Image# 202212079547237	7899					PAC	GE 1 / 54
FEC FORM 3X	AN	PORT OF	RSEME	NTS		Office Use Only	Γ
1. NAME OF COMMITTEE (in full		OR PRINT ▼	Example over the	: If typing, type lines.	12FE4M		
	N'S HEAL						
ADDRESS (number and st		75 EYE STREET NW					
Check if different than previously reported. (ACC)	I W	ASHINGTON			DC	20006	·
2. FEC IDENTIFICAT	ION NUMBE	R▼ C			STATE 🔺	ZIP CO	DE 🔺
C C00755694		3.	IS THIS REPORT	× NEW (N) (DR AI	MENDED	
 4. TYPE OF REPO (Choose One) (a) Quarterly Report April 15 Quarterly R July 15 Quarterly R 	s: eport (Q1)	Report Due On:		May 20 Jun 20 (Jul 20 (M ary (12P) rention (12C)	M6) Sep		Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) Runoff (12R)
October 15 Quarterly R January 31 Year-End R July 31 Mid Report (Nor Year Only) Termination (TER)	eport (YE) -Year n-election (MY)	(d) 30-Day POST-Election Report for the:	tion on	eral (30G)	Runoff (_	Special (30S)
5. Covering Period	10 /	Elec 20 / 2022	(Y	rough	2022 1 28	State o	f
I certify that I have exam Type or Print Name of The Signature of Treasurer	PL	ĴISHKA, JOHN, , ,		e and belief it	M		Y Y Y Y 2022
Signature of Treasurer							
NOTE: Submission of false Office Use Only	e, erroneous,	or incomplete informat	ion may subject	the person sign	ing this Report to t	FEC FOR Rev. 05/2	M 3X

12/07/2022 14 : 39

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name

FEC Form 3X (Rev. 05/2016)

UNITED WOMEN'S HEALTH ALLIANCE PAC

R	Report Covering the Period: From:	10 / Y Y Y Y 10 20 2022 To	D: 11 / 28 / Y Y Y Y 2022
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2022		77688.71
	(b) Cash on Hand at Beginning of Reporting Period	88531.62	
	(c) Total Receipts (from Line 19)	206929.62	1607446.60
	 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	295461.24	1685135.31
7.	Total Disbursements (from Line 31)	263678.53	1653352.60
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	31782.71	31782.71
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	2920.07	

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

For further information contact:

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

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

Image#	20221	20795	47237901
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DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

UNITED WOMEN'S HEALTH ALLIANCE PAC

(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A) (ii) Unitemized	I. Receipts	I. Receipts COLUMN A Total This Period				
Than Political Committees 5780.00 40829.00 (ii) Itemized (use Schedule A) 201149.62 1541617.60 (iii) TOTAL (add Lines TI(a)(i) and (ii)	. Contributions (other than loans) From:					
(i) Itemized (use Schedule A) 5780.00 40829.00 (ii) Unitemized (iii) TOTAL (add Lines 11(a)(i) and (ii)						
(i) Uniternized		5700.00				
(iii) TOTAL (add Lines 11(a)(i) and (ii) > (b) Political Party Committees 0.00 (c) Other Political Committees 0.00 (guch as PACS) 0.00 (c) Total Contributions (add Lines 0.00 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) > Transfers From Affiliated/Other 0.00 Party Committees 0.00 All Loans Received 0.00 Loan Repayments Received 0.00 Carry Totals to Line 37, page 5) 0.00 Carry Totals to Line 37, page 5) 0.00 Carry Totals to Line 37, page 5) 0.00 Chorn-Federal Received 0.00 Other Federal Received 0.00 Chorn-Federal Account (from Schedule H3) 0.00 (b) Levin Funds (from Schedule H5) 0.00 (c) Total Transfers (add 18(a) and 18(b)) 0.00 Total Receipts (add Lines 11(d), 0.00	(i) Itemized (use Schedule A)	5780.00	40829.00			
(iii) TOTAL (add Lines 11(a)(i) and (ii) > (b) Political Party Committees 0.00 (c) Other Political Committees 0.00 (guch as PACS) 0.00 (c) Total Contributions (add Lines 0.00 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) > Transfers From Affiliated/Other 0.00 Party Committees 0.00 All Loans Received 0.00 Loan Repayments Received 0.00 Carry Totals to Line 37, page 5) 0.00 Carry Totals to Line 37, page 5) 0.00 Carry Totals to Line 37, page 5) 0.00 Chorn-Federal Received 0.00 Other Federal Received 0.00 Chorn-Federal Account (from Schedule H3) 0.00 (b) Levin Funds (from Schedule H5) 0.00 (c) Total Transfers (add 18(a) and 18(b)) 0.00 Total Receipts (add Lines 11(d), 0.00		2014.40.00	4544047.00			
Lines 11(a)(i) and (ii) > 206929.62 158246.60 (b) Political Party Committees 0.00 0.00 (c) Other Political Committees 0.00 0.00 (d) Total Contributions (add Lines 0.00 0.00 11(a)(ii), (b), and (c)) (Carry 0.00 0.00 Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 Loans Received 0.00 0.00 Loans Received 0.00 0.00 Offsets To Operating Expenditures 0.00 0.00 (Party Totals to Line 37, page 5) 0.00 0.00 Carry Totals to Line 37, page 5) 0.00 0.00 Corny Totals to Line 37, page 5) 0.00 0.00 Refunds of Contributions Made 0.00 0.00 to Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfers (add 18(a) and 18(b)) 0.00 0.00 Total Receipts (add Lines 11(d), 0.00 0.00		201149.02	1541617.00			
Lines H(q)() and (i) Image: Construction of the construction		200000 62	1582446.60			
(a) Political Party Committees (c) Other Political Committees (d) Total Contributions (add Lines 111(a)(iii), (b), and (c)) (Carry Transfers From Affiliated/Other Party Committees	Lines 11(a)(I) and (II)	200929.02	47 47 47 47			
(a) Total Committees (c) Other Political Committees (such as PACs)	(b) Political Party Committees	0.00	0.00			
(such as PACs)						
(d) Total Contributions (add Lines 11(d),(iii), (b), and (c)) (Carry Totals to Line 33, page 5) 206929.62 Transfers from Affiliated/Other 0.00 Party Committees 0.00 All Loans Received 0.00 Loan Repayments Received 0.00 Offsets To Operating Expenditures 0.00 (Refunds, Rebates, etc.) 0.00 (Carry Totals to Line 37, page 5) 0.00 Refunds of Contributions Made 0.00 to Federal Candidates and Other 0.00 Political Committees 0.00 (b) Levin Funds (from Schedule H5) 0.00 (c) Total Transfers (add 18(a) and 18(b)) 0.00 Total Receipts (add Lines 11(d), 0.00		0.00	0.00			
11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) 1582446.60 Party Committees 0.00 All Loans Received 0.00 Loan Repayments Received 0.00 Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) 0.00 Refunds of Contributions Made to Federal Candidates and Other Political Committees 0.00 Other Federal And Levin Funds (a) Non-Federal Account (from Schedule H3) 0.00 (b) Levin Funds (from Schedule H5) 0.00 (c) Total Transfers (add 18(a) and 18(b)) 0.00 Total Receipts (add Lines 11(d), 0.00						
Totals to Line 33, page 5) 206929.62 1582446.60 Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 All Loans Received 0.00 0.00 Loan Repayments Received 0.00 0.00 Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 0.00 0.00 Refunds of Contributions Made to Federal Candidates and Other Political Committees 0.00 0.00 Other Federal Receipts (Dividends, Interest, etc.) 0.00 0.00 Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfers (add 18(a) and 18(b)) 0.00 0.00 Total Receipts (add Lines 11(d), 0.00 0.00						
Transfers From Affiliated/Other Party Committees Output All Loans Received Loan Repayments Received Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made to Federal Candidates and Other Political Committees (Dividends, Interest, etc.) Other Federal Receipts (Dividends, Interest, etc.) (a) Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3) (c) Total Transfers (add 18(a) and 18(b)) Total Receipts (add Lines 11(d),		206929.62	1582446.60			
All Loans Received 0.00 0.00 Loan Repayments Received 0.00 0.00 Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 0.00 25000.00 Refunds of Contributions Made to Federal Candidates and Other Political Committees 0.00 0.00 Other Federal Receipts (Dividends, Interest, etc.) 0.00 0.00 Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 0.00 (c) Total Transfers (add 18(a) and 18(b)) 0.00 0.00 0.00 Total Receipts (add Lines 11(d), 0.00 0.00 0.00	. Transfers From Affiliated/Other					
Loan Repayments Received 0.00 0.00 Offsets To Operating Expenditures 0.00 0.00 (Carry Totals to Line 37, page 5) 0.00 25000.00 Refunds of Contributions Made 0.00 0.00 to Federal Candidates and Other 0.00 0.00 Political Committees 0.00 0.00 Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) 0.00 0.00 Transfers from Non-Federal and Levin Funds 0.00 0.00 (a) Non-Federal Account 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfers (add 18(a) and 18(b)). 0.00 0.00 Total Receipts (add Lines 11(d), 0.00 0.00	Party Committees	0.00	0.00			
Loan Repayments Received 0.00 0.00 Offsets To Operating Expenditures 0.00 0.00 (Carry Totals to Line 37, page 5) 0.00 25000.00 Refunds of Contributions Made 0.00 0.00 to Federal Candidates and Other 0.00 0.00 Political Committees 0.00 0.00 Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) 0.00 0.00 Transfers from Non-Federal and Levin Funds 0.00 0.00 (a) Non-Federal Account 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfers (add 18(a) and 18(b)). 0.00 0.00 Total Receipts (add Lines 11(d), 0.00 0.00						
Definition Technologic Expenditures Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) 0.00 Refunds of Contributions Made 0.00 to Federal Candidates and Other 0.00 Political Committees 0.00 Other Federal Receipts 0.00 (Dividends, Interest, etc.) 0.00 Transfers from Non-Federal and Levin Funds 0.00 (a) Non-Federal Account 0.00 (from Schedule H3) 0.00 (b) Levin Funds (from Schedule H5) 0.00 (c) Total Transfers (add 18(a) and 18(b)) 0.00 Total Receipts (add Lines 11(d), 0.00	All Loans Received					
Definition in the provided management of the						
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) (Refunds of Contributions Made to Federal Candidates and Other Political Committees	. Loan Repayments Received	0.00	0.00			
(Carry Totals to Line 37, page 5) Refunds of Contributions Made to Federal Candidates and Other Political Committees Other Federal Receipts (Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3) (b) Levin Funds (from Schedule H5) (c) Total Transfers (add 18(a) and 18(b)) Total Receipts (add Lines 11(d),	. Offsets To Operating Expenditures					
(c) Total Receipts (add Lines 11(d),	(Refunds, Rebates, etc.)					
to Federal Candidates and Other Political Committees Other Federal Receipts (Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3) (b) Levin Funds (from Schedule H5) (c) Total Transfers (add 18(a) and 18(b))	(Carry Totals to Line 37, page 5)	0.00	25000.00			
Political Committees 0.00 Other Federal Receipts 0.00 (Dividends, Interest, etc.) 0.00 Transfers from Non-Federal and Levin Funds 0.00 (a) Non-Federal Account 0.00 (from Schedule H3) 0.00 (b) Levin Funds (from Schedule H5) 0.00 (c) Total Transfers (add 18(a) and 18(b)) 0.00	. Refunds of Contributions Made					
Other Federal Receipts (Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3) (b) Levin Funds (from Schedule H5) (c) Total Transfers (add 18(a) and 18(b)) Total Receipts (add Lines 11(d),						
(Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3) (b) Levin Funds (from Schedule H5) (c) Total Transfers (add 18(a) and 18(b)) Total Receipts (add Lines 11(d),		0.00	0.00			
Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3) (b) Levin Funds (from Schedule H5) (c) Total Transfers (add 18(a) and 18(b)) Total Receipts (add Lines 11(d),						
(a) Non-Federal Account 0.00 (from Schedule H3) 0.00 (b) Levin Funds (from Schedule H5) 0.00 (c) Total Transfers (add 18(a) and 18(b)) 0.00 . Total Receipts (add Lines 11(d),		0.00	0.00			
(from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfers (add 18(a) and 18(b)) 0.00 0.00 Total Receipts (add Lines 11(d), 0.00 0.00						
(b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfers (add 18(a) and 18(b)) 0.00 0.00 Total Receipts (add Lines 11(d), 0.00		0.00	0.00			
(c) Total Transfers (add 18(a) and 18(b))		0.00	0.00			
(c) Total Transfers (add 18(a) and 18(b))		0.00	0.00			
. Total Receipts (add Lines 11(d),	(b) Levin Funds (from Schedule H5)	0.00	0.00			
Total Receipts (add Lines 11(d),	(a) Total Transform (add 10(a) and 10(b))	0.00				
	(c) lotal fransfers (add 18(a) and 18(b))					
12, 13, 14, 15, 16, 17, and 18(c))► 206929.62 1607446.60						
	12, 13, 14, 15, 16, 17, and 18(c))▶	206929.62	1607446.60			
	-	206929.62	1607446.60			
. Total Federal Receipts	(subtract Line 18(c) from Line 19)▶	200323.02	1007446.60			

