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Image# 202209199528518903

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X	For	Other Than An A	Authorized Commi	ittee	0	ffice Use Only
NAME OF COMMITTEE (i		PE OR PRINT ▼	Example: If ty over the lines		12FE4M5	
UNITED WO	MEN'S HEA	LTH ALLIANCE	PAC			1
		2004 L CT NIW CTF 404	100			
ADDRESS (number a		2021 L ST NW STE 101	-193			
Check if d than previous reported. (ously , ,	WASHINGTON			DC	20036
2. FEC IDENTIFI	CATION NUME	BER ▼	CITY A	(STATE A	ZIP CODE ▲
C C00755	694	3.	IS THIS REPORT	NEW (N) OR	x AMEN	IDED
4. TYPE OF RE (Choose One) (a) Quarterly F		Report Due On:	Feb 20 (M2) Mar 20 (M3)	May 20 (M5) Jun 20 (M6)	Aug 20 Sep 20	Year Only)
April 1			Apr 20 (M4)	Jul 20 (M7)	Oct 20	(M10) Jan 31 (YE)
July 1	erly Report (Q1) 5 erly Report (Q2)	(c) 12-Day PRE-Election	Primary (1	2P)	General (120	G) Runoff (12R)
Octobe	er 15	Report for the	e: Convention	n (12C)	Special (12S	3)
Janua	erly Report (Q3) ry 31 and Report (YE)	Ele	ection on	/ D D /	Y	in the State of
Report Year C	1 Mid-Year t (Non-election Only) (MY)	(d) 30-Day POST-Election Report for the	,	30G)	Runoff (30R) Special (30S)
Termir (TER)	ation Report	Ele	ection on	/ D = D /	Y Y Y Y Y	in the State of
5. Covering Period	d 05	01 202	through	n 05	31	2022
I certify that I have Type or Print Name		Report and to the best MASTROIANNI, STEPH	t of my knowledge an HANIE, , ,	d belief it is tru	e, correct and co	omplete.
Signature of Treasu	mASTRO.	IANNI, STEPHANIE, , ,	[Electronic	ally Filed] D	ate 09	19 / 2022
NOTE: Submission o	f false, erroneous	s, or incomplete informa	ation may subject the p	person signing th	is Report to the p	penalties of 52 U.S.C. § 30109
Office Use Only						FEC FORM 3X Rev. 05/2016

(b) Cash on Hand at

7.

Beginning of Reporting Period.....

Total Disbursements (from Line 31)......

	SUMMARY PAGE CEIPTS AND DISBURSEMENTS		_
FEC Form 3X (Rev. 05/2016)			Page 2
Write or Type Committee Name			
UNITED WOMEN'S HEALTH ALLIANC	E PAC		
Report Covering the Period: From: 05	01 / 2022	To:	05 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	COLUMN A This Period		COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2022			77688.71

102050.05

129888.60

831353.77

747278.32

84075.45

9. Debts and Obligations Owed **TO**the Committee (Itemize all on
Schedule C and/or Schedule D)

0.00

 Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....

19881.35

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

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

UNITED WOMEN'S HEALTH ALLIANCE PAC

R	eport Covering the Period: From: 05		05 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
11.	Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees				
	(i) Itemized (use Schedule A)	2775.00	20505.00		
	(ii) Unitemized	109139.00	733160.06		
	(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	111914.00	753665.06		
	(b) Political Party Committees	0.00	0.00		
	(c) Other Political Committees (such as PACs)	0.00	0.00		
12	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) Transfers From Affiliated/Other	111914.00	753665.06		
12.	Party Committees	0.00	0.00		
13.	All Loans Received	0.00	0.00		
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00		
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00		
17	to Federal Candidates and Other Political Committees Other Federal Receipts	0.00	0.00		
	(Dividends, Interest, etc.)	0.00	0.00		
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00		
	(b) Levin Funds (from Schedule H5)	0.00	0.00		
	(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00		
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	111914.00	753665.06		
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	111914.00	753665.06		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Caronaa Tour to Buto
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	3.00	
Expenditures	106889.02	586108.81
(c) Total Operating Expenditures	106889.02	586108.81
(add 21(a)(i), (a)(ii), and (b))▶ Transfers to Affiliated/Other Party	100809.02	300100.01
Committees	0.00	0.00
Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00
Independent Expenditures (use Schedule E)	22914.58	160329.51
Coordinated Party Expenditures (52 U.S.C. § 30116(d))	22914.30	100329.31
(use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans MadeRefunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	85.00	840.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	4 4 4 4 4	
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	85.00	840.00
Other Disbursements (Including	,	
Non-Federal Donations)	0.00	0.00
Federal Election Activity (52 U.S.C. § 30101((a) Allocated Federal Election Activity	20))	4 4
(from Schedule H6) (i) Federal Share	0.00	0.00
(,	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	200	0.00
(c) Total Federal Election Activity (add	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	129888.60	747278.32
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	420000 60	
	129888.60	747278.32

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 05/2016)

of Disbursements

Page 5 **COLUMN A** COLUMN B III. Net Contributions/ **Total This Period** Calendar Year-to-Date **Operating Expenditures** 33. Total Contributions (other than loans) 111914.00 753665.06 (from Line 11(d), page 3) 34. Total Contribution Refunds 85.00 840.00 (from Line 28(d))..... 35. Net Contributions (other than loans) 752825.06 111829.00 (subtract Line 34 from Line 33) 36. Total Federal Operating Expenditures 106889.02 586108.81 (add Line 21(a)(i) and Line 21(b))▶ 37. Offsets to Operating Expenditures 0.00 0.00 (from Line 15, page 3)..... 38. Net Operating Expenditures 106889.02 586108.81 (subtract Line 37 from Line 36)

: 97 A = G7 9 @ 5 B9 CI G H9 L H F 9 @ 5 H9 8 HC 5 F 9 DC F H Ž G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: F3XA
Transaction ID:

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

Form/Schedule: F3XA Transaction ID:

The purpose of Amendment 1 is to correct an issue recently discovered with the RallyPay reports, regarding refunds and chargebacks. The caging company isn't being notified of the donors that were refunded/charged back through RallyPay, resulting in donors being reported that should not have been. This series of amendments will remove those donors, and recalculate Schedule A's, and adjust the opening/closing balance accordingly.

