaction ID : SE-S434255 Purpose of Expenditure Telephone Fundraising Category/ Type 004 Transaction ID : SE-S434255 Name of Federal Candidate Support Office Sought House District: VAN HOLLEN, CHRIS, , , Oppose President Senate State: MD Calendar Year-To-Date Per Election for Office Sought 10164.02 Disbursement For: Primary General 2022 (a) SUBTOTAL of Itemized Independent Expenditures 1960.26 (b) SUBTOTAL of Unitemized Independent Expenditures 1960.26 Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	Suite GM8			Amou	nt	
Purpose of Expenditure Telephone Fundraising Date of Disbursement or Obligation Name of Federal Candidate VAN HOLLEN, CHRIS, , , Q04 Calendar Year-To-Date Per Election for Office Sought House Disbursement For: X Per Election for Office Sought 10164.02 Other (specify) ▶ Image: Specify (specify) ▶ (a) SUBTOTAL of Itemized Independent Expenditures Image: Specify (specify) ▶ (c) TOTAL Independent Expenditures Image: Specify (specify) ∧ Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		State	Zip Code			980.13
Purpose of Expenditure Telephone Fundraising Category/ Type 004 Image: Category/ Type 004 Name of Federal Candidate VAN HOLLEN, CHRIS, , , Image: Category/ Type 004 Image: Category/ Type 004 Calendar Year-To-Date Per Election for Office Sought Image: Category/ Type Office Sought House District: President Image: Senate State: Image: MD (a) SUBTOTAL of Itemized Independent Expenditures Image: Category/ Type Other (specify) (a) SUBTOTAL of Unitemized Independent Expenditures Image: Type 1960.26 (b) SUBTOTAL of Unitemized Independent Expenditures Image: Type Image: Type Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. MASTROIANNI, STEPHANIE, , , [Electronically Filed] Date 12 01 2021	SAN JUAN	PR	00909			
VAN HOLLEN, CHRIS, , , Oppose President Senate State: MD Calendar Year-To-Date Per Election for Office Sought 10164.02 Disbursement For: Primary General (a) SUBTOTAL of Itemized Independent Expenditures 10164.02 Other (specify) > (b) SUBTOTAL of Unitemized Independent Expenditures > 1960.26 (c) TOTAL Independent Expenditures > > Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee or its agent. MASTROIANNI, STEPHANIE, , , [Electronically Filed] Date 12 01 2021						
Calendar Year-To-Date Per Election for Office Sought Disbursement For: X Primary General 2022 (a) SUBTOTAL of Itemized Independent Expenditures	Name of Federal Candidate		X Support	Office Sough	t: House	District:
Per Election for Office Sought 10164.02 2022 Other (specify) > (a) SUBTOTAL of Itemized Independent Expenditures > 1960.26 (b) SUBTOTAL of Unitemized Independent Expenditures > 1960.26 (c) TOTAL Independent Expenditures > . Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. MASTROIANNI, STEPHANIE, , , [Electronically Filed] Date 12 01 2021	VAN HOLLEN, CHRIS, , ,		Oppose	Preside	ent X Senate	State: MD
(a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. MASTROIANNI, STEPHANIE, , , [Electronically Filed] Date			10164.02	2022		ary General
(b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. MASTROIANNI, STEPHANIE, . , [Electronically Filed] Date 12 12 01					ther (specify)	
(c) TOTAL Independent Expenditures	(a) SUBTOTAL of Itemized Independent Expe	nditures		• •		1960.26
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. MASTROIANNI, STEPHANIE, , , [Electronically Filed] Date 12 01 2021	(b) SUBTOTAL of Unitemized Independent Ex	penditures		•		7
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. MASTROIANNI, STEPHANIE, , , [Electronically Filed] Date 12 01 2021	(c) TOTAL Independent Expenditures			•••		
[Electronically Filed] Date 12 01 2021	with, or at the request or suggestion of, any c	andidate or authorized				
	MASTROIANNI, STEPHANIE, , ,	[Electron	ically Filed]	12 ×		
	Signature					

Image# 202112029469567566 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

(Schedule E)				FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
UNITED WOMEN'S HEALTH ALLI	ANCE PAC			
				С С00755694
Check if 24-hour report X 48-hour report	× New rep	ort Amends repo		/ D = D / Y = Y = Y
Full Name of Payee LIVE TRANSFERS AND DONO	R CREATION	LLC		of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave				
Suite GM8			Amou	int
City	State	Zip Code		1375.00
SAN JUAN	PR	00909		action ID : SE-S431194 of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		10 / D D / Y Y Y Y Y 2021
Name of Federal Candidate		X Support	Office Sough	nt: House District:
CORNYN, JOHN, , Sen,		Oppose	Preside	ent X Senate State: TX
Calendar Year-To-Date Per Election for Office Sought		1375.00	Disbursemen 2026	nt For: ✗ Primary General Other (specify) ►
Full Name of Payee LIVE TRANSFERS AND DONOR		C		of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave			— L	10 13 2021
Suite GM8			Amou	int
City	State	Zip Code		1375.00
SAN JUAN	PR	00909		action ID : SE-S431196 of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		10 / Disbursement of Obligation 10 / 2021
Name of Federal Candidate		X Support	Office Sough	nt: House District:
TILLIS, THOM, R., Sen,		Oppose	Presid	ent X Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	· · · · · ·	1375.00	Disbursemer 2026	nt For:
(a) SUBTOTAL of Itemized Independent Expendent	ditures			2750.00
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•	· · · · · · · · · · ·
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any car party committee) any political party committee o	ndidate or authorized			
MASTROIANNI, STEPHANIE, , ,	[Electron	ically Filed] Date	e 12	01 2021
Signature				

Image# 202112029469567567 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

	;
NAME OF COMMITTEE (In Full)	
UNITED WOMEN'S HEALTH ALLIANCE PAC	
Check if 24-hour report 🗶 48-hour report 🗶 New report 🗋 Amends report filed on 🚺 / 🗖 🖉 / 🕎 Y	Ŷ
Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC Date of Public Distribution/Dissemination 10 Date of Public Distribution 10 Date of Public Distribution 10 Date of Public Distribution 10 Date o	
Mailing Address 1607 Ponce de Leon ave	
Suite GM8	_
City State Zip Code 1375.00	
SAN JUAN PR 00909 Transaction ID : SE-S431198 Date of Disbursement or Obligation	
Purpose of Expenditure Telephone Fundraising Category/ Type 004 10 06 2021	Y
Name of Federal Candidate Support Office Sought: X House District: 14	,
LAWRENCE, BRENDA, LULENAR, , Oppose President Senate State: <u>MI</u>	
Calendar Year-To-Date Per Election for Office Sought 1375.00 Disbursement For: X Primary Gener 2022 Other (specify)	ral
Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC Date of Public Distribution/Dissemination	n
LIVE TRANSFERS AND DONOR CREATION LLC	Y
Mailing Address 1607 Ponce de Leon ave	
Suite GM8	_
City State Zip Code 1375.00	
SAN JUAN PR 00909 Transaction ID : SE-S431200 Date of Disbursement or Obligation	
Purpose of Expenditure Telephone Fundraising Category/ Type 004 M M / D D / Y Y	Y
Name of Federal Candidate X Support Office Sought: X House District: 08	3
LESKO, DEBBIE, , , Oppose President State: AZ	
Calendar Year-To-Date Disbursement For: ▼ Primary Gene Per Election for Office Sought 1375.00	əral
(a) SUBTOTAL of Itemized Independent Expenditures	
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or conce with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a politic party committee) any political party committee or its agent.	
MASTROIANNI, STEPHANIE, , , [Electronically Filed] Date 12 01 2021	
Signature Date 12 01 2021	

Image# 202112029469567568 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

(Schedule E)	PAGE 11 OF 36 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER
UNITED WOMEN'S HEALTH ALLIANCE PAC	
	C C00755694
Check if 24-hour report X 48-hour report New report Amends report filed	on / / / Y = Y = Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC	Date of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave	
Suite GM8	Amount
City State Zip Code	1375.00
SAN JUAN PR 00909	Transaction ID : SE-S431202 Date of Disbursement or Obligation
Purpose of Expenditure Telephone FundraisingCategory/ 004	10 / D D / Y Y Y Y 2021
Name of Federal Candidate Support Office	Sought: House District:
SHAHEEN, JEANNE, , ,	President Senate State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought 1375.00 Disbu 2026	ursement For:
Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC	Date of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave	10 13 2021
Suite GM8	Amount
City State Zip Code	1375.00
SAN JUAN PR 00909	Transaction ID : SE-S431204 Date of Disbursement or Obligation
Purpose of Expenditure Telephone FundraisingCategory/ Type004	$\begin{array}{c c} M & M \\ \hline 10 \end{array} \begin{array}{c} D & D \\ \hline 06 \end{array} \begin{array}{c} Y & Y \\ \hline 2021 \end{array}$
Name of Federal Candidate Support Office	e Sought: House District:
BLUNT, ROY, , , Oppose	President X Senate State: MO
Calendar Year-To-Date Per Election for Office Sought , 1375.00	ursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	2750.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
MASTROIANNI, STEPHANIE, , , [Electronically Filed] Date 1	2 01 2021
Signature	