Page 3

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)	of Disbursements	Page 4				
II. Disbursements	COLUMN A Total This Period	COLUMN B				
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calendar Year-to-Date				
(i) Federal Share	0.00	0.00				
(ii) Non-Federal Share	0.00	0.00				
(b) Other Federal Operating Expenditures	238418.53	1461239.71				
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	238418.53	1461239.71				
Transfers to Affiliated/Other Party						
Committees Contributions to Federal Candidates/Committees	25000.00	25000.00				
and Other Political Committees Independent Expenditures	0.00	0.00				
(use Schedule E) Coordinated Party Expenditures	0.00	165417.89				
(52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00				
Loan Repayments Made	0.00	0.00				
		0.00				
Loans Made Refunds of Contributions To: (a) Individuals/Persons Other	0.00					
Than Political Committees	260.00	1695.00				
(b) Political Party Committees	0.00	0.00				
(c) Other Political Committees (such as PACs)	0.00	0.00				
 (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) 	260.00	1695.00				
Other Disbursements (Including Non-Federal Donations)	0.00	0.00				
Federal Election Activity (52 U.S.C. § 30101((a) Allocated Federal Election Activity (from Schedule H6)	41 42 43					
(i) Federal Share	0.00	0.00				
(ii) "Levin" Share	0.00	0.00				
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00				
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00				
Total Disbursements (add Lines 21(c), 22,						
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	263678.53	1653352.60				
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)						
	263678.53	1653352.60				

DETAILED SUMMARY PAGE

of Disbursements

COLUMN A

Total This Period

FEC Form 3X (Rev. 05/2016)

III. Net Contributions/ Operating Expenditures

33.	Total Contributions (other than loans)
	(from Line 11(d), page 3)
34.	Total Contribution Refunds
	(from Line 28(d))
35.	Net Contributions (other than loans)
	(subtract Line 34 from Line 33)
36.	Total Federal Operating Expenditures
	(add Line 21(a)(i) and Line 21(b))
37.	Offsets to Operating Expenditures
	(from Line 15, page 3)
38.	Net Operating Expenditures

(subtract Line 37 from Line 36)

		-7			-,	206929.62
	1					260.00
	4		1		- J -	200.00
						206669.62
	1	- 7	1	1	-	
						238418.53
		-7			-7-	238418.53
F		-7-			-	238418.53 0.00
		-7-	-		-7-	0.00
	-		-	-		

1436239.71

Page 5

COLUMN B

Calendar Year-to-Date

				1582446.60
<u></u>	 -7		 7	1562446.60
				4005.00
	 -7		 -	1695.00
				1580751.60
la de la companya de	-	1	-	
				4 404 000 74
				1461239.71
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100 A				1
				25000.00
	 		 -	20000.00
1 C C C C C C C C C C C C C C C C C C C				
				1436239.71

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Form/Schedule: F3XN Transaction ID :

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

Form/Schedule: Transaction ID:

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

(check only one)

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••	EMIZED RECEIPTS		Detailed Summary Page		K 11a		11b	F	11c		12	
	ny information copied from such Reports and Si for commercial purposes, other than using the											
	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AI	LLIANCE	PAC									
A .	Full Name of Individual (Last, First, Middle Init ABRAHAMSON, DOUGLAS, , ,	ial) or Full Or	ganization Name		Date o	f Re	eceipt					
	Mailing Address 17929 W BIG LAKE BLVD				M M 11	1		D3	/ Y		ү 022	Y
	City	State	Zip Code		Trans	sact	ion IC):	SA11AI	283	47666	6
	MOUNT VERNON	WA	98274		Amoun	t of	Each	Re	eceipt th	nis P	'eriod	
	FEC ID number of contributing federal political committee.	С			<u> </u>					_	35.	00
	Name of Employer (for Individual)	Occu	pation (for Individual)		М	emo	b Item	1				
	Retired	Retir	ed									
	Receipt For:	Aggregate '	Year-to-Date ▼									
	Primary General	33 - 3		11.								
	Other (specify) v		385.00									
в.	Full Name of Individual (Last, First, Middle Init ABRAHAMSON, DOUGLAS, , ,		Date o	f Re	eceipt							
	Mailing Address 17929 W BIG LAKE BLVD		M M / D D / Y Y Y Y 11 03 2022									
	City	State	Zip Code		Transaction ID : SA11AI-28						46076	3
	MOUNT VERNON	WA	98274		Amoun	t of	Each	R	eceipt th	nis F	'eriod	
	FEC ID number of contributing federal political committee.	С			30.00							
	Name of Employer (for Individual) Retired	Occu Retir	pation (for Individual) ed		Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 385.00]								
с.	Full Name of Individual (Last, First, Middle Init ABRAHAMSON, DOUGLAS, , ,	ial) or Full Or	ganization Name		Date o	f Re	eceipt					
	Mailing Address 17929 W BIG LAKE BLVD				M M	/		03	/ Y		022	Y
	City	State	Zip Code		Trans	sact	tion ID):	SA11AI	-283	4630	8
	MOUNT VERNON	WA	98274		Amoun	t of	Each	R	eceipt th	nis F	'eriod	
	FEC ID number of contributing federal political committee.	С		30.00								
	Name of Employer (for Individual) Retired	Occu Retire	pation (for Individual) ed		M	lemo	o Item	۱				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 385.00]								
s	UBTOTAL of Receipts This Page (optional)						y		9		95.	00

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

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Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may	not be sold or used by any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALT	H ALLIANCE	PAC							
A. ABRAHAMSON, DOUGLAS, , , Mailing Address 17929 W BIG LAKE BLV		anization Name	Date of Receipt						
	-		11 09 2022						
City	State	Zip Code	Transaction ID : SA11AI-28343128						
MOUNT VERNON	WA	98274	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		40.00						
Name of Employer (for Individual)	Occup	ation (for Individual)	Memo Item						
Retired	Retire	d							
Receipt For:	Aggregate Y	ear-to-Date 🔻							
Primary General	55 - 5		1						
Other (specify) v		385.00							
Full Name of Individual (Last, First, Midd B. ALLMAN, ROBERT, , ,	le Initial) or Full Org	anization Name	Date of Receipt						
Mailing Address 5856 US HIGHWAY 19 N	N		M M / D D / Y Y Y Y 10 28 2022						
City	State	Zip Code	Transaction ID : SA11AI-28344172						
JANE LEW	WV	26378	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		15.00						
Name of Employer (for Individual) Retired	Occup Retire	pation (for Individual) ed	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 215.00							
Full Name of Individual (Last, First, Midd C. ANDERSON, JOAN, , ,	le Initial) or Full Org	anization Name	Date of Receipt						
Mailing Address 14812 CALIFORNIA ST			M M / D D / Y Y Y Y 11 17 2022						
City	State	Zip Code	Transaction ID : SA11AI-28338442						
ОМАНА	NE	68154	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		100.00						
Name of Employer (for Individual) Retired	Occup Retire	ation (for Individual) d	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate Y	ear-to-Date ▼ 515.00							
SUBTOTAL of Receipts This Page (optionation)	al)	•••••	155.00						

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

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

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

(check only one)

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Ar	y information copied from such Reports and St	atements m	nay n	ot be sold or used by any p	erson	13 for the	 puri	14 pose of	15 soliciting	CO	16 ntribut	17 tions				
	for commercial purposes, other than using the															
$\left \right\rangle$	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AL			٨												
\bigvee	UNITED WOMEN STEALTHAL			AC												
_	Full Name of Individual (Last, First, Middle Initi	al) or Full (Orgai	nization Name												
Α.	ARBUTHNOT, JAMES, , , Mailing Address 1385 27TH ST				_	Date of Receipt										
						11 28 2022										
	City	State IL		Zip Code		Transaction ID : SA11AI-28345110										
	HIGHLAND	12	_	62249		Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	C			15.00											
	Name of Employer (for Individual)	Occ	cupat	ion (for Individual)		M	emc	ltem								
	Retired	Ret	etired													
	Receipt For: Primary General	Aggregate	e Yea	r-to-Date ▼												
	Other (specify) V			215.00												
					<u> </u>											
в.	Full Name of Individual (Last, First, Middle Initi BARDEN, MARJORIE, , ,	al) or Full (Orgai	nization Name		Date of	Re	eceipt								
	Mailing Address PO BOX 92					M = M / D = D / Y = Y = Y										
	City	State		Zip Code	_	<u>11</u> 01 2022										
	HANOVER	MI		49241		Transaction ID : SA11AI-28346122 Amount of Each Receipt this Period										
	FEC ID number of contributing	EC ID number of contributing						Laon n								
	federal political committee.	С			35.00											
	Name of Employer (for Individual)	Oco	tion (for Individual)		Memo Item											
	Retired	Re	etired													
	Receipt For: Primary General	Aggregate	e Yea	r-to-Date ▼	_											
	Other (specify) V			285.00												
					<u> </u>											
C.	Full Name of Individual (Last, First, Middle Initi BECK, JOEL, , ,	al) or Full (Orgai	nization Name		Date of	Re	eceipt								
	Mailing Address 11924 COURTLEIGH DR					M M	/	11	/ Y)22	Y				
	APT 7	State		Zip Code	_		act		SA11AI-	1 m	1.00	3				
	LOS ANGELES	CA		90066					eceipt thi							
	FEC ID number of contributing	С					1			-	40.0	00				
	federal political committee.	U	-			<u> </u>	-	y	y	-						
	Name of Employer (for Individual) RETIRED		cupat TIRE	ion (for Individual) D		M	emo	o Item								
	Receipt For:		- Ir-to-Date ▼													
	Primary General		-	230.00	11											
	Other (specify)		-	230.00												
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s	UBTOTAL of Receipts This Page (optional)							y		_	90.0	00				
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TOTAL This Period (last page this line number only)......