FOR LINE NUMBER:						PAGE	7	OF		50
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Any information copied from such Reports and S or for commercial purposes, other than using the				
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	LLIANCE PAC			
Full Name of Individual (Last, First, Middle Ini APPLEBY, HAROLD, , , Mailing Address 64 SEGAR CT City	Date of Receipt M			
WAKEFIELD FEC ID number of contributing federal political committee.	RI 02879	Amount of Each Receipt this Period		
Name of Employer (for Individual) Retired Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation (for Individual) Retired Aggregate Year-to-Date ▼ 205.00	Memo Item		
Full Name of Individual (Last, First, Middle Ini ASKEW, SUSAN, , , Mailing Address 7913 FARMINGWOOD LN City RALEIGH FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary Other (specify)	State Zip Code NC 27615 C Occupation (for Individual) Retired Aggregate Year-to-Date 405.00	Date of Receipt M		
Full Name of Individual (Last, First, Middle Ini BEVERSDORF, TOM, , , Mailing Address 8433 WATERTOWN DR City INDIANAPOLIS FEC ID number of contributing federal political committee. Name of Employer (for Individual) DFAS Receipt For: Primary General Other (specify)		Date of Receipt 05 04 2022 Transaction ID: SA11AI-27620330 Amount of Each Receipt this Period 65.00 Memo Item		
SUBTOTAL of Receipts This Page (optional)	>	275.00		
TOTAL This Period (last page this line number	only)			

FOR LINE NUMBER:					PAGE		8	OF	50	
(check only one)										
	X	11a		11b		11c		12		
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	the name and address of any political committee	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	I ALLIANCE PAC	
Full Name of Individual (Last, First, Middle BEVERSDORF, TOM, , ,	Date of Receipt	
Mailing Address 8433 WATERTOWN DR		05 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City INDIANAPOLIS	State Zip Code 46216	Transaction ID : SA11AI-27621468 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer (for Individual) DFAS	Occupation (for Individual) Information & Technology	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 775.00	
Full Name of Individual (Last, First, Middle COVIN, LEWIS, , , Mailing Address 5323 LEWIS COVIN RD	e Initial) or Full Organization Name	Date of Receipt
City MACCLENNY	State Zip Code FL 32063	05 06 2022 Transaction ID : SA11Al-27617656 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer (for Individual)	Occupation (for Individual)	100.00 Memo Item
Retired Receipt For: Primary General Other (specify) ▼	Retired Aggregate Year-to-Date ▼ 300.00	
Full Name of Individual (Last, First, Middle DECOURSEY, ROBERT, , , Mailing Address 12261 ROUNDWOOD RD UNIT 1401		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City LUTHERVILLE TIMONIUM	State Zip Code MD 21093	Transaction ID : SA11AI-27621660 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	55.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 255.00	
SUBTOTAL of Receipts This Page (optional) >	305.00
TOTAL This Period (last page this line numl	ber only)	

FOR LINE NUMBER:						PAGE	9	OF	50
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or for commercial purposes, other than using	g the name and address of any political committee	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	H ALLIANCE PAC	
Full Name of Individual (Last, First, Middle DEWOLF, MAXINE, , ,	e Initial) or Full Organization Name	Date of Receipt
Mailing Address 514 N JENNINGS RD		05 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City INDEPENDENCE	State Zip Code 64056	Transaction ID : SA11AI-27619992 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	55.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 205.00	
Full Name of Individual (Last, First, Middle DIROSARIO, PATRICIA, , ,	e Initial) or Full Organization Name	Date of Receipt
Mailing Address 87 LYMAN BARNES RD City BRIMFIELD FEC ID number of contributing federal political committee.	State Zip Code MA 01010	Transaction ID : SA11Al-27619882 Amount of Each Receipt this Period 55.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 355.00	
Full Name of Individual (Last, First, Middle EHLERS, DAVID, , , Mailing Address 13580 S FLORENZA WA		Date of Receipt 05 09 2022
City DRAPER	State Zip Code UT 84020	Transaction ID : SA11AI-27620814 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	55.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 205.00	
SUBTOTAL of Receipts This Page (optional	1)	165.00
TOTAL This Period (last page this line num	nber only)	

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Any information copied from such Reports and or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle In EHLERS, DAVID, , , Mailing Address 13580 S FLORENZA WAY City DRAPER FEC ID number of contributing federal political committee.	Date of Receipt M	
Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify) ▼	Memo Item	
Full Name of Individual (Last, First, Middle In GARRAHAN-MASTERS, MARY, , Mailing Address 501 HARRIET LN City HAVERTOWN FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)		Date of Receipt Mark
Full Name of Individual (Last, First, Middle In GROSSMAN, MARILYN, , , Mailing Address 24 W HIGH POINT RD City STUART FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	State Zip Code FL 34996 C Occupation (for Individual) Retired Aggregate Year-to-Date 305.00	Date of Receipt M
SUBTOTAL of Receipts This Page (optional)		265.00
TOTAL This Period (last page this line number	r only)	

FOR LINE NUMBER:							PAGE	 11	OF	50
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	statements may not be sold or used by any persone name and address of any political committee to					
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC					
Full Name of Individual (Last, First, Middle I ISRAEL, LESLEY, , ,	nitial) or Full Organization Name	Date of Receipt				
Mailing Address 55 DAVIS LN	05 12 2022					
City	State Zip Code MD 21601	Transaction ID : SA11AI-27615202				
EASTON	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	135.00				
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item				
Retired	Retired					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General						
Other (specify) ▼	225.00					
Full Name of Individual (Last, First, Middle I JONES, JUDY, , ,	nitial) or Full Organization Name	Date of Receipt				
Mailing Address 106 HAYDEN WAY		05 03 2022				
City	State Zip Code	Transaction ID : SA11AI-27620434				
THOMASVILLE	GA 31792	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	60.00				
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00					
Full Name of Individual (Last, First, Middle I	nitial) or Full Organization Name	Date of Receipt				
Mailing Address 106 HAYDEN WAY		05 05 2022				
City	State Zip Code	Transaction ID : SA11AI-27620900				
THOMASVILLE	GA 31792	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	55.00				
Name of Employer (for Individual) Retired	Memo Item					
Receipt For:	1					
Primary General Other (specify)	Aggregate Year-to-Date ▼ 245.00					
SUBTOTAL of Receipts This Page (optional)	>	250.00				
TOTAL This Period (last page this line number	r only)					

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Any information copied from such Reports and or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	ALLIANCE P.	AC	
Full Name of Individual (Last, First, Middle Ir JONES, JUDY, , ,	nitial) or Full Orgar	nization Name	Date of Receipt
Mailing Address 106 HAYDEN WAY	05 10 2022		
City	Transaction ID : SA11AI-27621354		
THOMASVILLE	GA	31792	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		40.00
Name of Employer (for Individual) Retired	Occupat Retired	ion (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ur-to-Date ▼ 245.00	
Full Name of Individual (Last, First, Middle Ir KARRISH, GEORGE, , ,	nitial) or Full Orgar	nization Name	Date of Receipt
Mailing Address 1042 NEUMARK AVE			05 06 2022
City PLEASANTVILLE	State NJ	Zip Code 08232	Transaction ID : SA11AI-27617688 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		60.00
Name of Employer (for Individual) Retired	Occupat Retired	tion (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	r-to-Date ▼ 405.00	
Full Name of Individual (Last, First, Middle Ir	nitial) or Full Organ	nization Name	Date of Receipt
Mailing Address 317 W MAIN ST APT 7104			05 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City CHESTER	State CT	Zip Code 06412	Transaction ID : SA11AI-27619540 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		45.00
Name of Employer (for Individual) Retired	Memo Item		
Receipt For: Primary General Other (specify)	Aggregate Yea	r-to-Date ▼ 215.00	
SUBTOTAL of Receipts This Page (optional)		>	145.00
TOTAL This Period (last page this line number	only)		