Image# 202112029469567569 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

(Schedule E)	PAGE 12 OF 36 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
UNITED WOMEN'S HEALTH ALLIANCE PAC	C C00755694
Check if 24-hour report 🗶 48-hour report 🗶 New report 🗌 Amends report filed	d on / / / Y = Y = Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC	Date of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave	
Suite GM8	Amount
City State Zip Code	1375.00
SAN JUAN PR 00909	Transaction ID : SE-S431206 Date of Disbursement or Obligation
Purpose of Expenditure Category/ Telephone Fundraising 004	10 / D D / Y Y Y Y 2021
Name of Federal Candidate Support Office	e Sought: House District:
MURRAY, PATTY, , , Oppose	President Senate State: WA
Calendar Year-To-Date Per Election for Office Sought	ursement For: ✔ Primary
Full Name of Payee	Date of Public Distribution/Dissemination
LIVE TRANSFERS AND DONOR CREATION LLC	M M / D D / Y Y Y Y 10 13 2021
Mailing Address 1607 Ponce de Leon ave	
Suite GM8	Amount
City State Zip Code	1375.00
SAN JUAN PR 00909	Transaction ID : SE-S431208 Date of Disbursement or Obligation
Purpose of Expenditure Category/ Telephone Fundraising 004	10 / D D / Y Y Y 2021
Name of Federal Candidate Support Office	e Sought: House District:
VAN HOLLEN, CHRIS, , , Oppose	President Senate State: MD
Calendar Year-To-Date Per Election for Office Sought 1375.00	Primary General 2 2 Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	2750.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
MASTROIANNI, STEPHANIE, , , [Electronically Filed] Date	12 01 2021
Signature	

Image# 202112029469567570 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

(Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER
UNITED WOMEN'S HEALTH ALLIANCE PAC	
	C C00755694
Check if 24-hour report X 48-hour report New report Amends report fi	led on
Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC	Date of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave	
Suite GM8	Amount
City State Zip Code	1400.26
SAN JUAN PR 00909	Transaction ID : SE-S431107 Date of Disbursement or Obligation
Purpose of Expenditure Telephone FundraisingCategory/ Type004	10 / D D / Y Y Y Y 2021
Name of Federal Candidate Support Of	fice Sought: House District:
CORNYN, JOHN, , Sen,	President Senate State: TX
Calendar Year-To-Date Di Per Election for Office Sought 2775.26	sbursement For: ★ Primary General 26 Other (specify) ►
Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC	Date of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave	
Suite GM8	Amount
City State Zip Code	1400.25
SAN JUAN PR 00909	Transaction ID : SE-S431109 Date of Disbursement or Obligation
Purpose of Expenditure Telephone FundraisingCategory/ Type004	10 / D D / Y Y Y Y 2021
Name of Federal Candidate Support O	fice Sought: House District:
TILLIS, THOM, R., Sen,	President Senate State: NC
	sbursement For: ★ Primary General D26 Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	2800.51
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eit party committee) any political party committee or its agent.	
MASTROIANNI, STEPHANIE, , , [Electronically Filed]	12 01 Y Y Y Y 2021
Signature	

Image# 202112029469567571 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

(Schedule E)	PAGE 14 OF 36 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
UNITED WOMEN'S HEALTH ALLIANCE PAC	C C00755694
Check if 24-hour report 🗶 48-hour report 🗶 New report 🗌 Amends report filed	on / / / Y = Y = Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC	Date of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave	
Suite GM8	Amount
City State Zip Code	1400.25
SAN JUAN PR 00909	Transaction ID : SE-S431111 Date of Disbursement or Obligation
Purpose of Expenditure Category/ Telephone Fundraising 004	10 / D D / Y Y Y Y 10 / 13 / 2021
Name of Federal Candidate Support Office	Sought: X House District: 14
LAWRENCE, BRENDA, LULENAR, , Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought 2775.25 Disbu	ursement For:
Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC	Date of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave	10 20 2021
Suite GM8	Amount
City State Zip Code	1400.25
SAN JUAN PR 00909	Transaction ID : SE-S431113 Date of Disbursement or Obligation
Purpose of Expenditure Telephone FundraisingCategory/ Type004	$\begin{array}{c c} M & M \\ \hline 10 \\ \end{array} & \begin{array}{c} D & D \\ \hline 13 \\ \end{array} & \begin{array}{c} Y & Y \\ \hline 2021 \\ \end{array} \end{array}$
Name of Federal Candidate Support Office	e Sought: X House District: 08
LESKO, DEBBIE, , , Oppose	President Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought 2775.25 Disbu	ursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	2800.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
MASTROIANNI, STEPHANIE, , , [Electronically Filed] Date 1	2 01 2021
Signature	

Image# 202112029469567572 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

(Schedule E)	PAGE 15 OF 36 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER V
UNITED WOMEN'S HEALTH ALLIANCE PAC	
	C C00755694
Check if 24-hour report X 48-hour report New report Amends report file	d on
Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC	Date of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave	
Suite GM8	Amount
City State Zip Code	1400.25
SAN JUAN PR 00909	Transaction ID : SE-S431115 Date of Disbursement or Obligation
Purpose of Expenditure Category/ Telephone Fundraising 004	10 / D D / Y Y Y Y 2021
Name of Federal Candidate Support Office	ce Sought: House District:
SHAHEEN, JEANNE, , ,	President Senate State: NH
Calendar Year-To-Date Dist Per Election for Office Sought 2775.25	oursement For: X Primary General ⁵ Other (specify) ►
Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC	Date of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave	
Suite GM8	Amount
City State Zip Code	1400.26
SAN JUAN PR 00909	Transaction ID : SE-S431117 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising Category/ Type 004	10 / D D / Y Y Y Y 2021
	ce Sought: House District:
BLUNT, ROY, , , Oppose	President Senate State: MO
Calendar Year-To-Date Per Election for Office Sought	Dursement For: X Primary General
(a) SUBTOTAL of Itemized Independent Expenditures	2800.51
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not n with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	
MASTROIANNI, STEPHANIE, , , [Electronically Filed] Date	12 01 2021
Signature	

Image# 202112029469567573 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

(Schedule E)	PAGE 16 OF 36 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
UNITED WOMEN'S HEALTH ALLIANCE PAC	
	C C00755694
Check if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC	Date of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave	
Suite GM8	Amount
City State Zip Code	1400.25
SAN JUAN PR 00909	Transaction ID : SE-S431119 Date of Disbursement or Obligation
Purpose of Expenditure Category/ Telephone Fundraising 004	10 / D D / Y Y Y Y 2021
Name of Federal Candidate Support Office	e Sought: House District:
MURRAY, PATTY, , ,	President Senate State: WA
Calendar Year-To-Date Disbu Per Election for Office Sought 2775.25	ursement For: X Primary General General Other (specify) ►
Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC	Date of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave	
Suite GM8	Amount
City State Zip Code	1400.25
SAN JUAN PR 00909	Transaction ID : SE-S431121 Date of Disbursement or Obligation
Purpose of Expenditure Telephone FundraisingCategory/ 004 Type	10 ^d / ^D D / ^Y Y Y Y 10 ^d 13 ^d / 2021 ^d
Name of Federal Candidate Support Office	e Sought: House District:
VAN HOLLEN, CHRIS, , , Oppose	President Senate State: MD
Calendar Year-To-Date Per Election for Office Sought 2775.25	Ursement For: X Primary General Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	2800.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	•
MASTROIANNI, STEPHANIE, , , [Electronically Filed] Date	2 01 2021
Signature	

Image# 202112029469567574 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

(Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
UNITED WOMEN'S HEALTH ALLIANCE PAC	C C00755694
	0 000/0004
Check if 24-hour report 🗶 48-hour report 🔍 New report 🗌 Amends report filed on	M M / D D / Y Y Y Y Y Y
LIVE TRANSFERS AND DONOR CREATION LLC	of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave	11 03 2021
Suite GM8	unt
City State Zip Code	1287.79
	saction ID : SE-S434145 of Disbursement or Obligation
Purpose of Expenditure Category/ Telephone Fundraising 004	10 / D D / Y Y Y Y 2021
Name of Federal Candidate Support Office Sough	ht: House District:
CORNYN, JOHN, , Sen, Oppose Presid	lent X Senate State: <u>TX</u>
Calendar Year-To-Date Per Election for Office Sought 4063.05	nt For: X Primary General
Full Name of Payee Date	of Public Distribution/Dissemination
	11 03 2021
Mailing Address 1607 Ponce de Leon ave	
Suite GM8	
City State Zip Code	1287.79
	action ID : SE-S434147 of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising Category/ Type 004	10 / D D / Y Y Y Y 2021
Name of Federal Candidate Support Office Soug	ht: House District:
TILLIS, THOM, R., Sen, Oppose Presid	dent X Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	nt For: X Primary General
(a) SUBTOTAL of Itemized Independent Expenditures	2575.58
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if party committee) any political party committee or its agent.	•
MASTROIANNI, STEPHANIE, , , [Electronically Filed] Date 12	01 / Y Y Y Y Y 01 2021
Signature	

Image# 202112029469567575 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

(Schedule E)	PAGE 18 OF 36 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER
UNITED WOMEN'S HEALTH ALLIANCE PAC	
	C C00755694
Check if 24-hour report X 48-hour report X New report Amends report	iled on
Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC	Date of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave	
Suite GM8	Amount
City State Zip Code	1287.79
SAN JUAN PR 00909	Transaction ID : SE-S434149 Date of Disbursement or Obligation
Purpose of Expenditure Telephone FundraisingCategory/ Type004	10 / D D / Y Y Y Y 2021
Name of Federal Candidate Support C	ffice Sought: X House District: 14
LAWRENCE, BRENDA, LULENAR, , Oppose	President Senate State: MI
	isbursement For:
Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC	Date of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave	11 03 2021
Suite GM8	Amount
City State Zip Code	1287.79
SAN JUAN PR 00909	Transaction ID : SE-S434151 Date of Disbursement or Obligation
Purpose of Expenditure Telephone FundraisingCategory/ Type004	M M / D D / Y Y Y Y 10 / 27 / 2021
Name of Federal Candidate Support C	Office Sought: 🗶 House District: 08
LESKO, DEBBIE, , , Oppose	President Senate State: AZ
	022 Other (specify) ► General
(a) SUBTOTAL of Itemized Independent Expenditures	2575.58
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were no with, or at the request or suggestion of, any candidate or authorized committee or agent of e party committee) any political party committee or its agent.	
MASTROIANNI, STEPHANIE, , , [Electronically Filed] Date	12 01 2021
Signature	