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

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	13		Detailed Summary Page		1 1a		11b	11c		12			
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or for commercial purposes	, other than using the r		not be sold or used by any p dress of any political committee										
NAME OF COMMITTEE	, ,	LIANCE	PAC										
Full Name of Individual A. BECKWITH, KATHE		al) or Full Org	anization Name		Date o	of Re	eceipt						
Mailing Address 8918 N	E 236TH CIR				M M / D D / Y Y Y Y Y 11 01 2022								
City		State	Zip Code		Trans	sact	ion ID :	SA11A	-2834	43906			
BATTLE GROUND		WA	98604		Amoun	t of	Each F	Receipt th	nis P	eriod			
FEC ID number of contr federal political committe	0	С								75.0	00		
Name of Employer (for I	ndividual)	Occup	ation (for Individual)		M	lemo	b Item						
Retired		Retire	d										
Receipt For:		Aggregate Y	ear-to-Date V										
	General			1									
Other (specify) v			290.00	1									
Full Name of Individual B. BECKWITH, KATH		al) or Full Org	anization Name		Date o	of Re	eceipt						
Mailing Address 8918 N	E 236TH CIR				M M / D D / Y Y Y Y 11 18 2022								
City		State	Zip Code		Trans	sacti	ion ID :	SA11AI	-2834	45418			
BATTLE GROUND		WA	98604		Amoun	t of	Each F	Receipt th	nis P	eriod			
FEC ID number of contr federal political committe	0	С					-			55.0	00		
Name of Employer (for Retired	ndividual)	Occup Retire		Memo Item									
Receipt For:		Aggregate Y	ear-to-Date V										
	General	33 - 3		1									
Other (specify) v			290.00										
Full Name of Individual C. BLACK, ANTHON		al) or Full Org	anization Name		Date o	f Re	eceipt						
Mailing Address 1305 N APT B1					^M 10	/	26)22	Y		
City		State	Zip Code		Tran	sact	ion ID	: SA11AI	-283	48678	\$		
NORMAN		OK	73071	_	Amoun	t of	Each F	Receipt th	nis P	eriod			
FEC ID number of contr federal political committe	0	С			30.00								
Name of Employer (for I Retired	ndividual)	Occup Retire	ation (for Individual) d		N	lemo	o Item						
	General	Aggregate Y	ear-to-Date ▼	1									
Other (specify)			325.00										
SUBTOTAL of Receipts T	nis Page (optional)			•			,	, ,	_	160.0	00		

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

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

SCHEDULE A (FEC Form 3X) ľ

Use separate schedule(s)

FOR LINE NUMBER:

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IТ			Use separate schedule(s)	(cł	neck only	y or	ne)				
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		× 11a		11b	11c	12	Г	47
Ar	y information copied from such Reports and Sta	tements ma	ay not be sold or used by any pe	rson	13 for the	pur	14 pose of	15 soliciting	contrib	outio	17 ns
or	for commercial purposes, other than using the n	ame and a	ddress of any political committee	to s	olicit cor	ntrib	outions f	from such	n comm	ittee	
	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AL	LIANCE	PAC								
Α.	Full Name of Individual (Last, First, Middle Initia BRITTON, MELVIN, , ,	l) or Full O	rganization Name		Date of	Re	eceipt				
	Mailing Address 8545 CARMEL VALLEY RD UNIT 35				M M 11	1	10) / Y	ү ү 2022	Y	
	City CARMEL	State CA	Zip Code 93923	_				SA11AI-			
	FEC ID number of contributing federal political committee.	С							10	0.00	
	Name of Employer (for Individual) Self Employed		upation (for Individual) umatologist		M	emc	tem				
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify)		240.00								
в.	Full Name of Individual (Last, First, Middle Initia BROOKS, BARBARA, , ,	l) or Full O	rganization Name		Date of	Re	eceipt				
	Mailing Address 22880 N CRANES MILL RD				M M	1	18) / Y	y y 2022	Y]
	City	State TX	Zip Code					SA11AL			
			78133	_	Amount	of	Each R	leceipt th	is Peric	od	
	FEC ID number of contributing federal political committee.	С			Ľ.	_	-		2	0.00	
	Name of Employer (for Individual) Retired	Occi Reti	upation (for Individual) ired		M	emc) Item				
	Receipt For:	Aggregate	Year-to-Date V								
	Other (specify) V		285.00								
<u>с</u> .	Full Name of Individual (Last, First, Middle Initia BROWN, PAT, , ,	l) or Full O	rganization Name		Date of	Re	eceipt				
	Mailing Address 1305 W ILLINOIS ST				M M 11	/	D 04		y y 2022	Y	1
	City BELLINGHAM	State WA	Zip Code 98225				-	SA11AI- Receipt th			_
	FEC ID number of contributing federal political committee.	С			<u> </u>		y 1	. ,	5	5.00	
	Name of Employer (for Individual) RETIRED		upation (for Individual) IRED		M	emo	ttem				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 310.00								
s	UBTOTAL of Receipts This Page (optional)		•				,	y	17	5.00	

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

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Any information copied from such Reports or for commercial purposes, other than usi								
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALT	TH ALLIANCE	PAC						
Full Name of Individual (Last, First, Mid A. BUTSCH, KRISTIN, , ,	dle Initial) or Full O	rganization Name	Date o	of Rec	ceipt			
Mailing Address 6449 PARK CENTRAL APT D	DR W		11		16	/ Y	2022	Y
City	State	Zip Code	Tran	sactic	on ID : S	SA11AI-	283455	18
INDIANAPOLIS	IN	46260				eceipt th		-
FEC ID number of contributing federal political committee.	С				,			0.00
Name of Employer (for Individual) Retired	Occ	upation (for Individual) red		lemo	Item			
Receipt For:								
Primary General	Aggregate	Year-to-Date ▼						
Other (specify) V		300.00						
Full Name of Individual (Last, First, Mid B. CALVANO, VIRGINIA, , ,	dle Initial) or Full O	rganization Name	Date o	of Rec	ceipt			
Mailing Address 8029 1ST ST			11	/	D D D 09	/ Y	2022	Y
City	State	Zip Code	Trans	sactic	on ID : S	SA11AI-	283473(00
PARAMOUNT	CA	90723	Amour	nt of E	Each Re	eceipt th	is Perio	d
FEC ID number of contributing federal political committee.	С					- 45-	3	5.00
Name of Employer (for Individual) RETIRED		upation (for Individual) FIRED	N	lemo	Item			
Receipt For:	Aggregate	Year-to-Date ▼						
Primary General								
Other (specify)	L	, 370.00						
Full Name of Individual (Last, First, Mid C. CALVANO, VIRGINIA, , ,	dle Initial) or Full O	rganization Name	Date o	of Rec	ceipt			
Mailing Address 8029 1ST ST			M 11	/	D D 14	/ Y	2022	Y
City	State	Zip Code	Tran	sactic	on ID : S	SA11AI-	283471	50
PARAMOUNT	CA	90723	Amour	nt of E	Each Re	eceipt th	is Perio	d
FEC ID number of contributing federal political committee.	С				y	, <u>,</u>	4(0.00
Name of Employer (for Individual) RETIRED		upation (for Individual) IRED	N	/lemo	ltem			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 370.00]					
SUBTOTAL of Receipts This Page (option	nal)				5	,	10:	5.00

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

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

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Any information copied from such Reports an or for commercial purposes, other than using										
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	I ALLIANCE	PAC								
Full Name of Individual (Last, First, Middle A. CAMPBELL, DAISY, , ,	Initial) or Full O	rganization Name	Dat	e of	Re	ceipt				
Mailing Address 611 WASHINGTON ST APT 105			М	M 11	/	16) / Y	Y 20)22	Y
City	State	Zip Code	Tr	ansa	acti	ion ID :	SA11AI	-2834	45558	
CALISTOGA	CA	94515	Am	ount	of	Each F	Receipt th	nis P	eriod	
FEC ID number of contributing federal political committee.	С							-	80.0	0
Name of Employer (for Individual) Retired	Occi Reti	upation (for Individual) red		Me	emo	Item				
Receipt For:	Aggregate	Year-to-Date V								
Primary General	33 - 3		- L -							
Other (specify) V		260.00								
Full Name of Individual (Last, First, Middle B. CAMPBELL, JOAN, , ,	Initial) or Full O	rganization Name	Dat	e of	Re	ceipt				
Mailing Address 12853 SANDSTONE DR				™ 11	/	22) / Y	20	22	Y
City	State	Zip Code	Tr	ansa	acti	on ID :	SA11AI-	-2834	46574	
BROOMFIELD	CO	80021	Am	ount	of	Each F	Receipt th	nis P	eriod	
FEC ID number of contributing federal political committee.	С							_	20.0	0
Name of Employer (for Individual) Retired	Occ Ret	upation (for Individual) ired		Me	emo	ltem				
Receipt For:	Aggregate	Year-to-Date V								
Primary General			11							
Other (specify)		, 260.00								
Full Name of Individual (Last, First, Middle CRISLER, STEPHEN, , ,	Initial) or Full O	rganization Name	Dat	e of	Re	ceipt				
Mailing Address 1715 SCOTCH PINE DR				™ 10	/	20			22	Y
City	State	Zip Code	Т	ans	act	ion ID :	SA11AI	-2834	45094	
BRANDON	FL	33511	Am	ount	of	Each F	Receipt th	nis P	eriod	
FEC ID number of contributing federal political committee.	С					,	. y		55.0	0
Name of Employer (for Individual) Retired	Occu Reti	upation (for Individual) red		Me	emc	tem				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 395.00	1							
SUBTOTAL of Receipts This Page (optional))	, , , , , , , , , , , , , , , , , , ,				y .	. ,	-	155.0	0