FOR LINE NUMBER:						PAGE	_ ′	13	OF	50
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	Statements may not be sold or used by any pers ne name and address of any political committee to						
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC						
Full Name of Individual (Last, First, Middle I KUMP, TROY, , ,	nitial) or Full Organization Name	Date of Receipt					
Mailing Address 315 S CENTER ST		05 04 2022					
City	State Zip Code	Transaction ID : SA11AI-27622032					
AMERICAN FORK	ERICAN FORK UT 84003						
FEC ID number of contributing federal political committee.	C	155.00					
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item					
Simplii	Director Of Strategic Partnerships	_					
Receipt For:	Aggregate Year-to-Date ▼						
Primary General	55 0						
Other (specify) ▼	580.00						
Full Name of Individual (Last, First, Middle I LABELLE, ROBERT, , ,	nitial) or Full Organization Name	Date of Receipt					
Mailing Address 182 W 126TH AVE		05 04 2022					
City	State Zip Code	Transaction ID : SA11AI-27620324					
CROWN POINT	IN 46307	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	65.00					
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00						
Full Name of Individual (Last, First, Middle I MARSHALL, ISAIAH, , ,	nitial) or Full Organization Name	Date of Receipt					
Mailing Address 1700 ROBIN LN APT 209		05 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City	State Zip Code	Transaction ID : SA11AI-27621968					
LISLE	IL 60532	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	25.00					
Name of Employer (for Individual) Retired	Memo Item						
Receipt For:							
Primary General Other (specify)	Aggregate Year-to-Date ▼ 210.00						
SUBTOTAL of Receipts This Page (optional)		245.00					
TOTAL This Period (last page this line number	or only)						

FOR LINE NUMBER:						PAGE	_ ′	14	OF	50
(0	(check only one)									
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	he name and address of any political committee to						
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC						
Full Name of Individual (Last, First, Middle I MARSHALL, ISAIAH, , ,	Initial) or Full Organization Name	Date of Receipt					
Mailing Address 1700 ROBIN LN APT 209		05 18 2022					
City	State Zip Code	Transaction ID : SA11AI-27621110					
LISLE	IL 60532	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	ů l						
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item					
Retired	Retired						
Receipt For:	Aggregate Year-to-Date ▼						
Primary General Other (specify) ▼	210.00						
Full Name of Individual (Last, First, Middle I MARSHALL, ISAIAH, , ,	Initial) or Full Organization Name	Date of Receipt					
Mailing Address 1700 ROBIN LN		M = M / D = D / Y = Y = Y = Y					
APT 209 City	State Zip Code	05 25 2022					
LISLE	IL 60532	Transaction ID : SA11AI-27621058 Amount of Each Receipt this Period					
FEC ID number of contributing	0000	Amount of Lacif Necelpt tills Fellod					
federal political committee.	C	25.00					
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00						
Full Name of Individual (Last, First, Middle I	_l Initial) or Full Organization Name	Date of Receipt					
Mailing Address 140 MARBLE ST		05 24 2022					
City	State Zip Code	Transaction ID : SA11AI-27618606					
STONEHAM	MA 02180	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	50.00					
Name of Employer (for Individual) Retired	Memo Item						
Receipt For:	Retired Aggregate Year-to-Date ▼	1					
Primary General Other (specify)	205.00						
SUBTOTAL of Receipts This Page (optional)	>	95.00					
TOTAL This Period (last page this line number	er only)						

FOR LINE NUMBER:						PAGE	_ ′	15	OF	50
(0	(check only one)									
	X	11a		11b		11c		12		
		13		14		15		16	;	17

		any person for the purpose of soliciting contributions mmittee to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC						
Full Name of Individual (Last, First, Middle I MCALONAN, NORMA, , , Mailing Address 207 SPRING RD	nitial) or Full Organization Name	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City	State Zip Code	Transaction ID : SA11AI-27617682					
SPRUCE PINE	NC 28777	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	35.00					
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 205.0	00					
Full Name of Individual (Last, First, Middle I B. PAPADOPOULOS, CAROLE, , ,	· ·	Date of Receipt					
Mailing Address 263 BAREFOOT BEACH BL APT 304 City	VD State Zip Code	05 06 2022					
BONITA SPRINGS	FL 34134	Transaction ID : SA11AI-27616306 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	, II						
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.0	00					
Full Name of Individual (Last, First, Middle I	nitial) or Full Organization Name	Date of Receipt					
Mailing Address 43 RED WING LN		05 / 24 / 2022					
City WARSAW	State Zip Code VA 22572	Transaction ID : SA11AI-27621282					
FEC ID number of contributing federal political committee.	C 22372	Amount of Each Receipt this Period 55.00					
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 290.0	00					
SUBTOTAL of Receipts This Page (optional)		200.00					
TOTAL This Period (last page this line numbe	r only)						

F	OR	LINE	NU	MBER	:	PAGE	_ ′	16	OF	50
(0	che	ck only	or	ne)						
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		13		14		15		16		17

Any information copied from such Reports and or for commercial purposes, other than using	I Statements may not be sold or uthe name and address of any polit	sed by any person for the purpose of soliciting contributions ical committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle REVERE, HENRY, , , Mailing Address 43 RED WING LN	Initial) or Full Organization Name	Date of Receipt
	05 27 2022	
City	Transaction ID : SA11AI-27620990	
WARSAW	VA 22572	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	85.00
Name of Employer (for Individual) Retired	Occupation (for Individunt Retired	ual) Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	290.00
Full Name of Individual (Last, First, Middle SOSA, ANITA, , , Mailing Address 2510 DARWIN DR	Initial) or Full Organization Name	Date of Receipt
Mailing Address 2510 DARWIN DR		05 26 2022
City	State Zip Code	Transaction ID : SA11AI-27621032
SAN ANTONIO	TX 78228	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	55.00
Name of Employer (for Individual) Retired	Occupation (for Individual Retired	ual) Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	4 4	330.00
Full Name of Individual (Last, First, Middle STARR, BETH, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 2231 NE BRIDGECREEK APT 107		05
City VANCOUVER	State Zip Code 98664	Transaction ID : SA11AI-27620316
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 55.00
Name of Employer (for Individual) Retired	ual) Memo Item	
Receipt For:		
Primary General Other (specify)		225.00
SUBTOTAL of Receipts This Page (optional)		195.00
TOTAL This Period (last page this line numb	er only)	•