Image# 202112029469567576 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

(Schedule E)	PAGE 19 OF 36 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER
UNITED WOMEN'S HEALTH ALLIANCE PAC	
	C C00755694
Check if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC	Date of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave	
Suite GM8	Amount
City State Zip Code	1287.79
SAN JUAN PR 00909	Transaction ID : SE-S434153 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising Category/ Type 004	10 / 27 / Y Y Y Y 2021
Name of Federal Candidate Support Office	Sought: House District:
SHAHEEN, JEANNE, , ,	President Senate State: NH
Calendar Year-To-Date Disbu Per Election for Office Sought 4063.04	ursement For: X Primary General General Other (specify) ►
Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC	Date of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave	
Suite GM8	Amount
City State Zip Code	1287.80
SAN JUAN PR 00909	Transaction ID : SE-S434155 Date of Disbursement or Obligation
Purpose of Expenditure Telephone FundraisingCategory/ 1004O04	10 / ^D D D / ^Y Y Y Y Y 2021
Name of Federal Candidate Support Office	e Sought: House District:
BLUNT, ROY, , ,	President Senate State: MO
Calendar Year-To-Date Per Election for Office Sought 4063.06	ursement For: ★ Primary General
(a) SUBTOTAL of Itemized Independent Expenditures	2575.59
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
MASTROIANNI, STEPHANIE, , , [Electronically Filed] Date 1	2 01 2021
Signature	