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	IAME OF COMMITTEE (In Full)												
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	ull Name of Individual (Last, First, Middle Initia CRISLER, STEPHEN, , ,	al) or Full C	Drgai	nization Name		П	ate of	Re	ceint				
_	failing Address 1715 SCOTCH PINE DR				_	_					N/	X	N.
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	ity	State		Zip Code			Trans	acti	ion ID :	SA11AI-2	2834	46056	
L	BRANDON	FL		33511	_	A	mount	of	Each R	eceipt thi	s P	eriod	
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F	Receipt For:	Aggregate	Yea	ır-to-Date ▼									
	Primary General	· · · ·		205.00	11								
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	ull Name of Individual (Last, First, Middle Initia CRISLER, STEPHEN, , ,	al) or Full C	Drgai	nization Name			ate of	Po	vooint				
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_	failing Address 1715 SCOTCH PINE DR			1		L	м м 11	'	04	/ Y	20	22	Ŷ
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_E	BRANDON	FL		33511		A	mount	of	Each R	eceipt thi	s P	eriod	
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F	Receipt For:	Anareaste	Vos	r-to-Date ▼	_								
	Primary General	riggiogato	100		11.								
	Other (specify) ▼	L	,	395.00									
	ull Name of Individual (Last, First, Middle Initia CULVER, JUDITH, , ,	al) or Full C	Drgai	nization Name		D	ate of	Re	eceipt				
N	failing Address 5403 NOTTINGHAM PL					ľ	^M 11	1	D D 03	/ Y		22	Ŷ
	lity	State		Zip Code			Trans	act	ion ID :	SA11AI-2	2834	46080	
-	BARTLESVILLE	OK		74006		A	mount	of	Each R	eceipt thi	s P	eriod	
	EC ID number of contributing ederal political committee.	С				Į			, .	. <u>,</u>		50.0	0
	lame of Employer (for Individual) Retired	Occ Reti	•	ion (for Individual)			Me	emo	tem				
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	Other (specify)		-	215.00									
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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			Detailed Summary Page		× 11a		11b	11c		12	
Any inform	ation copied from such Reports and	Statements m	l		13 for the	DUr	14 pose of	15 soliciting		16 ntribut	ions
or for com	mercial purposes, other than using t	he name and	address of any political commit	tee to s	olicit co	ntrib	outions	from suc	h cc	mmitte	e.
	ED WOMEN'S HEALTH	ALLIANC	E PAC								
	me of Individual (Last, First, Middle L _A, WILLIAM, , ,	Initial) or Full (Organization Name		Date o	f Re	eceipt				
	Address 1641 E 36TH ST				M M		D 1	D / Y	Y	Y	Y
					11	J.	08		20	022	
City LORAII	N	State OH	Zip Code 44055					SA11AI			
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	LA, WILLIAM, , ,				Date o	t Re	·				
wanng	Address 1641 E 36TH ST				M M	7	21		20)22	Y
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	number of contributing	С								55.0	0
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	of Employer (for Individual)	Oc	cupation (for Individual)		М	lemo	tem				
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	me of Individual (Last, First, Middle UTH, DORIS, , ,	Initial) or Full (Organization Name		Date o	f Re	eceipt				
	Address 150 N DOUGLAS ST				M M		D 1	D / Y	Y	Y	Y
	APT 37				11		10		1.00)22	
City RIPON		State WI	Zip Code 54971					SA11AI			
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	number of contributing political committee.	С								40.0)0
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	of Employer (for Individual)		cupation (for Individual)		IV	iemo	b Item				
RETIRE Receipt											
	rimary General	Aggregate	e Year-to-Date ▼	_ []							
o	ther (specify)		285.00								
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SUBTOTA	AL of Receipts This Page (optional).					÷	,		+		

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Use separate schedule(s) for each category of the

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				Detailed Summary Page	×	_		11b	11c	12	
Ar	y information copied from such Reports and Sta	atements m	l av n	ot be sold or used by any n	erson	13 for the		14 pose of	15 soliciting	16 1 contribu	17 tions
	for commercial purposes, other than using the										
\backslash				A.C.							
	UNITED WOMEN'S HEALTH AL		= P.	AC							
~	Full Name of Individual (Last, First, Middle Initia DEMUTH, DORIS, , ,	al) or Full C	Drgar	nization Name		Data	4 5				
Α.	Mailing Address 150 N DOUGLAS ST					Date o		eceipt		YY	Y
	APT 37					11		10	JL	2022	
	City RIPON	State WI		Zip Code 54971						2834580	6
		_	_	54971	_	Amoun	it of	Each F	Receipt th	iis Period	
	FEC ID number of contributing federal political committee.	С				L.		-y-	-	35.	00
	Name of Employer (for Individual)	Occ	cupat	ion (for Individual)	_	M	lemo	o Item			
	RETIRED		tired								
	Receipt For: Primary General	Aggregate	Yea	r-to-Date ▼							
	Other (specify) V		-	285.00							
R	Full Name of Individual (Last, First, Middle Initia DENBROCK, DIANE, , ,	al) or Full C	Drgar	nization Name		Date o	f R4	eceint			
Ь.	Mailing Address 2099 RESORT ST) / Y	Y Y	Y
						11		01	JL	2022	
	City NAVARRE	State FL		Zip Code 32566	-					28347866	i
	FEC ID number of contributing		-	32300		Amoun		Each	receipt tr	iis Period	_
	federal political committee.	С				<u>_</u>	-	- JF - 1	-	55.	00
	Name of Employer (for Individual) Retired		cupat tired	ion (for Individual)		M	lemo	o Item			
	Receipt For:	Aggregate	Yea	r-to-Date ▼							
	Other (specify) ▼		Ļ.	335.00							
— c.	Full Name of Individual (Last, First, Middle Initia DENBROCK, DIANE, , ,	al) or Full C	Drgar	nization Name		Date o	f D/				
0.	Mailing Address 2099 RESORT ST					11		16		y y 2022	Ŷ
	City	State		Zip Code		Tran	sact	tion ID :	SA11AI-	2834551	6
	NAVARRE	FL	_	32566		Amoun	it of	Each F	Receipt th	is Period	
	FEC ID number of contributing federal political committee.	C				Ľ.		, ,		85.	00
	Name of Employer (for Individual) Retired	Occ Reti	•	ion (for Individual)		N	lem	o Item			
	Receipt For:	Aggregate	Yea	r-to-Date ▼							
	Primary General Other (specify)	· · · ·		335.00	11						
_		L	Ţ								
s	UBTOTAL of Receipts This Page (optional)			••••••	•			,		175.	00
т	OTAL This Period (last page this line number o	nly)			•			45.1			

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		Detailed Summary Page	×	11a	11b	11c	12	
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Any information copied from such Reports or for commercial purposes, other than usi								
UNITED WOMEN'S HEALT								
Full Name of Individual (Last, First, Mide	dle Initial) or Full C	rganization Name						
A. DEWOLF, MAXINE, , ,			- '		Receipt			
Mailing Address 514 N JENNINGS RD				11 ^M		D / Y	2022	Y
City	State	Zip Code		Trans	action ID	D : SA11AI-	2834718	В
INDEPENDENCE	MO	64056	_ /	Amount	of Each	Receipt th	is Period	
FEC ID number of contributing federal political committee.	C				j -		45.	
Name of Employer (for Individual)	Occ	upation (for Individual)	_	M	emo Iterr	ı		
RETIRED	RE	ΓIRED						
Receipt For:	Aggregate	Year-to-Date 🔻						
Primary General		290.00	11					
Other (specify) ▼		290.00						
Full Name of Individual (Last, First, Mide B. DIGIROLAMO, VINCENT, , ,	dle Initial) or Full C	organization Name		Date of	Receipt			
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Any information copied from such Reports and Statements may not be solid or used by any person for the purpose of soliciting contributions from such committee. 13 14 15 16 11 Any information copied from such Reports and Statements may not be solid or used by any person for the purpose of soliciting contributions from such committee. Solid Contributions from such committee. Solid Contributions from such committee. NAME OF COMMITTEE (in Full) UNITED WOMEN'S HEALTH ALLIANCE PAC Date of Receipt Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. GRASSER, DANIEL, Mailing Address 3385 THAT A WAY RD NW C Transaction ID : SA11Al-28346060 City State Zip Code P8312 Reterd Retired Retired Receipt For: Aggregate Year-to-Date ▼			Detailed Summary Page	X 11a	11b 11c	12	
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SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AI	LIANCE	E PA	NC							
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FEC Schedule A (Form 3X) Rev. 06/2016

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Primary General			- I							
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Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 485.00]							
Full Name of Individual (Last, First, Mid HUBER, NANCY, , ,	dle Initial) or Full C	rganization Name	C	Date of	Re	ecei	ipt			
Mailing Address 6372 W 750 N				м м 10	/		27	/ Y	2022	Y
City MCCORDSVILLE	State IN	Zip Code 46055							28336944 is Period	
FEC ID number of contributing federal political committee.	C				_	-		-	30.0	00
Name of Employer (for Individual) Best Efforts		upation (for Individual) It Efforts		Me	emo	o Ite	em			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]							
Full Name of Individual (Last, First, Mid LUBER, NANCY, , ,	dle Initial) or Full C	rganization Name		Date of	Re	ecei	ipt			
Mailing Address 6372 W 750 N				^M 10	1		D D D 27	/ Y	y y 2022	Y
City MCCORDSVILLE	State IN	Zip Code 46055	A			-			28338522 is Period	2
FEC ID number of contributing federal political committee.	С					ŋ		y	35.0	00
Name of Employer (for Individual) Best Efforts		upation (for Individual) Efforts		Me	emc	o Ite	em			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00]							
SUBTOTAL of Receipts This Page (option	nal)					,		9	120.0	00
TOTAL This Period (last page this line nu	mber only)					-		-		

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

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			Detailed Summary Page	×	11a		11b	11c		12						
			_ claired Summary Fugo		13		14	15		16	17					
				ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.												
\square			540													
	UNITED WOMEN'S HEALTH	ALLIANCE	PAC													
Α.	Full Name of Individual (Last, First, Middle I HUBER, NANCY, , ,	nitial) or Full Or	ganization Name		Date of	Re	ceipt									
	Mailing Address 6372 W 750 N				M M	/	17) / Y	Y 2) 22	Y					
	City	State	Zip Code			acti		SA11AI-	1	1.00						
	MCCORDSVILLE	IN	46055		Amount	of	Each R	leceipt th	nis F	eriod						
	FEC ID number of contributing federal political committee.	С				1			1	30.0	00					
	Name of Employer (for Individual)	Осси	pation (for Individual)	_	Me	emc	Item									
	Best Efforts	Best	Efforts													
	Receipt For:	Aggregate	Year-to-Date 🔻													
	Primary General		250.00	11												
	Other (specify) ▼		230.00	4												
В.	Full Name of Individual (Last, First, Middle I HUBER, NANCY, , ,	nitial) or Full Or	ganization Name		Date of	Re	ceipt									
	Mailing Address 6372 W 750 N				M M	/	25	/ Y	ү 20)22	Y					
	City	State	Zip Code		Trans	acti	on ID :	SA11AI-	283	33600						
	MCCORDSVILLE	IN	46055					leceipt th								
	FEC ID number of contributing federal political committee.	С								30.0	00					
	Name of Employer (for Individual) Best Efforts		ipation (for Individual) Efforts		Me	emc	Item									
	Receipt For:	Aggregate	Year-to-Date ▼													
	Primary General	33 - 3 - 4		11												
	Other (specify) v		, 250.00	4												
<u>с.</u>	Full Name of Individual (Last, First, Middle I HUTTER, JAMES, , ,	nitial) or Full Or	ganization Name		Date of	Re	ceipt									
	Mailing Address 113 GOLD MINE RD				11 ^M	/	22)22 [°]	Y					
	City	State	Zip Code		Trans	act	ion ID :	SA11AI	283	42168	3					
	FOSTER	RI	02825		Amount	of	Each R	leceipt th	nis F	eriod						
	FEC ID number of contributing federal political committee.	С			<u> </u>		, i	. ,		90.0	00					
	Name of Employer (for Individual) Retired	Occu Retir	pation (for Individual) ed		M	emo	tem									
	Receipt For: Primary General	Aggregate	Year-to-Date ▼													
	Other (specify)		350.00													
s	UBTOTAL of Receipts This Page (optional)	· 		<u> </u>			y .			150.0	00					