l	FOI	R LINE	NUMBER	: PAGE	17 OF	50
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Any information copied from such Reports and sor for commercial purposes, other than using the	Statements may r e name and addr	not be sold or used by any per ess of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	ALLIANCE P	PAC	
Full Name of Individual (Last, First, Middle In STEPHAN, WILLIAM, , , Mailing Address 421 VINE ST	itial) or Full Orga	nization Name	Date of Receipt
			05 04 2022
City	State	Zip Code	Transaction ID : SA11AI-27620332
MADISON	IN	47250	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 225.00	
Full Name of Individual (Last, First, Middle Ir TRAVISANO, RICHARD, , ,	iitial) or Full Orga	nization Name	Date of Receipt
Mailing Address 675 MIDDLEBRIDGE RD			05 20 2022
City	State	Zip Code	Transaction ID : SA11AI-27618882
WAKEFIELD	RI	02879	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		55.00
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item
Receipt For:	Aggregate Yea	ar-to-Date ▼	
Primary General Other (specify) ▼		280.00	
Full Name of Individual (Last, First, Middle Ir	itial) or Full Orga	nization Name	Date of Receipt
Mailing Address 3556 SPUR CT			05 05 / Y Y Y Y Y Y
City CHINO	State CA	Zip Code 91710	Transaction ID : SA11AI-27621998 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item
Receipt For:	Aggregate Yea	ar-to-Date ▼	
Primary General Other (specify)		215.00	
SUBTOTAL of Receipts This Page (optional)		>	185.00
TOTAL This Period (last page this line number	only)		

F	OR	LINE	NU	MBER	:	PAGE	 18	OF	50
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	Statements may not be sold or used by any pers e name and address of any political committee to	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	ALLIANCE DAC	
/ JINITED WOWEINS HEALTH A	ALLIANUL FAU	
Full Name of Individual (Last, First, Middle Ir	nitial) or Full Organization Name	Date of Receipt
Mailing Address 240 EAST AVE APT 207		05 26 2022
City	State Zip Code	Transaction ID : SA11AI-27614168
MAHTOMEDI	MN 55115	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	55.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Retired	Retired	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	055.00	
Other (specify) ▼	255.00	
Full Name of Individual (Last, First, Middle Ir VANDERGRIFF, MARY ANN, , ,	l nitial) or Full Organization Name	Date of Receipt
Mailing Address 5433 PIPERS GAP DR		05 26 2022
City	State Zip Code	Transaction ID : SA11AI-27614288
MEMPHIS	TN 38134	Amount of Each Receipt this Period
EEC ID number of contributing		Authority of Each Floodiff time Foliot
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer (for Individual) US Army Corps of Engineers	Occupation (for Individual) District Counsel	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	295.00	
Full Name of Individual (Last, First, Middle Ir	l nitial) or Full Organization Name	Date of Receipt
Mailing Address 3235 FLINTLOCK DR		05 06 2022
City	State Zip Code	Transaction ID : SA11AI-27620172
COLUMBUS	GA 31907	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual) Best Efforts	Occupation (for Individual) Best Efforts	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	255.00	
		201 20
SUBTOTAL of Receipts This Page (optional)	<u> </u>	205.00
TOTAL This Period (last page this line number	only)	

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Any information copied from for commercial purpose	om such Reports and States, other than using the	atements may name and ac	y not be sold or used by any poldress of any political committee	erson for the purpose of set to solicit contributions from	soliciting contributions om such committee.
NAME OF COMMITTE UNITED WOMI	E (In Full) EN'S HEALTH AL	LIANCE	PAC		
A. WHITCOMB, HALL Mailing Address 607 H		al) or Full Or	ganization Name	Date of Receipt	/ Y Y Y Y
				05 12	2022
City SPRINGFIELD		State VT	Zip Code 05156	Transaction ID : S	
		VI	03136	Amount of Each Re	ceipt this Period
FEC ID number of cor federal political commi	•	С			50.00
Name of Employer (fo	r Individual)	Occu	pation (for Individual)	Memo Item	
Retired		Retir	ed		
Receipt For: Primary	General	Aggregate `	Year-to-Date ▼		
Other (specify)	7		210.00		
B. ZAK, HENRY, , ,	l (Last, First, Middle Initi	al) or Full Or	ganization Name	Date of Receipt	
Mailing Address 8204	E BOULEVARD DR			05 02	2022
City		State	Zip Code	Transaction ID : S	A11AI-27620548
ALEXANDRIA		VA	22308	Amount of Each Re	
FEC ID number of cor federal political commi	•	С		-	105.00
Name of Employer (fo Retired	r Individual)	Occu Retir	pation (for Individual) ed	Memo Item	
Receipt For: Primary Other (specify)	General	Aggregate `	Year-to-Date ▼		
Full Name of Individua C. ZARNEKE, RIC	Last, First, Middle Initi	al) or Full Or	ganization Name	Date of Receipt	
Mailing Address 2084				05 05	2022
City SAINT PAUL		State MN	Zip Code 55112	Transaction ID : S Amount of Each Re	
FEC ID number of cor federal political commi		С			30.00
Name of Employer (fo	r Individual)	Occu Retire	pation (for Individual) ed	Memo Item	
Receipt For:	_	Aggregate `	Year-to-Date ▼		
Primary Other (specify)	General		310.00		
SUBTOTAL of Receipts	This Page (optional)				185.00
TOTAL This Period (last	page this line number of	nly)	·····		<u></u>

FOF	R LINE	NU	MBER	:	PAGE	2	20	OF	50
(che	ck only	on	ıe)						
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	13		14		15		16		17

	Statements may not be sold or used by any persole name and address of any political committee to	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle In ZARNEKE, RICHARD, , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 2084 TERRACE DR		05 06 2022
City SAINT PAUL	State Zip Code MN 55112	Transaction ID : SA11AI-27621424 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	30.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 310.00	
Full Name of Individual (Last, First, Middle Ir ZARNEKE, RICHARD, , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 2084 TERRACE DR City SAINT PAUL	State Zip Code MN 55112	05 09 2022 Transaction ID : SA11Al-27621962 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 310.00	
Full Name of Individual (Last, First, Middle Ir	nitial) or Full Organization Name	Date of Receipt
Mailing Address		M = M / D = D / Y = Y = Y
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	Amount of Each receipt this reflect
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)		60.00
TOTAL This Period (last page this line number	only)	2775.00