Image# 202112029469567577 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NMME OF COMMITTEE (in Fall) UNITED WOMEN'S HEALTH ALLIANCE PAC FEC IDENTIFICATION NUMBER ¥ Chock if _24 hour report ▲ 8-hour report ▲ New report Amends report filed on Full Name of Payse LIVE TRANSFERS AND DONOR CREATION LLC Date of Payse LIVE TRANSFERS AND DONOR CREATION LLC Date of Payse LIVE TRANSFERS AND DONOR CREATION LLC Mailing Address 107 277 2021 Name of Expenditure Telephone Fundataing Calegory Type 004 10 277 2021 Name of Ederal Candidate MURRAY, PATTY Oppose Deteor (papsh) 004 10 277 2021 Name of Ederal Candidate MURRAY, PATTY Oppose Deteor (papsh) 004 10 277 2021 Name of Ederal Candidate MURRAY, PATTY Oppose Deteor (papsh) 004 11 03 2021 Name of Payse LIVE TRANSFERS AND DONOR CREATION LLC Date of Payse (papsh) Date of Payse (papsh) 004 11 03 2021 Name of Payse LIVE TRANSFERS AND DONOR CREATION LLC Date of Payse (papsh) Date of Payse (papsh) 2022 Date of Payse (papsh) 2021 Full Name of Payse LIVE TRANSFERS AND DONOR CREATION LLC Date of Payse (Payse) Date of	(Schedule E)		PAGE 20 OF 36 FOR SE OF FORM 24/48
Check if 24-hour report X New report Amends report filed on Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC Date of Public Distribution/Desemination Mailing Address 1807 Ponce de Leon ave State Zip Code SAN JUAN PR 00909 Transaction ID : SE-544157 Date of Public Distribution/Desemination 10 27 2021 Name of Federal Candidate MURRAY, PATY, ., Oppose Disbursement of Obligation Murray Color Calegory/ Type 004 10 27 2021 Name of Federal Candidate MURRAY, PATY, ., Oppose Disbursement for: X Primary General 2022 Other (spocify) ▶ Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC Date of Public Distribution/Desemination 11 03 2021 Mailing Address 1607 Ponce de Leon ave Suite GM8 Transaction ID : SE-544157 Date of Public Distribution/Desemination Full Name of Payee Live TRANSFERS AND DONOR CREATION LLC Date of Public Distribution/Desemination 11 03 2021 Mailing Address 1607 Ponce de Leon ave Suite GM8 1287.80 2021 Namout 227 2021			
Check II 24 hour report X New report Amends report field on Full Name of Payses Date of Public Distribution/Dissemination LIVE TRANSFERS AND DONOR CREATION LLC Date of Public Distribution/Dissemination Mailing Address 1807 Ponce de Leon ave Saite CMS Saite CMS State Zip Code Purpose of Expenditure Category/ 0.04 Telephone Fundraising Category/ 0.04 Name of Federal Candidate X Support Office Sought MURRAY. PATTY Oppose President X senate State: Category/ 0.04 President X senate State: WA Address 1607 Ponce de Leon ave Disbursement For: Y Primary General Category/ 0.04 President X senate State: WA Category/ 0.04 President X senate State: WA Mailing Address 1607 Ponce de Leon ave Disbursement For: Y Primary General Mailing Address 1607 Ponce de Leon ave Transaction D: SE-S434159 Date of Disbursement for Obligation Trepse of Expenditure Support Other (specify) Date of Disbursement for Obligation Telephone Fundraising </td <td>UNITED WOMEN'S HEALTH ALLIANCE PA</td> <td>AC</td> <td>C C00755694</td>	UNITED WOMEN'S HEALTH ALLIANCE PA	AC	C C00755694
Check II 24 hour report X New report Amends report field on Full Name of Payses Date of Public Distribution/Dissemination LIVE TRANSFERS AND DONOR CREATION LLC Date of Public Distribution/Dissemination Mailing Address 1807 Ponce de Leon ave Saite CMS Saite CMS State Zip Code Purpose of Expenditure Category/ 0.04 Telephone Fundraising Category/ 0.04 Name of Federal Candidate X Support Office Sought MURRAY. PATTY Oppose President X senate State: Category/ 0.04 President X senate State: WA Address 1607 Ponce de Leon ave Disbursement For: Y Primary General Category/ 0.04 President X senate State: WA Category/ 0.04 President X senate State: WA Mailing Address 1607 Ponce de Leon ave Disbursement For: Y Primary General Mailing Address 1607 Ponce de Leon ave Transaction D: SE-S434159 Date of Disbursement for Obligation Trepse of Expenditure Support Other (specify) Date of Disbursement for Obligation Telephone Fundraising </td <td></td> <td></td> <td></td>			
LIVE TRANSFERS AND DONOR CREATION LLC ¹¹ ¹	Check if 24-hour report X 48-hour report X Ne	ew report Amends report fi	
Mailing Address 1607 Ponce de Leon ave Suite GM8 City State Zip Code SAN JUAN PR 00909 Purpose of Expenditure Telephone Fundrasing Category/ Type 004 Transaction ID: SE-S434157 Date of Disbursement of Colligation Name of Federal Candidate MURRAY, PATTY, Oppose President X Senate State: WA Category/ Ordent Year-To-Date Per Election for Office Sought 4063.05 Disbursement For: X Primary General Z02 Other Specify) X Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC Date of Public Disbursemination 11 03 2021 Mailing Address 1607 Ponce de Leon ave Suite GM8 Category/ Telephone Fundrasing Oat of Public Disbursement of Obligation Purpose of Expenditure Telephone Fundrasing Category/ Type 004 11 03 2021 Name of Federal Candidate VAN HOLLEN, CHRIS, , Oppose President X Senate State: MD Octay Sata Zip Code Songert House District: Disbursement For: X Primary General Z022 Other (specify) X Name of Federal Candidate Y Support Office Sought Easter MD Disbursement For: X Primary General Z022 Other (specify) X (a) SUBTOTA	Full Name of Payee LIVE TRANSFERS AND DONOR CREAT	TION LLC	M M / D D / Y Y Y Y
Suite GM8 Zip Code 1287.80 City SAN JUAN PR 00599 Purpose of Expenditure Category/ Type Odd 10 27 2021 Name of Federal Candidate X Support Office Sought House District: MURRAY, PATTY, Oppose Office Sought House District: Calendar Year-To-Date President X President X President X President X Full Name of Payee Disbursemination 11 03 2022 Office Sought 2021 Mailing Address 1607 Ponce de Leon ave Suite GM8 State Zip Code 11 03 2021 Name of Federal Candidate X Support Office Sought 2021 Amount 11 2021 Mailing Address 1607 Ponce de Leon ave SAN JUAN PR 00309 Date of Disbursement or Obligation Purpose of Expenditure Suite GM8 Zip Code 10 27 2021 Name of Federal Candidate X Support Office Sought House District: Mount VAN HOLLEN, CHRIS, Oppose Office Sought<	Mailing Address 1607 Ponce de Leon ave		
SAN JUAN PR 09909 Transaction ID : SE-S4S4157 Purpose of Expenditure Category/ Trelephone Fundralsing 04 0 27 2021 Name of Federal Candidate Image: Support 004 0 27 2021 Name of Federal Candidate Image: Support Oppose President Senate WA Calendar Year-To-Date President Senate State: WA Debursement For: Image: President for Circle Sought Debursemination 11 0 03 2021 Mailing Address 1607 Ponce de Leon ave State Zip Code Transaction ID : SE-S434159 Date of Public Distribution/Dissemination Virus San JUAN PR 00009 Date of Disbursement of Colligation Purpose of Expenditure Category/ Telephone Fundralsing Category/ Transaction ID : SE-S434159 Date of Disbursement of Colligation VAN HOLLEN, CHRIS, Oppose President X Senate Mount Category/ VAN HOLLEN, CHRIS, Oppose President X Senate Mount Category/ VAN HOLLEN, CHRIS, Oppose President X Senate Mount Disubsreament For: <td>Suite GM8</td> <td></td> <td>Amount</td>	Suite GM8		Amount
Purpose of Expenditure Telephone Fundraising Category/ Type 004 10 27 2021 Name of Federal Candidate X Support Office Sought: House District:	,		
Telephone Fundraising Callegory 004 10 27 2021 Name of Federal Candidate X Support Office Sought: House District: MURRAY, PATTY, ., Oppose President X Senate State: WA Calendar Year-To-Date President X Senate State: WA Per Election for Office Sought 4063.05 Disbursement For: Y Primary General 2022 Other (specify) > Euli Name of Payee Date of Public Distribution/Dissemination 11 03 2021 Mailing Address 1607 Ponce de Leon ave San JUAN PR 00909 Date of Public Distribution/Dissemination Ture Sandon of Expenditure State Zip Code 1287.80 Transaction ID: SE-9434159 Date of Expenditure Category/ 004 10 27 2021 Name of Federal Candidate X Support Office Sought: House District: President X Senate State: VAN HOLLEN, CHRIS, ., Oppose President X Senate State: MD Catendar Year-To-Date President X Senate State: MD Per Election for Office Sought 4063.05 Disbursement For: Y Primary	SAN JUAN PR	00909	
MURRAY, PATTY, Oppose President X Senate State: WA Calendar Year-To-Date Per Election for Office Sought 4063.05 Disbursement For: X Primary General 2022 Other (specify) ▶ Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC Date of Public Distribution/Dissemination 11 03 2021 Mailing Address 1607 Ponce de Leon ave Suite GM8 State Zip Code Tarsaction ID : SE-S434159 City State Zip Code Tarsaction ID : SE-S434159 Date of Disbursement row Obligation Purpose of Expenditure Telephone Fundraising Category/ Type 004 10 27 2021 Name of Federal Candidate VAN HOLLEN, CHRIS, ., Oppose President X Senate State: MD Disbursement For: X Primary General 2022 Other (specify) ▶ (a) SUBTOTAL of Itemized Independent Expenditures 4063.05 Other (specify) ▶			
Calendar Year-To-Date Per Election for Office Sought 4063.05 Disbursement For: X Primary General 2022 Other (specify) ► Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC Date of Public Distribution/D	Name of Federal Candidate	🗶 Support Of	fice Sought: House District:
Per Election for Office Sought 4063.05 2022 Other (specify) ▶ Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC Date of Public Distribution/Dissemination Mailing Address 1607 Ponce de Leon ave Amount Suite GM8 Amount Transaction ID: SE-5434159 Date of Federal Candidate PR 00909 Purpose of Expenditure Category/ 004 Telephone Fundraising Category/ 004 Name of Federal Candidate X Support Office Sought VAN HOLLEN, CHRIS, ., Oppose President X Senate State: Calendar Year-To-Date Per Election for Office Sought Jobsursement For: Per Election for Office Sought 4063.05 Other (specify) ▶ (a) SUBTOTAL of Itemized Independent Expenditures 2575.60 (b) SUBTOTAL of Unitemized Independent Expenditures areported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	MURRAY, PATTY, , ,	Oppose	President X Senate State: WA
LIVE TRANSFERS AND DONOR CREATION LLC Mailing Address 1607 Ponce de Leon ave Suite GM8 City State Zip Code SAN JUAN PR 00909 Purpose of Expenditure Tensaction ID : SE-S434159 Date of Disbursement or Obligation Name of Federal Candidate Image: Category/ Type Out VAN HOLLEN, CHRIS, ., Oppose Office Sought Calendar Year-To-Date Per Election for Office Sought Image: Category President IF Senate State: MD Outer (specify) > Category Image: Category President IF Senate State: MD Disbursement For: Image: Primary Image: Category President IF Senate State: MD Calendar Year-To-Date Disbursement For: Image: Primary Image: Category Primary Image: Catego			22
Mailing Address 1607 Ponce de Leon ave Suite GMB Amount City State Zip Code SAN JUAN PR 00909 Purpose of Expenditure Category/ 004 Telephone Fundraising Category/ 004 Name of Federal Candidate X Support Office Sought VAN HOLLEN, CHRIS, , Oppose President X Senate State: Calendar Year-To-Date Disbursement For: X Primary Galendar Year-To-Date Disbursement For: X Primary (a) SUBTOTAL of Itemized Independent Expenditures Disbursement For: X Primary (b) SUBTOTAL of Itemized Independent Expenditures 2575.60 (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			Date of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave Suite GM8 Amount City State Zip Code SAN JUAN PR 00909 Purpose of Expenditure Category/ 004 Tensaction ID: SE-S434159 Date of Disbursement or Obligation Mailing Address Category/ 004 Name of Federal Candidate Support Office Sought: House District: VAN HOLLEN, CHRIS, ., Oppose President X Senate State: MD Calendar Year-To-Date Per Election for Office Sought 4063.05 Disbursement For: Y Primary General Calendar Year-To-Date Per Election for Office Sought 4063.05 Other (specify) >	LIVE TRANSFERS AND DONOR CREATION	N LLC	
Suite GM8 City State Zip Code SAN JUAN PR 00909 Purpose of Expenditure Category/ 004 Transaction ID : SE-S434159 Date of Disbursement or Obligation Name of Federal Candidate Image: Support Office Sought VAN HOLLEN, CHRIS, Oppose President Senate Calendar Year-To-Date Per Election for Office Sought Disbursement For: Image: Primary (a) SUBTOTAL of Itemized Independent Expenditures 2575.60 (b) SUBTOTAL of Unitemized Independent Expenditures 2575.60 Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	Mailing Address 1607 Ponce de Leon ave		
SAN JUAN PR O0909 Transaction ID: SE-S434159 Date of Disbursement or Obligation Purpose of Expenditure Telephone Fundraising Category/ 004 10 27 2021 Name of Federal Candidate VAN HOLLEN, CHRIS, ., Calendar Year-To-Date Per Election for Office Sought 4063.05 Other (specify) * (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures Under penalty of perjury 1 certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee or its agent.	Suite GM8		Amount
Durose of Expenditure Telephone Fundraising Category/ Type 004 Date of Disbursement or Obligation Name of Federal Candidate VAN HOLLEN, CHRIS, , , Oppose Office Sought House District: Category/ VAN HOLLEN, CHRIS, , , Oppose President X Senate State: MD Disbursement For: X Primary General 2022 Other (specify) > (a) SUBTOTAL of Itemized Independent Expenditures 2575.60 (b) SUBTOTAL of Unitemized Independent Expenditures 2575.60 (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee or its agent.	,	Zip Code	
Telephone Fundraising Callegoly Type 004 004 007 27 2021 Name of Federal Candidate X Support Office Sought: House District:	SAN JUAN PR	00909	
VAN HOLLEN, CHRIS, . , Oppose President Senate State: MD Calendar Year-To-Date Per Election for Office Sought 00505 Disbursement For: Primary General 2022 (a) SUBTOTAL of Itemized Independent Expenditures > 2575.60 (b) SUBTOTAL of Unitemized Independent Expenditures > 2575.60 (c) TOTAL Independent Expenditures > > Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Calendar Year-To-Date Per Election for Office Sought A063.05 Disbursement For: ★ Primary General 2022 Other (specify) ▶ (a) SUBTOTAL of Itemized Independent Expenditures	Name of Federal Candidate	X Support O	ffice Sought: House District:
Per Election for Office Sought 4063.05 2022 Other (specify) > (a) SUBTOTAL of Itemized Independent Expenditures. > 2575.60 (b) SUBTOTAL of Unitemized Independent Expenditures > 2575.60 (c) TOTAL Independent Expenditures. > > Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee or its agent. MASTROIANNI, STEPHANIE, , , MASTROIANNI, STEPHANIE, , ,	VAN HOLLEN, CHRIS, , ,	Oppose	President X Senate State: MD
(b) SUBTOTAL of Unitemized Independent Expenditures)22
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures	(a) SUBTOTAL of Itemized Independent Expenditures	••••••	2575.60
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	(b) SUBTOTAL of Unitemized Independent Expenditures	•	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	(c) TOTAL Independent Expenditures		
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	(-,	•	
	with, or at the request or suggestion of, any candidate or aut	•	
		Sectronically Filed	
Signature	-	Date	

Image# 202112029469567578 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

(Schedule E)	PAGE 21 OF 36 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
UNITED WOMEN'S HEALTH ALLIANCE PAC	
	C C00755694
Check if 24-hour report X 48-hour report New report Amends report filed	
Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC	Date of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave	
Suite GM8	Amount
City State Zip Code	1120.60
SAN JUAN PR 00909	Transaction ID : SE-S434177 Date of Disbursement or Obligation
Purpose of Expenditure Category/ Telephone Fundraising 004	11 / D D / Y Y Y Y 2021
Name of Federal Candidate Support Office	e Sought: House District:
CORNYN, JOHN, , Sen,	President Senate State: TX
Calendar Year-To-Date Disbu Per Election for Office Sought 7364.20	ursement For: ★ Primary General Other (specify) ►
Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC	Date of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave	
Suite GM8	Amount
City State Zip Code	1120.59
SAN JUAN PR 00909	Transaction ID : SE-S434179 Date of Disbursement or Obligation
Purpose of Expenditure Telephone FundraisingCategory/ Type004	11 / D D / Y Y Y Y 2021
Name of Federal Candidate Support Offic	e Sought: House District:
TILLIS, THOM, R., Sen,	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 7364.18	Ursement For: X Primary General General General Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	2241.19
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	• • •
MASTROIANNI, STEPHANIE, , , [Electronically Filed] Date	2 01 2021
Signature	