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

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Any information copied from such Reports a or for commercial purposes, other than using														
NAME OF COMMITTEE (In Full)	H ALLIANCE	PAC												
Full Name of Individual (Last, First, Middl A. IBE, WILLIAM, , ,	e Initial) or Full O	rganization Name		Date of	Re	ceipt								
Mailing Address 8975 W GOLF RD APT 210			11 / 11 / 2022 Transaction ID : SA11AI-28345746											
City NILES	State	Zip Code 60714				-								
				mount	OT	Eacr	i Re	ceipt th	nis P	eriod	_			
FEC ID number of contributing federal political committee.	C					-	_			100.0	00			
Name of Employer (for Individual) Retired	Occ Reti	upation (for Individual) red		Me	emo	Iten	ו							
Receipt For:	Aggregate	Year-to-Date V												
Primary General Other (specify) ▼		250.00]											
Full Name of Individual (Last, First, Middl B. JOHNSON, BRUCE, , ,	e Initial) or Full O	rganization Name		Date of	Re	ceipt								
Mailing Address 463 OHIO ST				M M	/	D	D 16	/ Y	20	y 22	Y			
City	State	Zip Code		Trans	acti	on ID):S	A11AI	2834	5528				
ALDRICH	MO	65601	A	mount	of	Each	Re	ceipt th	nis P	eriod				
FEC ID number of contributing federal political committee.	C					7		-9-		130.0	00			
Name of Employer (for Individual) Retired	Occ	upation (for Individual) red		Me	emo	Iten	ו							
Receipt For:	Aggregate	Year-to-Date V												
Primary General Other (specify) ▼		540.00]											
Full Name of Individual (Last, First, Middl C. JULIAN, ROGER, , ,	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name JULIAN. ROGER													
Mailing Address 30 LONG HILL RD				^M 10	1		24	/ Y		22 [°]	Y			
City	State	Zip Code		Trans	act	ion II	D : 8	SA11AI	-2834	44814				
HOLLAND	MA	01521	A	mount	of	Each	Re	ceipt th	nis P	eriod				
FEC ID number of contributing federal political committee.	C					9		9		80.0	00			
Name of Employer (for Individual) Retired	Occi	upation (for Individual) red		Me	emc	lten	ſ							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 470.00												
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or	y information copied from such Reports and State for commercial purposes, other than using the na										sol	iciting		utions	
\	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALL	IANCE	ΕP	AC											
Α.	Full Name of Individual (Last, First, Middle Initial) JULIAN, ROGER, , ,	or Full O	rga	nization Name	C	Date	of	Re	cei	pt					
	Mailing Address 30 LONG HILL RD	State		Zip Code		11 15 2022 Transaction ID : SA11AI-28345592									
	HOLLAND	MA		01521		-	-		-		-		s Perio		
	FEC ID number of contributing federal political committee.	C				AIIIO	uni	U	La		ece	ipt till	150		
	Name of Employer (for Individual) Retired	Occ Reti	•	tion (for Individual)			Me	mo	lte	əm					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ur-to-Date ▼ 470.00											
	Full Name of Individual (Last, First, Middle Initial) KARRISH, GEORGE, , ,	or Full O)rgar	nization Name		Date	of	Re	cei	pt					
	Mailing Address 1042 NEUMARK AVE					™ 1	0	/	ľ	20	1	/ Y	y y 2022	Y	
	City PLEASANTVILLE	State NJ		Zip Code 08232					-		-		834160 s Period		
	FEC ID number of contributing federal political committee.	С				25.00									
	Name of Employer (for Individual) RETIRED		tion (for Individual) DYED			Me	mo	lte	əm						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ur-to-Date ▼ 470.00											
	Full Name of Individual (Last, First, Middle Initial) KARRISH, GEORGE, , ,	or Full O	rgar	nization Name		Date	of	Re	cei	pt					
	Mailing Address 1042 NEUMARK AVE					™ 1		/	Ľ	27]	/ Y	2022 Y	Y	
		State NJ		Zip Code									2833662		
	PLEASANTVILLE FEC ID number of contributing federal political committee.	C		08232		\mo	unt	of	Ea	ch R	ece	eipt thi	s Perio 40	d .00	
	Name of Employer (for Individual) RETIRED			ion (for Individual) YED			Me	emo) Ite	em					
	Receipt For: Primary General Other (specify)	Aggregate	Yea	ur-to-Date ▼ 470.00											
sı	JBTOTAL of Receipts This Page (optional)												215	.00	
	OTAL This Period (last page this line number only				Ī				,		1	-		E	

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$\left \right\rangle$	NAME OF COMMITTEE (In Full)		_														
	UNITED WOMEN'S HEALTH ALI																
	Full Name of Individual (Last, First, Middle Initial) or Full O	Drga	nization Name		_		_		. –		_					
Α.					-		ate of	Re	ceip	t							
	Mailing Address 2477 JACKSON ST					N	и м 10	/	D	D 26	/ Y)22	Y			
	City	State		Zip Code	\neg	5		acti	ion I	1.00	SA11 AL	1.00	1. A.				
	SAN FRANCISCO	CA		94115	\vdash	Transaction ID : SA11AI-28344460 Amount of Each Receipt this Period											
	FEC ID number of contributing		-														
	federal political committee.	С				Ļ	_		7		- 41-		55.0	0			
	Name of Employer (for Individual)	Occ	upa	tion (for Individual)	\neg	Г	Me	emo	lter	m							
	Retired	Reti	ired														
		Aggregate	Ye	ar-to-Date 🔻													
	Primary General			505.00													
	Other (specify) v	L	-9-	505.00													
	Full Name of Individual (Last, First, Middle Initial KING, EARL, , ,) or Full C	Drga	nization Name		Dr	ate of	Ro	rein	ot.							
Ъ.	Mailing Address 20815 ADELINE DR				M M / D D / Y Y Y Y Y												
	20019 ADELINE DR				11 04 2022												
	City	State		Zip Code		T	ransa	acti	on I	D : 5	SA11AI	-2834	47582				
	COLFAX	CA		95713							eceipt th						
	FEC ID number of contributing	<u></u>															
	federal political committee.	С				L		_	_				55.0	U			
	Name of Employer (for Individual)	000		tion (for Individual)	-	Г	Me	emo) Iter	m							
	Retired	Ret				E.											
	Receipt For:			ar-to-Date ▼	\neg												
	Primary General	, yyrcyale	16														
	Other (specify)	L	,	290.00													
_	Full Name of Individual (Last, First, Middle Initial) or Full C	Drga	nization Name		_		_									
C.	KOTZUR, JOYCE, , ,				-		ate of	Re			_						
	Mailing Address 3411 COLONY DR	1				N	11 ^M	/	D	02	/ Y)22	Y			
	City	State		Zip Code		٦	Frans	acti	ion l	ID : \$	SA11AI	-283	43772				
	SAN ANTONIO	ТХ		78230	_	An	nount	of	Eac	h Re	eceipt th	nis P	eriod				
	FEC ID number of contributing	С				Г							35.0	0			
	federal political committee.	<u> </u>	-			Ļ		-	9	-	9	-		_			
	Name of Employer (for Individual)	Occ	upa	tion (for Individual)	\neg		Me	emo	lte	m							
	Retired	Reti	ired	· · ·													
	Receipt For:	Aggregate	Ye	ar-to-Date 🔻													
	Primary General			255.00													
	Other (specify)		7	200.00													
							_	_	-	_	_	_		_			
s	UBTOTAL of Receipts This Page (optional)												145.0	0			
Ľ	· · · · · · · · · · · · · · · · · · ·				-	E			7	÷	- 1		-				

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	
		ge 13 14 15 16 17
or for commercial purposes, other than u		any person for the purpose of soliciting contributions mmittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	TH ALLIANCE PAC	
Full Name of Individual (Last, First, M A. LEASK, VIRGINIA, , ,	liddle Initial) or Full Organization Name	Date of Receipt
Mailing Address 19403 N TRAIL RIDG	je DR	11 08 2022
City	State Zip Code	Transaction ID : SA11AI-28345926
SUN CITY WEST	AZ 85375	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	245.0	00
Full Name of Individual (Last, First, M B. LEE, PAMELA, , ,	liddle Initial) or Full Organization Name	Date of Receipt
Mailing Address 312 WILDWOOD DR		11 04 2022
City	State Zip Code	Transaction ID : SA11AI-28346048
ALAMOGORDO	NM 88310	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	180.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 380.0	00
Full Name of Individual (Last, First, M C. LEE, VIRGINIA, , ,	liddle Initial) or Full Organization Name	Date of Receipt
Mailing Address 1912 EASTLAKE BLY APT 1307	VD	11 21 2022
City	State Zip Code	Transaction ID : SA11AI-28345356
COLORADO SPRINGS	CO 80910	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Retired	Retired	
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify)	215.0	
SUBTOTAL of Receipts This Page (opt	ional)	270.00
TOTAL This Period (last page this line	number only)	····· •

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	★ 11a 11b 11c 12 13 14 15 16 17											
or for commercial purposes, other than using			erson for the purpose of soliciting contributions											
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE	E PAC												
Full Name of Individual (Last, First, Middle A. LONG, JOHN, , ,	Initial) or Full C	Organization Name	Date of Receipt											
Mailing Address 214 BANTRY DR			11 09 2022											
City VACAVILLE	State CA	Zip Code 95688	Transaction ID : SA11AI-28347314											
FEC ID number of contributing federal political committee.	C	33000	Amount of Each Receipt this Period 35.00											
Name of Employer (for Individual) Retired	Occ	upation (for Individual) ired	Memo Item											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00												
Full Name of Individual (Last, First, Middle B. MADERA, LELA, , ,	Initial) or Full C	Organization Name	Date of Receipt											
Mailing Address 187 GEORGE STRAIT			11 08 Y Y Y Y Y 2022											
City CANYON LAKE	State TX	Zip Code 78133	Transaction ID : SA11AI-28345918 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		60.00											
Name of Employer (for Individual) Retired		upation (for Individual) ired	Memo Item											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00												
Full Name of Individual (Last, First, Middle C. MARSHALL, JOHN, , ,	Initial) or Full C	Organization Name	Date of Receipt											
Mailing Address 2907 SE VILLAGE LOOP APT 5			11 / D D / Y Y Y Y Y 2022											
City VANCOUVER	State WA	Zip Code 98683	Transaction ID : SA11AI-28342172 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		55.00											
Name of Employer (for Individual) RETIRED		upation (for Individual) TIRED	Memo Item											
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 215.00												
SUBTOTAL of Receipts This Page (optional).			150.00											
TOTAL This Period (last page this line numb														