SCHEDULE B (FEC Form 3X)			FOR LIN	E NUMBER: PAGE 21 OF 50				
ITEMIZED DISBURSEMENTS		parate schedule(s) h category of the	(CITCON C	only one) 1b				
		d Summary Page		3a 28b	23 28c	26 27 29 30b		
Any information copied from such Reports and Sta	tomonto mo	, not be cold or us						
or for commercial purposes, other than using the r								
NAME OF COMMITTEE (In Full)								
$ \; angle$ UNITED WOMEN'S HEALTH AL	LIANCE	PAC						
Full Name (Last, First, Middle Initial)								
A. ABC Company				Date of	Disburse	ment		
				M = M	/ D	D / Y Y Y Y Y		
Mailing Address PO Box 2413				05	10	6 2022		
City	State	Zip Code		FF0 14		- Niversia e v		
Huntington	NY	11743		FEC IO	entification	1 Number		
Purpose of Disbursement Fundraising and Media Consulting			004	C				
Candidate Name			004			ID : SB21B-72853		
Canadate Name			Category/ Type	Amount	of Each	Disbursement this Period		
Office Sought: House Disburs	sement For:			T I	70 1	8500.00		
Senate	Primary	General			,	,		
State: District:	Other (sp	ecify) 🔻		Me	mo Item			
Full Name (Last, First, Middle Initial)								
B. Blank Rome LLP				Date of	Disburse	ment		
				M = M	/ D			
Mailing Address 1825 Eye Street NW				05	2	6 2022		
City	State	Zip Code		FEC Ide	entification	n Number		
Washington Purpose of Disbursement	DC	20006		C				
Legal Fees			001		ncootion	ID : SB21B-72853		
Candidate Name			Category/			Disbursement this Period		
Office Sought: House Disburs	sement For:		Туре	3342.00				
Senate Sought.	Primary	General		3342.00				
President	Other (sp	pecify)		│	mo Item			
State: District:				Ц				
Full Name (Last, First, Middle Initial) C. Blank Rome LLP				Date of	Disburse	ment		
o. Diank Rome LLP				M M	/ D			
Mailing Address 1825 Eye Street NW				05	20			
City	State	Zip Code		EEC 14	antification	n Number		
Washington	DC	20006			zi ililicatiOf	i ivuilibei		
Purpose of Disbursement Legal Fees			001					
Candidate Name			Category/			ID: SB21B-7285: Disbursement this Period		
			Type	711104111	or Eddin			
	sement For:				-	265.00		
Senate President	Other (sp	General						
State: District:			Me	mo Item				
SUBTOTAL of Disbursements This Page (optional)		·····		-	12107.00		
TOTAL This Period (last page this line number or	nlv)							

SCI	HEDULE B (FEC Form 3X)	FOR LINI				INE I	NE NUMBER: PAGE 22 OF 50						
ITE	MIZED DISBURSEMENTS	I for each category of the I ` —			(check only one)							-	
			Summary Page		×	21b	22		23	26		27	
						28a	28b		28c	29		30b	
	information copied from such Reports and State or commercial purposes, other than using the nar												
N	AME OF COMMITTEE (In Full)												
ν	JNITED WOMEN'S HEALTH ALL	IANCE F	PAC										
	ull Name (Last, First, Middle Initial)						6 .	, D:					
A. (COA Network Inc.						Date o	t Dis	sburser	_	Υ	Y	Υ
N	lailing Address 991 Route 22 West Suite 200						05	_	26	i	_	2022	
	,	State	Zip Code				FEC Id	lentif	ication	Numt	oer		
	ridgewater Township	NJ	08807					-			_		
	urpose of Disbursement 800 Telephone numbers			00	01	71	C						
_	andidate Name				-				ction	_			
				Cate Ty	gor pe	y/	Amoun	t of	Each I	Jisburs	seme	nt this P	eriod
C	office Sought: House Disburse	ment For:	'				Ι.					161.83	3
	Senate	Primary	General							,			
S	President tate: District:	Other (spe	cify) ▼				Me	emo	Item				
F	ull Name (Last, First, Middle Initial)												
	EagleBank						Date o	f Dis	sburser	nent			
_							M = M	1	D	D /	Υ	Y	Υ
N	lailing Address 7815 Woodmont ave		_				05	_	10)	<u></u>	2022	
	ity	State	Zip Code				FEC Id	lentif	ication	Numb	oer		
	ethesda urpose of Disbursement	MD	20814										
	Bank analysis fee			00	01	71	C	_	<u> </u>				
C	andidate Name	Category/							ction I				eriod
			Type					Amount of Each Disbursement this Period					•
Ö		ment For:					382.15					5	
	Senate	Primary	General										
S	President tate: District:	Other (spe	CITY)				Memo Item						
	ull Name (Last, First, Middle Initial)												
C. (Grasshopper						Date o	f Dis					
N	lailing Address 320 Summer St						05		18			2022	Y
C	ity	State	Zip Code				FEC Id	lontif		Niumk			
В	oston	MA	02210				FEC IO	enui	Ication	Numi	Jei	-	
	urpose of Disbursement Telephone Service			00	01	\neg	C				2045	7005	
C	andidate Name			Cate		y/			action Each [nt this P	eriod
_	office Sought: House Disburse	ment For:		Ту	/pe							107.67	7
C	Senate	Primary	General									101.0	
	President	Other (specify) ▼				П.,							
S	tate: District:	Since (openity)				Me	emo	Item					
<u> </u>	DTOTAL of Dishuranesets This David (a. 11 12						Τ.	-			_	651.6	5
50	BTOTAL of Disbursements This Page (optional)					<u> </u>	-	-				331.0	4
То:	TAL This Period (last page this line number only	·)						_	_	_ '		_	

SCHEDULE B (FEC Form 3X)		FOR LINE				E NUMBER: PAGE 23 OF 50				
ITEMIZED DISBURSEMENTS		parate schedule(s) h category of the	1 (0110011	,	′					
		d Summary Page		21b 28a	22 28b	23 28c	26 29	27 30b		
Any information copied from such Reports and Sta	tomonte may	, not be sold or u								
or for commercial purposes, other than using the										
NAME OF COMMITTEE (In Full)										
$ \; angle$ UNITED WOMEN'S HEALTH AL	LIANCE	PAC								
Full Name (Last, First, Middle Initial)										
A. InterContinental New York Barck	av				Date of	Disburse	ement			
					M = M	/ D		YYY		
Mailing Address 111 E 48th St					05	2	4	2022		
City	State	Zip Code			EEC Id	ontificatio	n Number			
New York	NY	10017				entinicatio	ii ivanibei			
Purpose of Disbursement Lodging/ Hotel			002	П	C					
Candidate Name				_			ID : SB21			
			Category Type	/	Amoun	or Each	Disbursen	nent this Period		
Office Sought: House Disbur	sement For:						7	2011.81		
Senate	Primary	General								
State: District:	Other (sp	decity) \blacktriangledown			Me	mo Item				
Full Name (Last, First, Middle Initial)										
B. Intuit Inc.					Date of	Disburse	ement			
Martin and Address					M = M			0000		
Mailing Address 2700 Coast Ave					05)4	2022		
City	State	Zip Code			FEC Id	entificatio	n Number			
Mountain View Purpose of Disbursement	CA	94043								
Accounting Software			001	71	C		15 5551			
Candidate Name			Category	/			ID: SB21	B-72854 nent this Period		
			Type							
Office Sought: House Disbur	sement For: Primary	General			100.70					
President	Other (sp					14				
State: District:					IVIE	mo Item				
Full Name (Last, First, Middle Initial)					5.	. Б. 1				
C. LIVE TRANSFERS AND DONOR	R CREA	IION LLC				Disburse		YYY		
Mailing Address 1607 Ponce de Leon ave					05	/ D	6	2022		
Suite GM8	Ta	I=: 0 :								
City SAN JUAN	State PR	Zip Code 00909			FEC Id	entificatio	n Number			
Purpose of Disbursement		55555		7	С					
Telephone fundraising			003			nsaction	ID : SB21	B-7285!		
Candidate Name			Category Type	/	Amoun	t of Each	Disbursen	nent this Period		
Office Sought: House Disbur	sement For:		Турс	\dashv				15428.06		
Senate	Primary	General				7		- 4-		
President	Other (sp	pecify) ▼		Memo Item						
State: District:					_					
SUBTOTAL of Disbursements This Page (optional	l)							17540.57		
				_	-	- 7				
TOTAL This Period (last page this line number of	nlv)									