Image# 202112029469567579 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

(Schedule E)	PAGE 22 OF 36 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER
UNITED WOMEN'S HEALTH ALLIANCE PAC	
	C C00755694
Check if 24-hour report X 48-hour report New report Amends report filed c	
Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC	Date of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave	
Suite GM8	Amount
City State Zip Code	1120.59
	Transaction ID : SE-S434181 Date of Disbursement or Obligation
Purpose of Expenditure Category/ Telephone Fundraising 004	11 / D D / Y Y Y Y 2021
Name of Federal Candidate Support Office	Sought: X House District: 14
LAWRENCE, BRENDA, LULENAR, , Oppose	President Senate State: MI
Calendar Year-To-Date Disburs Per Election for Office Sought 7364.18	sement For:
Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC	Date of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave	11 17 2021
	Amount
Suite GM8 City State Zip Code	1120.59
SAN JUAN PR 00909 T	Transaction ID : SE-S434183 Date of Disbursement or Obligation
Purpose of Expenditure Category/ Telephone Fundraising 004	11 / D D / Y Y Y Y 2021
Name of Federal Candidate Support Office	Sought: X House District: 08
LESKO, DEBBIE, , , Oppose	President Senate State: AZ
Calendar Year-To-Date Disbury Per Election for Office Sought 7364.18	sement For: X Primary General
	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	2241.18
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not mad with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.	
MASTROIANNI, STEPHANIE, , , [Electronically Filed] Date 12	M / D D / Y Y Y Y 01 2021
Signature	

Image# 202112029469567580 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

(Schedule E)	PAGE 23 OF 36 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER
UNITED WOMEN'S HEALTH ALLIANCE PAC	
	C C00755694
Check if 24-hour report X 48-hour report New report Amends report filed	on / / / YYYY
Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC	Date of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave	
Suite GM8	Amount
City State Zip Code	1120.60
SAN JUAN PR 00909	Transaction ID : SE-S434185 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising Category/ Type 004	11 / D D / Y Y Y Y 2021
Name of Federal Candidate Support Office	Sought: House District:
SHAHEEN, JEANNE, , , Oppose	President Senate State: NH
Calendar Year-To-Date Disbu Per Election for Office Sought 7364.19	ursement For: X Primary General General Other (specify) ►
Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC	Date of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave	
Suite GM8	Amount
City State Zip Code	1120.60
SAN JUAN PR 00909	Transaction ID : SE-S434187 Date of Disbursement or Obligation
Purpose of Expenditure Category/ Telephone Fundraising 004	$\begin{array}{c} \text{M} \text{I} \text{I} \text{I} \\ 11 \end{array} / \begin{array}{c} \text{D} \text{ D} \text{I} \\ 03 \end{array} / \begin{array}{c} \text{Y} \text{Y} \text{Y} \text{Y} \\ 2021 \end{array}$
Name of Federal Candidate Support Office	e Sought: House District:
BLUNT, ROY, , ,	President X Senate State: MO
Calendar Year-To-Date Disbu Per Election for Office Sought 7364.21	ursement For: X Primary General General Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	2241.20
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
MASTROIANNI, STEPHANIE, , , [Electronically Filed] Date 1	2 01 2021
Signature	

Image# 202112029469567581 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

(Schedule E)	PAGE 24 OF 36 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER
UNITED WOMEN'S HEALTH ALLIANCE PAC	
	C C00755694
Check if 24-hour report X 48-hour report New report Amends report filed	on / / / Y = Y = Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC	Date of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave	
Suite GM8	Amount
City State Zip Code	1120.60
SAN JUAN PR 00909	Transaction ID : SE-S434189 Date of Disbursement or Obligation
Purpose of Expenditure Telephone FundraisingCategory/ Type004	M M M / D D / Y Y Y Y Y 11 03 / 2021
Name of Federal Candidate Support Office	Sought: House District:
MURRAY, PATTY, , ,	President Senate State: WA
Calendar Year-To-Date Disbu Per Election for Office Sought 7364.20	ursement For: ★ Primary General Other (specify) ►
Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC	Date of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave	
Suite GM8	Amount
City State Zip Code	1120.60
SAN JUAN PR 00909	Transaction ID : SE-S434191 Date of Disbursement or Obligation
Purpose of Expenditure Telephone FundraisingCategory/ 004Type004	11 ^D D D ^D 2021 ^Y 2021
Name of Federal Candidate Support Office	e Sought: House District:
VAN HOLLEN, CHRIS, , , Oppose	President Senate State: MD
Calendar Year-To-Date Disbu Per Election for Office Sought 7364.20	ursement For: ★ Primary General Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	2241.20
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
MASTROIANNI, STEPHANIE, , , [Electronically Filed] Date 1	2 01 2021
Signature	

Image# 202112029469567582 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

(Sched	ule E)				PAGE 25 OF 36 FOR SE OF FORM 24/48
	F COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
UNIT	UNITED WOMEN'S HEALTH ALLIANCE PAC				C C00755694
Check if	24-hour report X 48-hour	report X New repo	ort Amends repo		M / D D / Y Y Y Y Y Y Y
	Name of Payee /E TRANSFERS AND DO	ONOR CREATION	LLC		of Public Distribution/Dissemination
Mail	ng Address 1607 Ponce de Leon av	e			
	Suite GM8			Amou	
City		State	Zip Code		1140.45
SA	I JUAN	PR	00909		action ID : SE-S434161 of Disbursement or Obligation
	ose of Expenditure ephone Fundraising		Category/ Type 004		11 / D D / Y Y Y Y 11 2021
Nam	e of Federal Candidate		Support	Office Sough	it: House District:
CO	RNYN, JOHN, , Sen,		Oppose	Preside	ent X Senate State: TX
	Calendar Year-To-Date Per Election for Office Sought	· · · · · · · ·	5203.50	Disbursemen 2026	tt For:
	Name of Payee				of Public Distribution/Dissemination
	/E TRANSFERS AND DOM	JOR CREATION LLC	C	Λ	11 10 / Y Y Y Y 11 10 2021
Mail	ng Address 1607 Ponce de Leon	ave		L	
	Suite GM8			Amou	int
City		State	Zip Code		1140.46
SA	N JUAN	PR	00909		action ID : SE-S434163 of Disbursement or Obligation
	ose of Expenditure		Category/ 004		
Iel	ephone Fundraising		Type 004	L	11 03 2021
Nam	e of Federal Candidate		X Support	Office Sough	nt: House District:
TILI	IS, THOM, R., Sen,		Oppose	Presid	ent X Senate State: NC
	Calendar Year-To-Date		5000 50	Disbursemer 2026	nt For: 🗴 Primary 🗌 General
	Per Election for Office Sought		5203.50		Other (specify)
(a) S	UBTOTAL of Itemized Independent	Expenditures		• •	2280.91
(b) S	UBTOTAL of Unitemized Independent	nt Expenditures		• •	
(-) -					
(c) I	DTAL Independent Expenditures			•••	
with,		iny candidate or authorized			cooperation, consultation, or concert the reporting entity is not a political
	MASTROIANNI, STEPHANIE, ,		ically Filed -	M M /	
Si	gnature	[Electroni	<i>ically Filed]</i> Date	9 12	01 2021
L					

Image# 202112029469567583 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

(Schedule E)	PAGE 26 OF 36 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER V
UNITED WOMEN'S HEALTH ALLIANCE PAC	
	C C00755694
Check if 24-hour report X 48-hour report X New report Amends report file	ed on
Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC	Date of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave	
Suite GM8	Amount
City State Zip Code	1140.46
SAN JUAN PR 00909	Transaction ID : SE-S434165 Date of Disbursement or Obligation
Purpose of Expenditure Category/ Telephone Fundraising 004	M 11 / D D / Y Y Y Y 2021
Name of Federal Candidate Support Off	ce Sought: 🗶 House District: <u>14</u>
LAWRENCE, BRENDA, LULENAR, , Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	bursement For:
Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC	Date of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave	
Suite GM8	Amount
City State Zip Code	1140.46
SAN JUAN PR 00909	Transaction ID : SE-S434167 Date of Disbursement or Obligation
Purpose of Expenditure Category/ Telephone Fundraising 004	11 / D D / Y Y Y Y 2021
Name of Federal Candidate Support Off	ice Sought: 🗶 House District: 08
LESKO, DEBBIE, , , Oppose	President Senate State: AZ
Calendar Year-To-Date Dis Per Election for Office Sought 5203.50	bursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	2280.92
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	
MASTROIANNI, STEPHANIE, , , [Electronically Filed]	12 01 2021
Signature	