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

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		Detailed Summary Page	×	11a		11	- H	11c	12	<u> </u>					
Any information copied from such Reports an	d Statements ma	l ay not be sold or used by any p	erson fo	13 or the	 puri	14 14		15 soliciting	16 contribut	17 ions					
or for commercial purposes, other than using															
NAME OF COMMITTEE (In Full)	I ALLIANCE	PAC													
Full Name of Individual (Last, First, Middle MICHAELS, LINDA, , ,	Initial) or Full C	rganization Name		ate of	Re	ecei	ipt								
Mailing Address 45 EASTERN PROMENA APT 10J	DE			м м 11	/	Γ	D D 10	/ Y	y y 2022	Y					
City	State	Zip Code		Trans	acti	ion	n ID : \$	SA11AI-	28340118						
PORTLAND	ME	04101	Amount of Each Receipt this Period												
FEC ID number of contributing federal political committee.	С		55.00 Memo Item												
Name of Employer (for Individual) Retired	Occ Reti	upation (for Individual) ired		Me	emo	o Ite	em								
Receipt For: Primary General	Aggregate	Year-to-Date 🔻													
Other (specify) v		205.00													
Full Name of Individual (Last, First, Middle MITCHELL, SIGNORA, , ,	Initial) or Full C	rganization Name	C	ate of	Re	ecei	ipt								
Mailing Address 14527 VINE AVE				^M 10	/	E	D D D 20	/ Y	y y 2022	Y					
City	State	Zip Code							28338694						
HARVEY	IL	60426	A	mount	of	Ea	ach Re	eceipt th	is Period						
FEC ID number of contributing federal political committee.	С		40.00												
Name of Employer (for Individual) RETIRED		upation (for Individual) TIRED		Me	emo	o Ite	em								
Receipt For:	Aggregate	Year-to-Date V													
Other (specify)		230.00]												
Full Name of Individual (Last, First, Middle MOORE, SUSAN, , ,	Initial) or Full C	rganization Name		ate of	Re	ecei	ipt								
Mailing Address 144 RIVEREDGE DR				^M 11	/		03	/ Y	2022	Y					
City CHATHAM	State NJ	Zip Code 07928							28343710						
FEC ID number of contributing				inount	of	⊨a	ach Re	eceipt th	is Period						
federal political committee.	C		1	_	-	<u>y</u>		9	100.0	0					
Name of Employer (for Individual) Retired	Occ Reti	upation (for Individual) red		Me	emc	o It	em								
Receipt For:	Aggregate	Year-to-Date ▼													
Other (specify)		250.00]												
SUBTOTAL of Receipts This Page (optional									195.0	0					
	/			-	÷	7	+	9		-					
TOTAL This Period (last page this line numb	per only)					-	_								

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

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_				13 14 15 16 17										
				person for the purpose of soliciting contributions ee to solicit contributions from such committee.										
	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	LLIANCE	E PAC											
Α.	Full Name of Individual (Last, First, Middle Ini PEERS, MICHAEL, , ,	tial) or Full C	Drganization Name	Date of Receipt										
	Mailing Address 100 PONTE VEDRA POINTE	BLVD		M M / D D / Y Y Y Y 11 18 2022										
	City	State	Zip Code	Transaction ID : SA11AI-28345374										
	PONTE VEDRA BEACH	FL	32082	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		300.00										
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item										
	Retired		ired											
	Receipt For:	Aggregate	Year-to-Date V											
	Primary General	Ayyreyale												
	Other (specify) ▼	L	300.00											
в.	Full Name of Individual (Last, First, Middle Ini RICHARDS, JANE, , ,	tial) or Full C	Drganization Name	Date of Receipt										
	Mailing Address 16 SALISBURY DR APT 7504			10 28 2022										
	City	State	Zip Code	Transaction ID : SA11AI-28346322										
	ASHEVILLE	NC	28803	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		55.00										
	Name of Employer (for Individual) Retired		cupation (for Individual) tired	Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00]										
с.	Full Name of Individual (Last, First, Middle Ini RICHARDSON, REBA, , ,	tial) or Full C	Drganization Name	Date of Receipt										
	Mailing Address 2960 GOOSE CREEK RD APT C304			M M / D D / Y Y Y Y 11 04 2022										
	City	State	Zip Code	Transaction ID : SA11AI-28347564										
	LOUISVILLE	KY	40241	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		50.00										
	Name of Employer (for Individual) Retired	Occ Reti	upation (for Individual) ired	Memo Item										
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 220.00]										
s	UBTOTAL of Receipts This Page (optional)			▶ 405.00										

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

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Ar	ny information copied from such Reports and S	Statements ma	w not be sold or used by any	person	13 for the	DUr	14 pose of	15 f soliciting		16 ntributi	17 ions			
	for commercial purposes, other than using the													
\square	NAME OF COMMITTEE (In Full)													
	UNITED WOMEN'S HEALTH A	LLIANCE	PAC											
Α.	Full Name of Individual (Last, First, Middle In ROBILLARD, CATHERINE, , ,	itial) or Full O	rganization Name		Date of	f Re	eceipt							
	Mailing Address 2 LEXINGTON ST				M M 11	/	D 23			о 22	Y			
	City	State	Zip Code		Trans	acti	ion ID :	SA11AI-	283	45230				
	STONEHAM	MA	02180		Amount	t of	Each F	Receipt th	is P	'eriod				
	FEC ID number of contributing federal political committee.	С							_	30.0	0			
	Name of Employer (for Individual)	Осси	upation (for Individual)		M	emc	Item							
	Retired	Reti	red											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General		240.00	1 -										
	Other (specify) v		240.00											
В.	Full Name of Individual (Last, First, Middle In SETTERBERG, DONNA, , ,	itial) or Full O	rganization Name		Date of	f Re	eceipt							
	Mailing Address 407 N 4TH ST				11	1	03		20)22	Y			
	City	State	Zip Code		Trans	acti	on ID :	SA11AI-	283:	38622				
	HANNIBAL	MO	63401		Amount	t of	Each F	Receipt th	is P	'eriod				
	FEC ID number of contributing federal political committee.	С							_	25.0	0			
	Name of Employer (for Individual) Retired	Occi Reti	upation (for Individual) red		M	emc	ltem							
	Receipt For:	Aggregate	Year-to-Date V											
	Primary General			п I										
	Other (specify) v		220.00											
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FEC Schedule A (Form 3X) Rev. 06/2016

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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SCHEDULE A (FEC Form 3X) ľ

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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SCHEDULE A (FEC Form 3X) ľ

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Α.	Full Name of Individual (Last, First, Middle Init WALKER, SANDRA, , ,	ial) or Full O	rganization Name	Da	ate of	Re	ceipt				
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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Other (specify)		210.00	1														
Full Name of Individual (Last, First, Mid	dle Initial) or Full C	Organization Name															
B. Mailing Address				Date of	t Re	eceipt	/ *	v	V	V							
					Ĺ												
City	State	Zip Code		Amoun	t of	Each R	eceipt th	nis F	Period								
FEC ID number of contributing federal political committee.	С							_									
Name of Employer (for Individual)	Occ	upation (for Individual)		М	emo	tem											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date V]														
Full Name of Individual (Last, First, Mid	dle Initial) or Full C	Organization Name		Data a													
C. Mailing Address				Date of	r Re		/ Y	Y	Y	Y							
City	State	Zip Code		Amoun	t of	Each R	eceint th	nie F	Period	_							
FEC ID number of contributing federal political committee.	С					,	,										
Name of Employer (for Individual)	Occ	upation (for Individual)		М	emo	o Item											
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date V]														
SUBTOTAL of Receipts This Page (option	nal)		•						30.0	0							
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TOTAL This Period (last page this line number only)......

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 42 OF							
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only X 21b	one) 22 23 26 27						
	Detailed Summary Page	28a	28b 28c 29 30b						
Any information copied from such Reports and Stater or for commercial purposes, other than using the nar	nents may not be sold or used	by any perso	on for the purpose of soliciting contributions						
NAME OF COMMITTEE (In Full)									
UNITED WOMEN'S HEALTH ALL	ANCE PAC								
Full Name (Last, First, Middle Initial) A. ABC Company			Date of Disbursement						
			M M / D D / Y Y Y Y						
Mailing Address PO Box 2413			11 14 2022						
City Huntington	State Zip Code NY 11743		FEC Identification Number						
Purpose of Disbursement			С						
Fundraising and Media Consulting		004	Transaction ID : SB21B-81912						
Candidate Name		Category/ Type	Amount of Each Disbursement this Period						
Office Sought: House Disburser	ment For:	Type	12000.00						
Senate	Primary General								
State: District:	Other (specify) v		Memo Item						
Full Name (Last, First, Middle Initial)									
B. ABC Company			Date of Disbursement						
Mailing Address PO Box 2413			11 / D D / Y Y Y Y 11 2022						
5	State Zip Code NY 11743		FEC Identification Number						
Huntington Purpose of Disbursement	11/43		С						
Fundraising and Media Consulting		004	Transaction ID : SB21B-81912						
Candidate Name		Category/ Type	Amount of Each Disbursement this Period						
Office Sought: House Disburse			12000.00						
President	Primary General Other (specify)								
State: District:			Memo Item						
Full Name (Last, First, Middle Initial)									
C. COA Network Inc.			Date of Disbursement						
Mailing Address 991 Route 22 West Suite 200			10 / Y Y Y Y Y 24 2022						
City	State Zip Code		FEC Identification Number						
Bridgewater Township Purpose of Disbursement	NJ 08807								
800 Telephone numbers		001	C Transaction ID : SB21B-81911						
Candidate Name		Category/ Type	Amount of Each Disbursement this Period						
Office Sought: House Disburse			153.90						
President	Primary General Other (specify) ▼								
State: District:	···· (- ···) / •		Memo Item						
SUBTOTAL of Disbursements This Page (optional)		••••••	24153.90						
TOTAL This Period (last page this line number only))	····· ►	, ,						

	CHEDULE B (FEC Form 3X) EMIZED DISBURSEMENTS		arate schedule(s)	FOR LINE (check only	
			category of the Summary Page	× 21b 28a	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	y information copied from such Reports and State for commercial purposes, other than using the na				
	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALL	IANCE F	PAC		
Α.	Full Name (Last, First, Middle Initial) COA Network Inc.				Date of Disbursement
	Mailing Address 991 Route 22 West Suite 200				11 23 2022
	City Bridgewater Township Purpose of Disbursement	State NJ	Zip Code 08807		FEC Identification Number
	800 Telephone numbers Candidate Name			001 Category/	Transaction ID : SB21B-81913 Amount of Each Disbursement this Period
	Office Sought: House Disburse	ement For: Primary Other (spec	General	Туре	154.65
	State: District:		Siry) V		Memo Item
B.	Full Name (Last, First, Middle Initial) EagleBank				Date of Disbursement
	Mailing Address 7815 Woodmont ave				11 15 2022
	City Bethesda	State MD	Zip Code 20814		FEC Identification Number
	Purpose of Disbursement Bank analysis fee Candidate Name			001	C Transaction ID : SB21B-81913
	Office Sought: House Disburse	ment For:		Category/ Type	Amount of Each Disbursement this Period 491.47
	State: District:	Primary Other (spec	General cify)		Memo Item
C.	Full Name (Last, First, Middle Initial)				Date of Disbursement
	Mailing Address 1600 Amphitheatre Pkwy				11 02 Y Y Y Y 2022
	City Mountain View Purpose of Disbursement Email Services	State CA	Zip Code 94043	001	FEC Identification Number
	Candidate Name			Category/ Type	Transaction ID : SB21B-8191: Amount of Each Disbursement this Period
	Office Sought: House Disburse Senate President	ement For: Primary Other (spec	General		52.14
_	State: District:		<i>,,</i> ,		Memo Item
s	UBTOTAL of Disbursements This Page (optional).				698.26
т	OTAL This Period (last page this line number only	/)		••••••	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate scheo for each category o Detailed Summary	of the 21b	/ one)
Any information copied from such Reports and States or for commercial purposes, other than using the nar NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALL	ments may not be solo me and address of any	d or used by any pers	
Full Name (Last, First, Middle Initial) A. Grasshopper Mailing Address 320 Summer St			Date of Disbursement
	State Zip Code MA 02210	9 001	FEC Identification Number
Candidate Name Office Sought: House Disburse Senate President	ment For: Primary Ger Other (specify) ▼	Category/ Type	Transaction ID : SB21B-81913 Amount of Each Disbursement this Period
State: District: Full Name (Last, First, Middle Initial) B. Hopsie Inc Mailing Address 22 Monument Sq			Date of Disbursement
City Portland Purpose of Disbursement Website / Hosting Candidate Name	State Zip Code ME 04101	003 Category/	FEC Identification Number C Transaction ID : SB21B-81909 Amount of Each Disbursement this Period
Office Sought: House Disburse Senate President State: District:	ment For: Primary Ger Other (specify)	Type neral	1210.00 Memo Item
Full Name (Last, First, Middle Initial) C. Intuit Inc. Mailing Address 2700 Coast Ave			Date of Disbursement
City Mountain View Purpose of Disbursement Accounting Software Candidate Name	State Zip Code CA 94043	001 Category/ Type	FEC Identification Number C Transaction ID : SB21B-8191: Amount of Each Disbursement this Period
Office Sought: House Disburse Senate President District:	ment For: Primary Ger Other (specify) ▼	neral	106.00
		F	Memo Item 1425.53