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 24 OF	50				
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)					
	Detailed Summary Page	28a	28b 28c 29 30b					
Any information copied from such Reports and Stater or for commercial purposes, other than using the nan								
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLI	ANCE PAC							
Full Name (Last, First, Middle Initial) LIVE TRANSFERS AND DONOR (CREATION LLC		Date of Disbursement					
Mailing Address 1607 Ponce de Leon ave Suite GM8			05 06 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City SAN JUAN	State Zip Code PR 00909		FEC Identification Number					
Purpose of Disbursement Telephone fundraising Clearing from previous period	od	003	C Transaction ID : SB21B-72251					
Candidate Name		Category/ Type	Amount of Each Disbursement this Pe	-				
Office Sought: House Disburser Senate	Primary General		15509.15					
State: District:	Other (specify) ▼		Memo Item					
Full Name (Last, First, Middle Initial) 3. LIVE TRANSFERS AND DONOR	CREATION LLC		Date of Disbursement	_				
Mailing Address 1607 Ponce de Leon ave Suite GM8			05 06 2022					
SAN JUAN	State Zip Code PR 00909		FEC Identification Number					
Purpose of Disbursement Telephone fundraising Candidate Name		003	Transaction ID : SB21B-72876 Amount of Each Disbursement this Pe	viod				
Office Sought: House Disburser	ment For:	Category/ Type	11872.90	-				
Senate President State: District:	Primary General Other (specify)		Invoice unpaid by clos					
Full Name (Last, First, Middle Initial) LIVE TRANSFERS AND DONOR	CREATION LLC		Date of Disbursement					
Mailing Address 1607 Ponce de Leon ave Suite GM8			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
	State Zip Code PR 00909		FEC Identification Number					
Telephone fundraising Candidate Name		003 Category/	Transaction ID : SB21B-7285! Amount of Each Disbursement this Pe	eriod				
Office Sought: House Disburser Senate	ment For: Primary General	Type	10529.34					
State: President State:	Other (specify) ▼		Memo Item					
SUBTOTAL of Disbursements This Page (optional)		······	26038.49					
TOTAL This Period (last page this line number only))							

SCHEDULE B (FEC Form 3X)							GE 25 OF 50	
ITEMIZED DISBURSEMENTS	101 each category of the 1 21			. ,	<i>,</i>			
		Summary Page	x	21b 28a	22 28b	23 28c	26	27 30b
Any information copied from such Reports and State	manta may	not be cold or up	ad by any					
or for commercial purposes, other than using the nar								
NAME OF COMMITTEE (In Full)								
angle UNITED WOMEN'S HEALTH ALL	IANCE	PAC						
Full Name (Last, First, Middle Initial)								
A. LIVE TRANSFERS AND DONOR	CREAT	ION LLC			Date of	f Disburs	ement	
Mailing Address 1607 Ponce de Leon ave					05	/ D	26 / Y	2022
Suite GM8					00		<u>.</u> L	
,	State	Zip Code			FEC Id	entificatio	n Number	
SAN JUAN Purpose of Disbursement	PR	00909						
Telephone fundraising			003		C			
Candidate Name			Categor	24/			ID: SB21	IB-72855 ment this Period
			Type	y/	Amoun	t of Lacif	Disburser	Herit triis i eriod
								12000.81
Senate								
State: District:	President Other (specify) ▼ State: District:							
Full Name (Last, First, Middle Initial)								
B. North American Marketing Solution	ns Inc				Date o	f Disburs	ement	
							D / Y	YYY
Mailing Address 3245 N 126th St					05	(06	2022
City	State	Zip Code			FEC Id	entificatio	n Number	
Brookfield Purpose of Disbursement	WI	53005						
Mailers and Caging			003		C		·	
Candidate Name			Categor	v/			ID: SB21 Disburser	nent this Period
			Туре		_			
	ment For:	Conoral					7	10844.33
Senate President	Primary Other (spe	General ecify)						
State: District:	(· · · · · · · · · · · · · · · · · · ·			Me Me	mo Item		
Full Name (Last, First, Middle Initial)								
C. North American Marketing Solution	ns Inc				Date of	f Disburs		
Mailing Address 3245 N 126th St					05	/ D	6 / Y	2022
City Brookfield	State WI	Zip Code 53005			FEC Id	entificatio	n Number	
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Office Sought: House Disbursement For: Senate Primary General						7	7	20000.10
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IT	EMIZED DISBURSEMENTS	for each of	category of the	(check only	one) 22 23 26 27			
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or	for commercial purposes, other than using the nam	ne and addre	ess of any politica	ı committee to	solicit contributions from such committee.			
$ \rangle$	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLI.	ANCE D	ΔC					
\mathbb{Z}		ANOL F						
_	Full Name (Last, First, Middle Initial)	_			5			
Α.	North American Marketing Solution	is Inc			Date of Disbursement			
	Mailing Address 3245 N 126th St	05 26 2022						
	City S Brookfield	State WI	Zip Code 53005		FEC Identification Number			
	Purpose of Disbursement		30000		C			
	Mailers and Caging			003	Transaction ID : SB21B-72856			
	Candidate Name	Category/	Amount of Each Disbursement this Period	bc				
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	President	Other (spec			Memo Item			
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٥.	RallyPay				M M / D D / Y Y Y Y			
	Mailing Address 995 Market Street Floor 2		05 31 2022					
	,	State	Zip Code		FEC Identification Number			
	San Franciso Purpose of Disbursement	CA	94103		C			
	Combined "off the top" Credit Card Chargebacks			003	Transaction ID : SB21B-75318			
	Candidate Name			Category/ Type	Amount of Each Disbursement this Period	bd		
	Office Sought: House Disbursen				29.00			
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	President State: District:	Other (spec	ııy)		Memo Item			
_	Full Name (Last, First, Middle Initial)							
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	Mailing Address 995 Market Street Floor 2				05 31 2022			
		State	Zip Code		FEC Identification Number			
	San Franciso Purpose of Disbursement	CA	94103					
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	Candidate Name	Category/ Type	Transaction ID: SB21B-7531! Amount of Each Disbursement this Period	bd				
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Senate Primary General								
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SCHEDULE B (FE	C Form 3X)	11	augha a sheed 1 ()	FOR LINE NUMBER: PAGE 28					
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UNITED WOMEN	,	IANCE F	PAC						
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Detailed Summary Page 28a 28b	ITEMIZED DISBURSEMENTS			_ I `					
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) UNITED WOMEN'S HEALTH ALLIANCE PAC Full Name (Last, First, Middle Initial) A. RallyPay Mailing Address 995 Market Street Floor 2 City San Franciso Purpose of Disbursement Combined for the top' CC Transaction fees May Candidate Name Office Sought: House President Other (specify) Full Name (Last, First, Middle Initial) Mailing Address City State Primary General Primary General Primary General Primary General Other (specify) Full Name (Last, First, Middle Initial) Candidate Name Category' Type FEC Identification Number FEC Identification Number Category' Type FEC Identification Number Candidate Name Firenary General				×					
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Full Name (Last, First, Middle Initial)	` '								
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SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE FOR LINE NUMBER: (check only one)