Image# 202112029469567584 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

(Schedule E)	PAGE 27 OF 36 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER V
UNITED WOMEN'S HEALTH ALLIANCE PAC	
	C C00755694
Check if 24-hour report X 48-hour report X New report Amends report file	d on
Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC	Date of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave	
Suite GM8	Amount
City State Zip Code	1140.45
SAN JUAN PR 00909	Transaction ID : SE-S434169 Date of Disbursement or Obligation
Purpose of Expenditure Category/ Telephone Fundraising 004	11 / D D / Y Y Y Y 2021
Name of Federal Candidate Support Office	ce Sought: House District:
SHAHEEN, JEANNE, , ,	President Senate State: NH
Calendar Year-To-Date Dist Per Election for Office Sought 5203.49	oursement For: X Primary General ⁵ Other (specify) ►
Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC	Date of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave	
Suite GM8	Amount
City State Zip Code	1140.45
SAN JUAN PR 00909	Transaction ID : SE-S434171 Date of Disbursement or Obligation
Purpose of Expenditure Telephone FundraisingCategory/ 004	11 / D D / Y Y Y Y 2021
Name of Federal Candidate Support Offic	ce Sought: House District:
BLUNT, ROY, , , Oppose	President Senate State: MO
Calendar Year-To-Date Disl Per Election for Office Sought 5203.51	Cursement For: X Primary General
(a) SUBTOTAL of Itemized Independent Expenditures	
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not n with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	
MASTROIANNI, STEPHANIE, , , [Electronically Filed] Date	12 01 2021
Signature	

Image# 202112029469567585 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

(Schedule E)	PAGE 28 OF 36 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER
UNITED WOMEN'S HEALTH ALLIANCE PAC	
	C C00755694
Check if 24-hour report X 48-hour report New report Amends report filed	on / P Y Y Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC	Date of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave	
Suite GM8	Amount
City State Zip Code	1140.45
SAN JUAN PR 00909	Transaction ID : SE-S434173 Date of Disbursement or Obligation
Purpose of Expenditure Category/ Telephone Fundraising 004	M 11 / D D / Y Y Y Y 2021
Name of Federal Candidate Support Office	Sought: House District:
MURRAY, PATTY, , , Oppose	President Senate State: WA
Calendar Year-To-Date Disbu Per Election for Office Sought 5203.50	other (specify) ►
Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC	Date of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave	
Suite GM8	Amount
City State Zip Code	1140.45
SAN JUAN PR 00909	Transaction ID : SE-S434175 Date of Disbursement or Obligation
Purpose of Expenditure Telephone FundraisingCategory/ Type004	11 / D D / Y Y Y Y 2021 / 2021
Name of Federal Candidate Support Office	e Sought: House District:
VAN HOLLEN, CHRIS, , , Oppose	President Senate State: MD
Calendar Year-To-Date Per Election for Office Sought 5203.50	ursement For: ★ Primary General Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	2280.90
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
MASTROIANNI, STEPHANIE, , , [Electronically Filed] Date 1	2 01 2021
Signature	

Image# 202112029469567586 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

(Schedule E)	PAGE 29 OF 36 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
UNITED WOMEN'S HEALTH ALLIANCE PAC	
	C C00755694
Check if 24-hour report X 48-hour report New report Amends report filed	i on i i i i i i i i i i i i i i i i i i
Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC	Date of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave	
Suite GM8	Amount
City State Zip Code	1040.10
SAN JUAN PR 00909	Transaction ID : SE-S434193 Date of Disbursement or Obligation
Purpose of Expenditure Category/ Telephone Fundraising 004	11 / D D / Y Y Y Y 2021
Name of Federal Candidate Support Offic	e Sought: House District:
CORNYN, JOHN, , Sen,	President Senate State: TX
Calendar Year-To-Date Disb Per Election for Office Sought 7364.20	ursement For:
Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC	Date of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave	
Suite GM8	Amount
City State Zip Code	1040.09
SAN JUAN PR 00909	Transaction ID : SE-S434195 Date of Disbursement or Obligation
Purpose of Expenditure Category/ Telephone Fundraising 004	11 / D D / Y Y Y Y 2021
Name of Federal Candidate Support Office	e Sought: House District:
TILLIS, THOM, R., Sen, Oppose	President X Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 7364.18	ursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	2080.19
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
MASTROIANNI, STEPHANIE, , , [Electronically Filed] Date	12 01 2021
Signature	

Image# 202112029469567587 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

(Schedule E)	PAGE 30 OF 36 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER
UNITED WOMEN'S HEALTH ALLIANCE PAC	
	C C00755694
Check if 24-hour report X 48-hour report New report Amends report f	iled on
Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC	Date of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave	
Suite GM8	Amount
City State Zip Code	1040.09
SAN JUAN PR 00909	Transaction ID : SE-S434197 Date of Disbursement or Obligation
Purpose of Expenditure Category/ Telephone Fundraising 004	11 / D D / Y Y Y Y 10 / 2021
Name of Federal Candidate Support O	ffice Sought: X House District: 14
LAWRENCE, BRENDA, LULENAR, ,	President Senate State: MI
	isbursement For:
Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC	Date of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave	11172021
Suite GM8	Amount
City State Zip Code	1040.09
SAN JUAN PR 00909	Transaction ID : SE-S434199 Date of Disbursement or Obligation
Purpose of Expenditure Category/ Telephone Fundraising 004	11 / D D / Y Y Y Y 2021
Name of Federal Candidate Support C	ffice Sought: 🗶 House District: 08
LESKO, DEBBIE, , ,	President Senate State: AZ
	isbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	2080.18
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eigerty committee) any political party committee or its agent.	
MASTROIANNI, STEPHANIE, , , [Electronically Filed] Date	12 01 2021
Signature	

Image# 202112029469567588 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

(Schedule E)	PAGE 31 OF 36 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER
UNITED WOMEN'S HEALTH ALLIANCE PAC	
	C C00755694
Check if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC	Date of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave	
Suite GM8	Amount
City State Zip Code	1040.10
SAN JUAN PR 00909	Transaction ID : SE-S434201 Date of Disbursement or Obligation
Purpose of Expenditure Telephone FundraisingCategory/ Type004	M M M / D D / Y Y Y Y 11 10 / 2021
Name of Federal Candidate Support Office	Sought: House District:
SHAHEEN, JEANNE, , ,	President Senate State: <u>NH</u>
Calendar Year-To-Date Disbu Per Election for Office Sought 7364.19	ursement For: ★ Primary General Other (specify) ►
Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC	Date of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave	
Suite GM8	Amount
City State Zip Code	1040.10
SAN JUAN PR 00909	Transaction ID : SE-S434203 Date of Disbursement or Obligation
Purpose of Expenditure Telephone FundraisingCategory/ Type004	M 11 / D D / Y Y Y Y 10 / 2021
Name of Federal Candidate Support Office	e Sought: House District:
BLUNT, ROY, , ,	President Senate State: MO
Calendar Year-To-Date Disbu Per Election for Office Sought 7364.21	ursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	2080.20
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
MASTROIANNI, STEPHANIE, , , [Electronically Filed] Date 1	2 01 2021
Signature	

Image# 202112029469567589 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

(Schedule E)	PAGE 32 OF 36 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER
UNITED WOMEN'S HEALTH ALLIANCE PAC	
	C C00755694
Check if 24-hour report X 48-hour report New report Amends report filed	on / / / / / / / /
Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC	Date of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave	
Suite GM8	Amount
City State Zip Code	1040.10
SAN JUAN PR 00909	Transaction ID : SE-S434205 Date of Disbursement or Obligation
Purpose of Expenditure Category/ Telephone Fundraising 004	M 11 / D D / Y Y Y Y 2021
Name of Federal Candidate Support Office	Sought: House District:
MURRAY, PATTY, , , Oppose	President Senate State: WA
Calendar Year-To-Date Disbu Per Election for Office Sought 7364.20	rsement For: X Primary General General Other (specify) ►
Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC	Date of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave	11 17 2021
	Amount
Suite GM8 City State Zip Code	1040.10
SAN JUAN PR 00909	Transaction ID : SE-S434207 Date of Disbursement or Obligation
Purpose of Expenditure Category/ Telephone Fundraising 004	
Name of Federal Candidate Support Office	Sought: House District:
VAN HOLLEN, CHRIS, , ,	President Senate State: MD
Calendar Year-To-Date Disbu Per Election for Office Sought 7364.20	Irsement For:
(a) SUBTOTAL of Itemized Independent Expenditures	2080.20
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
MASTROIANNI, STEPHANIE, , , [Electronically Filed] Date	M / D D / Y Y Y Y 2 01 2021
Signature	