SCHEDULE B (FEC Form 3X)			FOR LINE I	NUMBER: PAGE 45 OF 54
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	(check only	one)
		Summary Page	× 21b 28a	22 23 26 27 28b 28c 29 30b
Any information copied from such Reports and State				
or for commercial purposes, other than using the na	me and addr	ess of any politica	al committee to	solicit contributions from such committee.
NAME OF COMMITTEE (IN Full)	IANCE F	PAC		
Full Name (Last, First, Middle Initial) A. LIVE TRANSFERS AND DONOR	CREATI	ON LLC		Date of Disbursement
Mailing Address 1607 Ponce de Leon ave Suite GM8				10 20 2022
City SAN JUAN	State PR	Zip Code 00909		FEC Identification Number
Purpose of Disbursement Telephone fundraising			000	С
Candidate Name			003	Transaction ID : SB21B-81909 Amount of Each Disbursement this Period
			Category/ Type	
Office Sought: House Disburse	ment For: Primary	General		25466.61
State: District:	Other (spec	cify) 🔻		Memo Item
Full Name (Last, First, Middle Initial)				
B. LIVE TRANSFERS AND DONOR	CREATI	ON LLC		Date of Disbursement
Mailing Address 1607 Ponce de Leon ave Suite GM8				10 20 2022
City SAN JUAN	State PR	Zip Code 00909		FEC Identification Number
Purpose of Disbursement Telephone fundraising				С
Candidate Name			003 Category/	Transaction ID : SB21B-81910 Amount of Each Disbursement this Period
Office Sought: House Disburse	ment For:		Туре	17024.72
Senate President	Primary Other (spec	General		
State: District:	Other (spec	sny)		Memo Item
Full Name (Last, First, Middle Initial) C. LIVE TRANSFERS AND DONOR				Date of Disbursement
	CREAT	ON LLC		M M / D D / Y Y Y Y
Mailing Address 1607 Ponce de Leon ave Suite GM8				10 20 2022
City SAN JUAN	State PR	Zip Code 00909		FEC Identification Number
Purpose of Disbursement Telephone fundraising				С
Candidate Name			003 Category/ Type	Transaction ID : SB21B-8191(Amount of Each Disbursement this Period
	ment For:			7296.31
Senate President	Primary Other (spec	General cify) ▼		Memo Item
State: District:				L.
SUBTOTAL of Disbursements This Page (optional).			••••••	49787.64
TOTAL This Period (last page this line number only	/)		••••••	, ,

SCHEDULE B (FEC Form 3X)			FOR LINE I	NUMBER: PAGE 46 OF 54
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the	(check only	one) 22 23 26 27
	Detailed	Summary Page	28a	28b 28c 29 30b
Any information copied from such Reports and State or for commercial purposes, other than using the na				
NAME OF COMMITTEE (In Full)		, j		
UNITED WOMEN'S HEALTH ALL	IANCE F	PAC		
Full Name (Last, First, Middle Initial) A. LIVE TRANSFERS AND DONOR	CREATI	ON LLC		Date of Disbursement
Mailing Address 1607 Ponce de Leon ave Suite GM8				10 28 2022
City SAN JUAN	State PR	Zip Code 00909		FEC Identification Number
Purpose of Disbursement Telephone fundraising				С
Candidate Name			003	Transaction ID : SB21B-81911
			Category/ Type	Amount of Each Disbursement this Period
Office Sought: House Disburse	ement For: Primary	General		18679.72
State: District:	Other (spec	cify) 🔻		Memo Item
Full Name (Last, First, Middle Initial)				
B. LIVE TRANSFERS AND DONOR	CREATI	ON LLC		Date of Disbursement
Mailing Address 1607 Ponce de Leon ave Suite GM8		1		11 01 2022
City SAN JUAN	State PR	Zip Code 00909		FEC Identification Number
Purpose of Disbursement Telephone fundraising				С
Candidate Name			003 Category/ Type	Transaction ID : SB21B-81914 Amount of Each Disbursement this Period
Office Sought: House Disburse	ement For:		туре	8005.60
Senate President	Primary	General		
State: District:	Other (spec	uiy)		Memo Item
Full Name (Last, First, Middle Initial) C. LIVE TRANSFERS AND DONOR	CREATI	ON LLC		Date of Disbursement
Mailing Address 1607 Ponce de Leon ave				M M / D D / Y Y Y Y 11 14 2022
Suite GM8 City	State	Zip Code		FEC Identification Number
SAN JUAN Purpose of Disbursement	PR	00909		
Telephone fundraising Candidate Name			003 Category/	C Transaction ID : SB21B-81914 Amount of Each Disbursement this Period
			Type	
Office Sought: House Disburse	ement For: Primary	General		55915.54
State: District:	Other (spec	cify) ▼		Memo Item
SUBTOTAL of Disbursements This Page (optional).			····· ►	82600.86
TOTAL This Period (last page this line number only	/)		••••••	

SCHEDULE B (FEC Form 3X)			FOR LINE I	NUMBER: PAGE 47 OF 54
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	(check only	one)
		Summary Page	X 21b 28a	22 23 26 27 28b 28c 29 30b
Any information copied from such Reports and Stat	ements mav	not be sold or use		
or for commercial purposes, other than using the n				
│		AC		
Full Name (Last, First, Middle Initial)				
A. LIVE TRANSFERS AND DONOR	R CREATI	ON LLC		Date of Disbursement
Mailing Address 1607 Ponce de Leon ave Suite GM8	1			11 17 2022
City SAN JUAN	State PR	Zip Code 00909		FEC Identification Number
Purpose of Disbursement	1			С
Telephone fundraising			003	Transaction ID : SB21B-81914
Candidate Name			Category/ Type	Amount of Each Disbursement this Period
Office Sought: House Disburs	ement For:		- , , , , , , , , , , , , , , , , , , ,	18022.24
Senate	Primary	General		
State: District:	Other (spe	спу) 🔻		Memo Item
Full Name (Last, First, Middle Initial)				
B. LIVE TRANSFERS AND DONOF	R CREAT	ION LLC		Date of Disbursement
Mailing Address 1607 Ponce de Leon ave Suite GM8	1	1		11 28 2022
City SAN JUAN	State PR	Zip Code 00909		FEC Identification Number
Purpose of Disbursement				С
Telephone fundraising			003	Transaction ID : SB21B-81914
Candidate Name			Category/ Type	Amount of Each Disbursement this Period
Office Sought: House Disburs	ement For:		Type	17421.98
Senate	Primary	General		
State: District:	Other (spe	cify)		Memo Item
Full Name (Last, First, Middle Initial)				
C. LIVE TRANSFERS AND DONOR	R CREATI	ON LLC		Date of Disbursement
Mailing Address 1607 Ponce de Leon ave				M M / D D / Y Y Y Y 11 28 2022
Suite GM8	_			
City SAN JUAN	State PR	Zip Code 00909		FEC Identification Number
Purpose of Disbursement				С
Telephone fundraising Candidate Name			003 Category/	Transaction ID : SB21B-81914 Amount of Each Disbursement this Period
Office Sought: House Disburs	ement For:		Туре	7723.81
Senate	Primary	General		
President	Other (spe	cify) 🔻		Memo Item
State: District:				
SUBTOTAL of Disbursements This Page (optional))		····· ►	43168.03
TOTAL This Period (last page this line number on	ly)		••••••	

SCHEDULE B (FEC Form 3X)			FC	DR L	INE I								48 C	F 5	
TEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(cł	×	21b										
					28a		28b		28c			29		30b	
Any information copied from such Reports and State or for commercial purposes, other than using the na															
NAME OF COMMITTEE (In Full)		- •													
UNITED WOMEN'S HEALTH ALL	IANCE F	PAC													
Full Name (Last, First, Middle Initial)	CREAT					Di	ate o	of Di	sburs	sen	nent				
							/ – M	/	D	- 1	D	/ Y	Y	Y	Y
Mailing Address 1607 Ponce de Leon ave Suite GM8							11			28		L	_2()22	
City SAN HIAN	State PR	Zip Code 00909				FE	EC lo	lenti	ficatio	on	Nu	nber			
SAN JUAN Purpose of Disbursement	1 13	00909	_			C	•	1	-						
Telephone fundraising			0	03		C	1.00				_				
Candidate Name			Cate	aon		Transaction ID : SB2 Amount of Each Disburse									eriod
				/pe					_401						
	ement For:					7666.								7666.5	7
Senate	Primary	General													
State: District:	Other (spe	ecny) 🔻					Me	emo	Item						
Full Name (Last, First, Middle Initial)															
B. Mishpucha Financial						_		_	sburs		_				
Mailing Address 1000 Brickell Plaza #2407						Ľ	11	/	D	14		ľ		022	T
City	State	Zip Code			-	F	-C. Ir	lenti	ficatio	n	Nu	nher			
Miami	FL	33131				FEC Identification Number									
Purpose of Disbursement Call Management Oversight			0	03	7	C	;								
Candidate Name									action					-	
			Cate Ty	egory /pe	7	Ar	nour	it of	⊢ach	۱Ľ	Jisb	urser	ment	this F	reriod
Office Sought: House Disburse	ement For:		.,		\neg								2	2631.1	9
Senate	Primary	General							7			-			
State: District:	Other (spe	cify)				Γ	Me	emo	Item						
State: District: Full Name (Last, First, Middle Initial)					-+	_	-								
North American Marketing Solutio	ns Inc					D	ate o	f Di	sburs	en	nent				
						_	л — М		D	_	_		Y	Y	Y
Mailing Address 3245 N 126th St						Ľ	10			20		Ľ)22	
City	State	Zip Code				FF	EC In	lenti	ficatio	on	Nu	nber			
Brookfield	WI	53005				100							-	-	
Purpose of Disbursement Mailers and Caging			0	03	٦ I.	C	-								
Candidate Name			Cate	1	y/ Transaction ID : SB21B-81 Amount of Each Disbursement							eriod			
Office Sought: House Disburse	ement For:		• 9	~~~	-									4115.6	3
Senate	Primary	General					1		7			-9			
President	Other (spe	cify) 🔻		Memo Item											
State: District:						_									
SUBTOTAL of Disbursements This Page (optional).						ļ			Ŧ	-	_	-7-	1	4413.3	9
TOTAL This Period (last page this line number only	/)						_	_	,			,	_		