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X	10

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30 OF

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Advance for various legal, administrative Mastroianni, Stephanie, , , Mailing Address 2021 L St NW Ste 101-193 State Zip Code Washington DC 20036 Transaction ID: SD10-933874 Outstanding Balance Beginning This Period 2920.07 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 2920.07 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Telephone fundraising LIVE TRANSFERS AND DONOR CREATION LLC Mailing Address 1607 Ponce de Leon ave Suite GM8 City State Zip Code SAN JUAN 00909 Outstanding Balance Beginning This Period Transaction ID: SD10-933876 22155.92 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 22155.92 16961.28 16961.28 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address City State Zip Code Outstanding Balance Beginning This Period Payment This Period Amount Incurred This Period Outstanding Balance at Close of This Period 19881.35 1) SUBTOTALS This Period This Page (optional)..... 19881.35 2) TOTALS This Period (last page this line number only)..... 0.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

19881.35

Signature

SCHEDULE E (FEC Form 3X)

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TEMIZED INDEPENDENT EXPENDITUR	RES			PAGE 31 OF 50
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
UNITED WOMEN'S HEALTH ALL	IANCE PAC			FEC IDENTIFICATION NUMBER ▼
OTTI D WOMEN OTTE KETTI KEE				C C00755694
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee LIVE TRANSFERS AND DONOR CI Invoice paid after close of books.	REATION LLC	✗ Memo	Item Da	ate of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave		00 10 2022		
Suite GM8			An	mount
City	State	Zip Code	— Г	636.05
SAN JUAN	PR	00909		ransaction ID : SE-S936334 ate of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		M M / D D / Y Y Y Y
Name of Federal Candidate:		X Support	Office Sc	ought: X House District: 14
LAWRENCE, BRENDA, LULENAR, ,		Oppose	l	esident Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	.,,,,	19957.08	Disburser 2022	ment For: Primary General Other (specify) ▶
Full Name of Payee LIVE TRANSFERS AND DONOR Invoice paid after close of books. Mailing Address 1607 Ponce de Leon ave	CREATION LL	.C Memo		mount Distribution/Dissemination Distribution/Dissemination Distribution/Dissemination Distribution/Dissemination
Suite GM8	State	Zin Codo	— г	636.04
City SAN JUAN	PR	Zip Code 00909		ransaction ID : SE-S936336
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		ate of Disbursement or Obligation
Name of Federal Candidate:		✗ Support	Office Sc	bught:
LESKO, DEBBIE, , ,		Oppose		bught: House District: Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought		19957.06	Disburser 2022	ment For: x Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	tures		•	0.00
(b) SUBTOTAL of Unitemized Independent Exper	nditures		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any ca party committee) any political party committee of	ndidate or authorized			
MASTROIANNI, STEPHANIE, , ,	[Electronically Fil	led]	M M M	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

ITEMIZED INDEPENDENT	EXPENDITURES				PAGE 32 OF 50 FOR LINE 24 OF FORM 3X			
NAME OF COMMITTEE (In Full)					FEC IDENTIFICATION NUMBER ▼			
UNITED WOMEN'S HE	EALTH ALLIAN	CE PAC						
					C C00755694			
Check if 24-hour report	48-hour report	New repo	ort Amends repo	ort filed	on M = M / D = D / Y = Y = Y			
Full Name of Payee			▼ Memo	Item	Date of Public Distribution/Dissemination			
LIVE TRANSFERS AN		M M / D D / Y Y Y Y						
Invoice paid after close of boo		05 18 2022						
1607 Ponce	de Leon ave				Amount			
Suite GM8 City		State	Zip Code		636.05			
		PR	00909		Transaction ID : SE-S936338			
SAN JUAN		PK	00909		Date of Disbursement or Obligation			
Purpose of Expenditure Telephone Fundraising			Category/ Type 004	4	M M / D D / Y Y Y Y			
Name of Federal Candidate:			X Support	Office	Sought: House District: 00			
BLUNT, ROY, , ,			Oppose		President Senate State: MO			
				Distant				
Calcilidat Total To Bate				2022	rsement For: ✓ Primary General Other (specify) ———————————————————————————————————			
Full Name of Payee	Item	Date of Public Distribution/Dissemination						
LIVE TRANSFERS A		EATION LL	C		M M / D D / Y Y Y Y			
Invoice paid after close of boom		05 18 2022						
1607 Ponce	de Leon ave				Amount			
Suite GM8		Chaha	Zin Codo		626.05			
City		State	Zip Code		636.05 Transaction ID : SE-S936340			
SAN JUAN		PR	00909		Date of Disbursement or Obligation			
Purpose of Expenditure Telephone Fundraising			Category/ 004		M M / D D / Y Y Y Y			
relephone rundraising			Type 002					
Name of Federal Candidate:			✗ Support	Office	Sought: House District: 00			
MURRAY, PATTY, , ,			Oppose		President Senate State: WA			
Calandar Van Ta Data				Dish	rsement For: 🗶 Primary General			
Calendar Year-To-Date Per Election for Office So	ought		19957.05	2022	Other (specify)			
(a) CURTOTAL of Housing of India					0.00			
(a) SUBTOTAL of Itemized Inde	pendent Expenditures		•••••		0.00			
(1) OUDTOTAL (11)								
(b) SUBTOTAL of Unitemized Ir	idependent Expenditui	'es						
() 70711	••							
(c) TOTAL Independent Expend	itures							
	estion of, any candida	ate or authorized			ade in cooperation, consultation, or concert r, or (if the reporting entity is not a political			
MASTROIANNI, STEPHANIE	;,,,	Electronically Fil	ed]	_ M_	5 18 2022			
Signature	L	- · · · · · · · · · · · · · · · · · · ·	Date	e 0:	5 18 2022			

Signature

SCHEDULE E (FEC Form 3X)