Image# 202112029469567590 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMUTTEE (not put) UNITED WOMEN'S HEALTH ALLIANCE PAC FEC IDENTIFICATION NUMBER Y C 00075569 Check II 24-hour report A mends report [field on] * (* * * * * * * * * * * * * * * * *	(Schedule E)				PAGE 33 OF 36 FOR SE OF FORM 24/48
Check If 24-hour report X New report Amends report filed on 1				F	
Check if _ 24-hour report ▼ 48-hour report ▼ Amends report filed on Full Name of Payee Live TRANSFERS AND DONOR CREATION LLC Mailing Address 1607 Ponce de Leon ave Suite GM8 City SAN JUAN PR 00909 Purpose of Expenditure Teleptone Fundiciale CORNYN, JOHN, Sen, Color Obligation CORNYN, JOHN, Sen, Color Obligation CORNYN, JOHN, Sen, Color Obligation Per Election for Office Sought Sature Suite GM8 City San JUAN PR 00909 Table of Public Distribution/Dissemination Teleptone Fundiciale CORNYN, JOHN, Sen, Color Obligation Per Election for Office Sought Sature Suite GM8 City Sature Control Control Control Sature Control Control Sature Control Sature Control Sature Control Sature Control Sature Control Sature Suite GM8 City Sature Control Sature Suite GM8 City Sature Suite GM8 City Sature Suite GM8 City Sature Control Suite GM8 City Sature Suite Sature	UNITED WOMEN'S HEALTH ALLIANCE PAC				C . C00755694
Check II 24-hour report X New report Amends report field on Full Name of Payse Date of Public Distribution/Dissemination LIVE TRANSFERS AND DONOR CREATION LLC Image: Check III (Check Check Che					
LIVE TRANSFERS AND DONOR CREATION LLC Mailing Address 1607 Ponce de Leon ave San JUAN PR Otig State Propes of Expenditure Category/ Type Colory N, JOHN, San, Oppose Colory N, JOHN, San, Oppose Color Conditionation State Part Election for Office Sought Basilian Bailing Address 1607 Ponce de Laon ave Suite GMB State Otig State Vir Transection ID: SE-State Debursement For: Per Election for Office Sought Basilian Bailing Address 1607 Ponce de Laon ave Suite GMB Oppose Otig State Suite GMB State Otig State Otig Sequence Calendar Vear-To-Date State Purpose of Expenditure Sequence Tensection ID: SE-State: NC Date of Debuild Senate Calendar Vear-To-Date Senate Purpose of Expenditures Debursement For: Tensection for Office Sought Senate <th>Check if 24-hour report 🗶 48-hour re</th> <th>port X New repo</th> <th>ort Amends repo</th> <th></th> <th>M / D D / Y Y Y Y Y</th>	Check if 24-hour report 🗶 48-hour re	port X New repo	ort Amends repo		M / D D / Y Y Y Y Y
Mailing Address 1607 Ponce de Leon ave Suite GM8 Amount City State Zip Code SAN JUAN PR 00509 Purpose of Expenditure Telephone Fundraising Category/ Type 004 11 17 2021 Name of Federal Candidate CORNYN, JOHN, Sen. Category/ Type 004 11 17 2021 Name of Federal Candidate CORNYN, JOHN, Sen. Category/ Oppose 00509 11 17 2021 Name of Federal Candidate CORNYN, JOHN, Sen. Category/ Oppose Office Sought House District: X Fill Name of Federal Candidate Disbursement For: X Primary General Date of Public Distribution/Dissemination LIVE TRANSFERS AND DONOR CREATION LLC Date of Public Distribution/Dissemination 11 24 2021 Mailing Address SAN JUAN PR 00909 11 17 2021 Mame of Federal Candidate City State Zip Code 908,84 Transaction D. SE-S434211 Name of Federal Candidate TitlLIS, THOM, R., Sen, PR 00909 11 17 2021 Name of Federal Candidate TitlLIS, THOM, R., Sen, Oppose Disbursement For: X Primary General 2026 Other (specify) *		NOR CREATION	LLC	М	M / D D / Y Y Y
Suite GM8 City State Zip Code SAN JUAN PR 00999 Purpose of Expenditure Category/ Type 004 Telephone Fundratising Category/ Type 004 Name of Federal Candidate X Support CORNYN, JOHN, Sen, Coppose President Category/ Type 004 Tit 77 Category/ CORNYN, JOHN, Sen, Coppose President Senate Category/ Per Election for Office Sought 8274.04 Dibusement For: Primary Gate of Public Distribution/Dissemination 11 7 2021 Maling Address 1607 Ponce de Leon ave Suite GM8 Date of Public Distribution/Dissemination City State Zip Code 909.84 SAN JUAN PR 00909 Transaction ID: SE-S434211 Maling Address 1607 Ponce de Leon ave Suite GM8 Transaction ID: SE-S434211 Diato of Expenditure X Support Office Sought Transaction ID: SE-S43421 Name of Federal Candidate X Support Office Sought Senate State: .NC <	Mailing Address 1607 Ponce de Leon ave				
SAN JUAN PR 00009 Transaction ID : SE-S424209 Purpose of Expenditure Category/ Trelephone Fundiaising Category/ Type 004 11 17 2021 Name of Federal Candidate Image: Support Office Sought: House District: Transaction ID : SE-S424209 CoRNYN, JOHN, Sen, Oppose President X support Office Sought: House District: Calendar Year-To-Date President for Office Sought 6274,04 Disbursement For: X Primary General City San JUAN PR 00909 Date of Public Distribution/Dissemination If 11 224 2021 Mailing Address 1607 Ponce de Leon ave Suite GMB Outer of public Distribution/Dissemination If 11 274 2021 Name of Federal Candidate X Support Office Sought: House District: Transaction ID : SE-S434211 Date of Disbursement For: X Primary Ceneral 204 111 17 2021 Name of Federal Candidate X Support Office Sought: House District: Transaction ID : SE-S434211 Date of Disbursement For: X Primary General	Suite GM8			Amoun	
Purpose of Expenditure Telephone Fundraising Category/ Type 004 11 17 2021 Name of Federal Candidate CORNYN, JOHN, Sen, Oppose Office Sought: House District: TX Catendar Year-To-Date Per Election for Office Sought 8274.04 Disbursement For: X Primary General 2026 Other (specify) ▶ Full Name of Pagee LIVE TRANSFERS AND DONOR CREATION LLC Date of Public Distribution/Dissemination 11 24 2021 Mailing Address 1607 Ponce de Leon ave Suite GM8 Date of Public Distribution/Dissemination 11 24 2021 Name of Federal Candidate X Support Office Sought House Distribution/Dissemination Purpose of Expenditure Telephone Fundraising Category/ Type 004 11 17 2021 Name of Federal Candidate X Support Office Sought House District:	City	State	Zip Code		909.84
Purpose of Expenditure Telephone Fundraising Category/ Type 004 11 12 2021 Name of Federal Candidate CORNYN, JOHN, Sen, Oppose President X senate State: TX Disbursement For: X Primary General 2026 Othice Sought Disbursement For: X Primary Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC Date of Public Distribution/Dissemination 11 24 2021 Mailing Address 1607 Ponce de Leon ave Suite GM8 State Zip Code 99.84 City State Zip Code 99.84 Purpose of Expenditure Telephone Fundraising Category/ Type 004 11 7 2021 Name of Federal Candidate X Support Office Sought: House District: Interview TILLS, THOM, R., Sen. Oppose President X senate State: NC Calendar Vea-To-Date Per Election for Office Sought 8274.02 Office Sought: House District: (b) SUBTOTAL of Itemized Independent Expenditures Itematives Itematives Itematives Itematives (c) TOTAL Independent Expenditures Vider panalty of pariury I certify that the independent expenditures reported herein were not made in ecooperation, consul	SAN JUAN	PR	00909		
CORNYN, JOHN, Sen, Oppose President ¥ Support Calendar Year-To-Date Per Election for Office Sought 8274_04 Disbursement For: Y Primary Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC Date of Public Distribution/Dissemination Mailing Address 1607 Ponce de Leon ave Suite GM8 Date of Public Distribution/Dissemination City State Zip Code SAN JUAN PR 00909 Purpose of Expenditure Teleptone Fundraising Category/ Type 004 Name of Federal Candidate Per Election for Office Sought House District: Calendar Year-To-Date Per Election for Office Sought President ¥ Senate State: Calendar Year-To-Date Per Election for Office Sought President ¥ Senate State: Oppose Office Sought Date Other (specify) ▶ (a) SUBTOTAL of Itemized Independent Expenditures 1819_68 (b) SUBTOTAL of Unitemized Independent Expenditures 1819_68 (c) TOTAL Independent Expenditures 1819_68 (b) SUBTOTAL of Unitemized Independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authori				м	M / D D / Y Y Y Y
Calendar Year-To-Date Per Election for Office Sought 8274.04 Disbursement For: ¥ Primary General 2026 Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC Date of Public Distribution/Dissemination 11 24 2021 Mailing Address 1607 Ponce de Leon ave Suite GM8 Transaction ID: SE-S434211 Date of Public Distribution/Dissemination Purpose of Expenditure Telephone Fundraising Category/ Od4 004 11 17 2021 Name of Federal Candidate Support Office Sought Ser.S434211 Date of Disbursement or Obligation TILLIS, THOM, R., Sen, Oppose President X Senate State: NC Calendar Year-To-Date Per Election for Office Sought 8274.02 Disbursement For: Primary General 2026 (a) SUBTOTAL of Itemized Independent Expenditures 1819.68 (b) SUBTOTAL of Unitemized Independent Expenditures 1819.68 (b) SUBTOTAL of Unitemized Independent expenditures 1819.68 (c) TOTAL Independent Expenditures 1819.68 MASTROIANNL STEPHANIE, [Electronically Filed] Date 12 01 2021	Name of Federal Candidate		Support	Office Sought:	House District:
Per Election for Office Sought 8274.04 2026 Other (specify) ▶ Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC Date of Public Distribution/Dissemination Mailing Address 1607 Ponce de Leon ave Amount Suite GM8 909.84 City State Zip Code SAN JUAN PR 00909 Purpose of Expenditure Category/ 004 Telephone Fundraising Category/ 004 Name of Federal Candidate Support Office Sought TILLIS, THOM, R., Sen, Oppose President X Senate State: NC Calendar Year-To-Date Per Election for Office Sought Sarta Per Election for Office Sought 8274.02 Other (specify) ▶ (a) SUBTOTAL of Itemized Independent Expenditures 1819.68 (b) SUBTOTAL of Unitemized Independent Expenditures 1819.68 (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures or agent of either, or (if the reporting entity is not a political party committee or its agent. MASTROIANNI, STEPHANIE, IElectronically Filed] Date 12 01 20	CORNYN, JOHN, , Sen,		Oppose	Presider	nt 🗴 Senate State: <u>TX</u>
Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC Date of Public Distribution/Dissemination Mailing Address 1607 Ponce de Leon ave Amount Suite GM8 State Zip Code City State Zip Code SAN JUAN PR 0999 Purpose of Expenditure Category/ 004 Telephone Fundraising Category/ 004 Name of Federal Candidate Image: Support Senate TILLIS, THOM, R., Sen, Oppose Disbursement or Obligation Calendar Year-To-Date Per Election for Office Sought Senate State: NC Disbursement For: Y Primary General 206 Other (specify) >			8274.04	2026	
Mailing Address 1607 Ponce de Leon ave Suite GM8 State Zip Code City State Zip Code SAN JUAN PR 00909 Purpose of Expenditure Category/ 004 Telephone Fundraising Category/ 004 TILLIS, THOM, R., Sen, Oppose President X Senate Category 004 President X Senate State: Calendar Year-To-Date Pistursement For: Y Primary General 2026 Other (specify) >					
Mailing Address 1607 Ponce de Leon ave Suite GMB Amount City State Zip Code SAN JUAN PR 00909 Purpose of Expenditure Transaction ID : SE-S434211 Date of Disbursement or Obligation 11 It 17 Zota 004 TILLIS, THOM, R., Sen, Oppose Catendar Year-To-Date President Per Election for Office Sought 8274.02 Other (specify) >	LIVE TRANSFERS AND DON	OR CREATION LLC	C		
Suite GM8 City State Zip Code SAN JUAN PR 00909 Purpose of Expenditure Transaction ID: SE-S434211 Telephone Fundraising Category/ 004 Name of Federal Candidate Image: Support Office Sought: TILLIS, THOM, R., Sen, Oppose President IM Senate State: Calendar Year-To-Date Per Election for Office Sought Bisbursement For: Primary Galendar Year-To-Date Disbursement For: Primary General Outper 004 Bisbursement For: Primary General (a) SUBTOTAL of Itemized Independent Expenditures Image: Support Construction of Construction, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. MASTROIANNI, STEPHANIE,, [Electronically Filed] Date 12 0 12 0 12 0 2021	Mailing Address 1607 Ponce de Leon av	/e			
SAN JUAN PR 00909 Transaction ID: SE-S434211 Date of Disbursement or Obligation Purpose of Expenditure Telephone Fundraising Category/ Type 004 11 17 2021 Name of Federal Candidate Image: Support Office Sought: House District:	Suite GM8			Amoun	t
Date of Disbursement or Obligation Purpose of Expenditure Telephone Fundraising Name of Federal Candidate TILLIS, THOM, R., Sen, Oppose Per Election for Office Sought Batter of Disbursement For: X Per Election for Office Sought Batter of Disbursement For: X Per Election for Office Sought Batter of Disbursement For: X Per Election for Office Sought Batter of Disbursement For: X Per Election for Office Sought Batter of Disbursement For: X Per Election for Office Sought Batter of Disbursement For: X Per Election for Office Sought Batter of Disbursement For: X Primary General 2026 Other (specify) (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party	City	State	Zip Code		909.84
Purpose of Expenditure Telephone Fundraising Category/ Type 004 11 17 2021 Name of Federal Candidate X Support Office Sought: House District:	SAN JUAN	PR	00909		
TILLIS, THOM, R., Sen, Calendar Year-To-Date Per Election for Office Sought 8274.02 Disbursement For: Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				М	
TILLIS, THOM, R., Sen, Oppose President Senate State: NC Calendar Year-To-Date Disbursement For: Primary General Per Election for Office Sought 8274.02 Other (specify)	Name of Federal Candidate		x Support	Office Sought:	House District:
Per Election for Office Sought 8274.02 2026 Other (specify) > (a) SUBTOTAL of Itemized Independent Expenditures > 1819.68 (b) SUBTOTAL of Unitemized Independent Expenditures > - (c) TOTAL Independent Expenditures > - Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. MASTROIANNI, STEPHANIE, , , [Electronically Filed] Date 12 01 2021	TILLIS, THOM, R., Sen,			Presider	nt X Senate State: <u>NC</u>
(a) SUBTOTAL of Itemized Independent Expenditures. (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures. Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. MASTROIANNI, STEPHANIE, , , [Electronically Filed] Date		· · · · · · · ·	8274.02	2026	
(b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. MASTROIANNI, STEPHANIE, . , [Electronically Filed] Date 12					
(c) TOTAL Independent Expenditures	(a) SUBTOTAL of Itemized Independent E	xpenditures		• •	1819.68
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. MASTROIANNI, STEPHANIE, , , [Electronically Filed] Date 12 01 2021	(b) SUBTOTAL of Unitemized Independent	Expenditures		• •	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. MASTROIANNI, STEPHANIE, , , [Electronically Filed] Date 12 01 2021	(a) TOTAL Independent Expenditures				
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. MASTROIANNI, STEPHANIE, , , [Electronically Filed] Date 12 01 2021	(C) IOTAL Independent Expenditures			•	
[Electronically Filed] Date 12 01 2021	with, or at the request or suggestion of, an	y candidate or authorized	•		•
	MASTROIANNI, STEPHANIE, , ,	[Elastron	ically Filed	10 /	
	Signature		_ Date		2021