SCHEDULE B (FEC Form 3X)				NUMBER: PAGE 49 OF 54		
ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the		only one)		
	Detailed	Summary Page	× 21b 28a	22 23 26 27 28b 28c 29 30b		
Any information copied from such Reports and Sta or for commercial purposes, other than using the r						
UNITED WOMEN'S HEALTH AL	LIANCE I	PAC				
Full Name (Last, First, Middle Initial)	one Ine			Date of Disbursement		
A. North American Marketing Soluti						
Mailing Address 3245 N 126th St				10 28 2022		
City Brookfield	State WI	Zip Code 53005		FEC Identification Number C Transaction ID : SB21B-81912 Amount of Each Disbursement this Period		
Purpose of Disbursement		53003				
Mailers and Caging			003			
Candidate Name			Category/ Type			
Office Sought: House Disbur	sement For:		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1100.73		
Senate President	Primary Other (spe	General				
State: District:		City) 🔻		Memo Item		
Full Name (Last, First, Middle Initial)						
B. North American Marketing Soluti	ons Inc			Date of Disbursement		
Mailing Address 3245 N 126th St		10 28 2022				
City	State WI	Zip Code 53005		FEC Identification Number		
Brookfield Purpose of Disbursement		С				
Mailers and Caging	Transaction ID : SB21B-81912 Amount of Each Disbursement this Period					
Candidate Name						
Office Sought: House Disbury	2795.27					
Senate Primary General						
State: District:	e: District: Other (specify)					
Full Name (Last, First, Middle Initial)						
C. North American Marketing Solution	ons Inc			Date of Disbursement		
Mailing Address 3245 N 126th St				11 / D D / Y Y Y Y 11 2022		
City	State	Zip Code		FEC Identification Number		
Brookfield WI 53005 Purpose of Disbursement				С		
Mailers and Caging Candidate Name	Transaction ID : SB21B-8191! Amount of Each Disbursement this Period					
Office Sought: House Disbury	12816.28					
Senate Primary General						
State: District: Other (specify)			Memo Item			
SUBTOTAL of Disbursements This Page (optiona	l)		····· ►	16712.28		
TOTAL This Period (last page this line number or	nly)		N			
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SCHEDULE B (FEC Form 3X)		Use separate schedule(s) for each category of the		FOR LINE NUMBER: PAGE 50 OF 54				
ITEMIZED DISBURSEMENTS	for each			nly one) 1b 22 23 26 27				
	Detailed Summary Page		× 211 28a					
Any information copied from such Reports and St or for commercial purposes, other than using the								
NAME OF COMMITTEE (In Full)								
UNITED WOMEN'S HEALTH AI		PAC						
Full Name (Last, First, Middle Initial) A. North American Marketing Solut	Date of Disbursement							
Mailing Address 3245 N 126th St	11 / D D / Y Y Y Y 11 28 2022							
City Brookfield								
Purpose of Disbursement Mailers and Caging			003	C				
Candidate Name			Category/	Transaction ID : SB21B-81915 Amount of Each Disbursement this Period				
°	rsement For:		Туре	4162.12				
Senate President	Other (spe	ecify) ▼		Memo Item				
State: District:								
Full Name (Last, First, Middle Initial) B. Opus Virtual Offices				Date of Disbursement				
Mailing Address 1825 NW Corporate Blvd Suite 110								
City Boca Raton	FEC Identification Number							
Purpose of Disbursement Virtual Office	C Transaction ID : SB21B-81915							
Candidate Name	Amount of Each Disbursement this Period							
Office Sought: House Disbu				99.00				
State: District:	Other (spe	ecify)		Memo Item				
Full Name (Last, First, Middle Initial)				Date of Disbursement				
C. PACSmart Filing Services								
Mailing Address 1013 Centre Rd. Suite 403-A				10 20 2022				
City Wilmington	State DE	Zip Code 19805		FEC Identification Number				
Purpose of Disbursement FEC Compliance Reporting	C Transaction ID : SB21B-8191(
Candidate Name	Amount of Each Disbursement this Period							
Office Sought: House Disbursement For: Senate Primary General				1100.00				
State: District:	Other (spe			Memo Item				
SUBTOTAL of Disbursements This Page (optiona	al)		····· •	5361.12				
TOTAL This Period (last page this line number of	nly)		••••••	, ,				

SCHEDULE B (FEC Form 3X)				FOR LINE NUMBER: PAGE 51 OF 5			
ITEMIZED DISBURSEMENTS	Detailed Summary Page		(check only 21b 28a	22 23 26 27 28b 28c 29 30b			
Any information copied from such Reports and Sta or for commercial purposes, other than using the r							
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AL	LIANCE	PAC					
Full Name (Last, First, Middle Initial) A. UPS Store				Date of Disbursement			
Mailing Address 2021 L St NW Ste 101	10 24 2022						
City Washington		FEC Identification Number					
Purpose of Disbursement Postage/Shipping	Purpose of Disbursement Postage/Shipping 001						
Candidate Name	Candidate Name Category/ Type						
Office Sought: House Disbur Senate President	sement For: Primary Other (spe	General General		24.38 Memo Item			
State: District: Full Name (Last, First, Middle Initial) B. UPS Store				Date of Disbursement			
Mailing Address 2021 L St NW Ste 101	10 / D D / Y Y Y Y 10 31 2022						
City Washington Purpose of Disbursement Postage/Shipping	FEC Identification Number						
Candidate Name	Transaction ID : SB21B-81912 Amount of Each Disbursement this Period						
Office Sought: House Disbury Senate President	Senate Primary General			24.38 Memo Item			
State: District:							
Full Name (Last, First, Middle Initial) C. UPS Store	Date of Disbursement						
Mailing Address 2021 L St NW Ste 101				11 07 2022			
City Washington Purpose of Disbursement	State DC	Zip Code 20036		FEC Identification Number			
Postage/Shipping Candidate Name	Transaction ID : SB21B-8191! Amount of Each Disbursement this Period						
Office Sought: House Disbur Senate President State: District:	sement For: Primary Other (spe	General ecify) ▼	Туре	24.38 Memo Item			
SUBTOTAL of Disbursements This Page (optiona TOTAL This Period (last page this line number or				73.14			

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		FOR LINE NUMBER: PAGE 52 OF			
MIZED DISBURSEMENTS		category of the Summary Page	(check only 21b 28a	one) 22 23 26 27 28b 28c 29 30b		
Any information copied from such Reports and State or for commercial purposes, other than using the national states of the state	ments may r me and addr	not be sold or use ress of any politica	d by any perso al committee to	on for the purpose of soliciting contributions solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALL	IANCE F	PAC				
Full Name (Last, First, Middle Initial)				Date of Disbursement		
Mailing Address 2021 L St NW Ste 101				11 <u>21</u> 2022		
Washington	City State Zip Code					
Postage/Shipping	Postage/Shipping 001			C Transaction ID : SB21B-81916		
Candidate Name			Category/ Type	Amount of Each Disbursement this Period		
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼			24.38 Memo Item		
State: District: Full Name (Last, First, Middle Initial)	1					
S.				Date of Disbursement		
Mailing Address						
City	State	Zip Code		FEC Identification Number		
Purpose of Disbursement	C					
Candidate Name Category/ Type				Amount of Each Disbursement this Period		
Office Sought: House Disbursement For: Senate Primary General President Other (specify)				Memo Item		
State: District: Full Name (Last, First, Middle Initial)						
· · · · · · · · · · · · · · · · · · ·				Date of Disbursement		
Mailing Address						
City	State	Zip Code		FEC Identification Number		
Purpose of Disbursement			· · ·]	С		
Candidate Name Category/ Type			Amount of Each Disbursement this Period			
Office Sought: House Disbursement For: Senate Primary General						
State: District:	Other (spec	cify) 🔻		Memo Item		
SUBTOTAL of Disbursements This Page (optional).			····· •	24.38		
TOTAL This Period (last page this line number only	r)		••••••	238418.53		

SCHEDULE B (FEC Form 3X)	Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: PAGE 53 OF 54			
ITEMIZED DISBURSEMENTS			(check only 21b 28a	one) X 22 23 26 27 28b 28c 29 30b		
Any information copied from such Reports and States or for commercial purposes, other than using the nar						
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALL	IANCE F	PAC				
Full Name (Last, First, Middle Initial) A. NEW HAMPSHIRE PRINCIPLES	Date of Disbursement					
Mailing Address 1390 CHAIN BRIDGE RD STE 515		1		10 20 2022		
MCLEAN	State VA	Zip Code 22101		FEC Identification Number		
Purpose of Disbursement Donation	012			C C00790808 Transaction ID : SB22-819103		
NEW HAMPSHIRE PRINCIPLES	Candidate Name NEW HAMPSHIRE PRINCIPLES PAC Category/ Type					
Senate President	ement For: Primary General Other (specify) ▼			10000.00 Memo Item		
State: District: Full Name (Last, First, Middle Initial) B. NEW HAMPSHIRE PRINCIPLES Mailing Address 1390 CHAIN BRIDGE RD	Date of Disbursement					
STE 515	State	Zip Code				
MCLEAN Purpose of Disbursement Donation	012	FEC Identification Number				
Candidate Name NEW HAMPSHIRE PRINCIPLES	Category/ Type	Transaction ID : SB22-819117 Amount of Each Disbursement this Period				
Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specify)			10000.00 Memo Item		
Full Name (Last, First, Middle Initial) C. Texans for freedom		Date of Disbursement				
Mailing Address PO BOX 26141				11 14 2022		
ALEXANDRIA	State VA	Zip Code 22313		FEC Identification Number		
Purpose of Disbursement Donation Candidate Name Texans for freedom	C C00797332 Transaction ID : SB22-819177 Amount of Each Disbursement this Period					
	ffice Sought: House Disbursement For: Senate Primary General			5000.00		
State: District:	Uner (spec	511 <i>y)</i> ▼		Memo Item		
SUBTOTAL of Disbursements This Page (optional)				25000.00		
TOTAL This Period (last page this line number only)		••••••	25000.00		

SCHEDULE D (FEC Form 3X)			(Use separate	PAGE 54 OF 54		
DEBTS AND OBLIGATIONS	schedule(s)	FOR LINE NUMBER:				
Excluding Loans	for each numbered line)	(check only one) 9				
-		★ 10				
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIA	NCE PAC					
A. Full Name (Last, First, Middle Initial) of Debto	or or Creditor			ebt (Purpose):		
Mastroianni, Stephanie, , ,	Advance fo	or various legal, administrative				
Mailing Address 2021 L St NW Ste 101-193						
City	State	Zip Code				
Washington	DC	20036				
Outstanding Balance Beginning This Period 2920.07		1	Transacti	on ID : SD10-1214986		
Amount Incurred This Period	Pavr	nent This Period	Outstandi	Outstanding Balance at Close of This Period		
	i ayı					
0.00		0.	00	2920.07		
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of D	ebt (Purpose):		
Mailing Address						
City	State	Zip Code				
Outstanding Balance Beginning This Period Amount Incurred This Period	Payr	nent This Period	Outstandi	ng Balance at Close of This Period		
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor				ebt (Purpose):		
Mailing Address						
City	State	Zip Code				
Outstanding Balance Beginning This Period	Pavr	nent This Period	Outstandi	ng Balance at Close of This Period		
	. ayı					
				7 7 7		
1) SUBTOTALS This Period This Page (optional)				2920.07		
2) TOTALS This Period (last page this line number only)				2920.07		
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page on	ly)	►	0.00		
4) ADD 2) and 3) and carry forward to appropriate	line of Summar	y Page (last page or	nly) 🕨	2920.07		