Image# 202112029469567591 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

(Schedule E)	PAGE 34 OF 36 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER V
UNITED WOMEN'S HEALTH ALLIANCE PAC	
	C C00755694
Check if 24-hour report X 48-hour report X New report Amends report file	d on
Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC	Date of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave	
Suite GM8	Amount
City State Zip Code	909.84
SAN JUAN PR 00909	Transaction ID : SE-S434213 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising Category/ Type 004	11 / D D / Y Y Y Y 11 / 17 / 2021
Name of Federal Candidate Support Offic	ce Sought: X House District: 14
LAWRENCE, BRENDA, LULENAR, , Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	oursement For: ★ Primary General 2 Other (specify) ►
Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC	Date of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave	
Suite GM8	Amount
City State Zip Code	909.84
SAN JUAN PR 00909	Transaction ID : SE-S434215 Date of Disbursement or Obligation
Purpose of Expenditure Category/ Telephone Fundraising 004	M M / D D / Y Y Y Y 11 17 2021
Name of Federal Candidate X Support Official	ce Sought: X House District: 08
LESKO, DEBBIE, , , Oppose	President Senate State: AZ
Calendar Year-To-Date Dis Per Election for Office Sought 8274.02	Dursement For: ★ Primary General
(a) SUBTOTAL of Itemized Independent Expenditures	1819.68
(b) SUBTOTAL of Unitemized Independent Expenditures	· · · · · · · · · · · · · · · · · · ·
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not r with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	
MASTROIANNI, STEPHANIE, , , [Electronically Filed] Date	12 01 2021
Signature	

Image# 202112029469567592 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

(Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER
UNITED WOMEN'S HEALTH ALLIANCE PAC	
	C C00755694
Check if 24-hour report X 48-hour report New report Amends report fi	led on
Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC	Date of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave	
Suite GM8	Amount
City State Zip Code	909.84
SAN JUAN PR 00909	Transaction ID : SE-S434217 Date of Disbursement or Obligation
Purpose of Expenditure Telephone FundraisingCategory/ 1004	11 / D D / Y Y Y Y 11 / 17 / 2021
Name of Federal Candidate Support Of	fice Sought: House District:
SHAHEEN, JEANNE, , , Oppose	President Senate State: <u>NH</u>
	sbursement For: ★ Primary General 26 Other (specify) ►
Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC	Date of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave	
Suite GM8	Amount
City State Zip Code	909.85
SAN JUAN PR 00909	Transaction ID : SE-S434219 Date of Disbursement or Obligation
Purpose of Expenditure Telephone FundraisingCategory/ Type004	11 / D D / Y Y Y Y 11 / 17 / 2021
Name of Federal Candidate Support O	fice Sought: House District:
BLUNT, ROY, , ,	President Senate State: MO
	sbursement For: ★ Primary General 022 Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	1819.69
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of ei party committee) any political party committee or its agent.	
MASTROIANNI, STEPHANIE, , , [Electronically Filed]	12 01 Y Y Y Y 2021
Signature	

Image# 202112029469567593 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

(Schedule E)	PAGE 36 OF 36 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
UNITED WOMEN'S HEALTH ALLIANCE PAC	
	C C00755694
Check if 24-hour report X 48-hour report New report Amends report filed on	
Full Name of Payee Date LIVE TRANSFERS AND DONOR CREATION LLC	e of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave	
Ame Suite GM8	ount
City State Zip Code	909.85
Date	nsaction ID : SE-S434221 e of Disbursement or Obligation
Purpose of Expenditure Category/ Telephone Fundraising 004	11 / D D / Y Y Y Y 11 / 17 / 2021
Name of Federal Candidate Support Office Sou	ight: House District:
MURRAY, PATTY, , , Oppose Pres	sident Senate State: WA
Calendar Year-To-Date Disbursem 2022	ent For: X Primary General Other (specify) ►
	te of Public Distribution/Dissemination
LIVE TRANSFERS AND DONOR CREATION LLC	11 24 <u>Y Y Y Y</u> 11 24 2021
Mailing Address 1607 Ponce de Leon ave	
Suite GM8	iount
City State Zip Code	909.85
	te of Disbursement or Obligation
Purpose of Expenditure Category/ Telephone Fundraising 004	M M / D D / Y
Name of Federal Candidate Support Office Sou	ught: House District:
VAN HOLLEN, CHRIS, , , Oppose Pres	sident X Senate State: MD
Calendar Year-To-Date Disbursem 2022	nent For: X Primary General
	Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	1819.70
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	81312.08
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (party committee) any political party committee or its agent.	
MASTROIANNI, STEPHANIE, , , [Electronically Filed] Date 12	/ D D / Y Y Y Y 01 2021
Signature	