TEMIZED INDEPENDENT EXPENDITURES				PAGE 33 OF 50
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
UNITED WOMEN'S HEALTH ALLIAN	CE PAC			FEC IDENTIFICATION NUMBER ▼
OMITED WOMENOTIE/LETTI/LEI/MV				C C00755694
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	M = M / D = D / Y = Y = Y = Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA Invoice paid after close of books.	TION LLC	🗶 Memo	Item Da	ate of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave				
Suite GM8			An	mount
City	State	Zip Code		636.05
SAN JUAN	PR	00909		ransaction ID : SE-S936342 ate of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		M = M / D = D / Y = Y = Y
Name of Federal Candidate:		✗ Support	Office So	ought: House District: 00
VAN HOLLEN, CHRIS, , ,		Oppose		esident Senate State: MD
Onlandor VersiTo Data				ment For: X Primary General
Calendar Year-To-Date Per Election for Office Sought		19957.05	2022	Other (specify) >
Full Name of Payee LIVE TRANSFERS AND DONOR CR Invoice paid after close of books.	EATION LL	.C Memo	Item Da	ate of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1607 Ponce de Leon ave				
Suite GM8			An	mount
City	State	Zip Code		636.05
SAN JUAN	PR	00909	I	ransaction ID : SE-S936344 ate of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		M M / D D / Y Y Y Y
Name of Federal Candidate:		✗ Support	Office So	ought: House District: 00
CORNYN, JOHN, , Sen,		Oppose	Pre	esident X Senate State: TX
Calendar Year-To-Date		40057.05		ment For: 🗶 Primary General
Per Election for Office Sought	7 7	19957.05	2026	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditure				0.00
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	te or authorized	•		• •
MASTROIANNI, STEPHANIE, , ,	Electronically File	edl –	M = M	/ D D / Y Y Y Y Y
Cianatura		Date	05	18 2022

Signature

SCHEDULE E (FEC Form 3X)

TEMIZED INDEPENDENT EXPENDITURES				PAGE 34 OF 50
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
UNITED WOMEN'S HEALTH ALLIAN	CF PAC			FEC IDENTIFICATION NUMBER ▼
OTTI D WOMEN O HEXETTI NEED WA				C C00755694
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	M / D D / Y Y Y Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA Invoice paid after close of books.	TION LLC	🗶 Memo	M	f Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave				
Suite GM8			Amoun	t
City	State	Zip Code		636.04
SAN JUAN	PR	00909		action ID : SE-S936346 f Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		M / D D / Y Y Y Y Y
Name of Federal Candidate:		✗ Support	Office Sought	: House District: 00
TILLIS, THOM, R., Sen,		Oppose	Preside	□ NC
Calendar Year-To-Date Per Election for Office Sought	7 1 7	19957.05	Disbursement 2026 Ot	For: x Primary General her (specify) ▶
Full Name of Payee LIVE TRANSFERS AND DONOR CR Invoice paid after close of books. Mailing Address 1607 Ponce de Leon ave	EATION LL	C Memo	M	f Public Distribution/Dissemination
Suite GM8			Amoun	t
City	State	Zip Code		636.05
SAN JUAN	PR	00909		action ID : SE-S936348 f Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	М	M / D D / Y Y Y Y
Name of Federal Candidate:		x Support	Office Sought	: House District: 00
SHAHEEN, JEANNE, , ,		Oppose	Preside	nt Senate State: NH
Calendar Year-To-Date Per Election for Office Sought	7	19957.06	Disbursement 2026 Ot	For: Primary General her (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditure			·	0.00
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ite or authorized	•		• •
MASTROIANNI, STEPHANIE, , ,	Electronically Fil	ed] Date	M = M / 05	18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDENT EXPENDITURES				PAGE 35 OF 50 FOR LINE 24 OF FORM 3X		
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼		
UNITED WOMEN'S HEALTH ALLIAN	ICE PAC			C C00755694		
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y		
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TIONLLC	☐ Memo	Item Da	te of Public Distribution/Dissemination		
LIVE TRAINSPERS AND DONOR CREA		04				
Mailing Address 1607 Ponce de Leon ave	Am	Amount				
Suite GM8	Ctoto	Zin Codo	— г	830.85		
City SAN JUAN	State	Zip Code 00909	L L	ansaction ID : SE-S888018		
		00000		te of Disbursement or Obligation		
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		05 / 06 / 2022		
Name of Federal Candidate:		✗ Support	Office So	ught: X House District: 14		
LAWRENCE, BRENDA, LULENAR, ,		Oppose	Pre	sident Senate State: MI		
Calendar Year-To-Date		1.00000	Disburser	nent For: 🗶 Primary General		
Per Election for Office Sought	7 7	17930.45	2022	Other (specify) ▶		
Full Name of Payee	Item Da	te of Public Distribution/Dissemination				
LIVE TRANSFERS AND DONOR CF	REATION LL	C		04 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 1607 Ponce de Leon ave						
Suite GM8			Am	nount		
City	State	Zip Code		830.84		
SAN JUAN	PR	00909		Transaction ID: SE-S888020 Date of Disbursement or Obligation		
Purpose of Expenditure Telephone Fundraising		Category/ 004		05 06 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Total and a district of the state of the sta		Type 004		00 2022		
Name of Federal Candidate:		✗ Support	Office So	ught: House District: 08		
LESKO, DEBBIE, , ,		Oppose	Pre	sident Senate State: AZ		
Calendar Year-To-Date		17930.44	Disburser	nent For: 🗶 Primary 🔲 General		
Per Election for Office Sought	7 1 7	17000.44	2022	Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures	;		· • _	1661.69		
(b) SUBTOTAL of Unitemized Independent Expenditu	res		• •			
(c) TOTAL Independent Expenditures			, г			
(0 , 1 0 11 2 11 3 10 3 11 3 11 3						
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized					
MASTROIANNI, STEPHANIE, , ,	[Electronically File	ed]	M = M	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Signature		Date	9 04	27 2022		

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDENT EXPENDITURES	•			PAGE 36 OF 50	
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X	
UNITED WOMEN'S HEALTH ALLIAN	NCE PAC			FEC IDENTIFICATION NUMBER ▼	
				C C00755694	
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M = M / D = D / Y = Y = Y	
Full Name of Payee	.=	☐ Memo	Item Date	of Public Distribution/Dissemination	
LIVE TRANSFERS AND DONOR CREA		04 27 2022			
Mailing Address 1607 Ponce de Leon ave			Ama	unt.	
Suite GM8			Amo	unt	
City	State	Zip Code		830.84	
SAN JUAN	PR	00909		of Disbursement or Obligation	
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate:		X Support	Office Soug	ght: House District: 00	
BLUNT, ROY, , ,		Oppose	Presid	dent Senate State: MO	
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	17930.42	Disburseme	ent For: x Primary General Other (specify) ▶	
Full Name of Payee		Memo	<u> </u>	of Public Distribution/Dissemination	
LIVE TRANSFERS AND DONOR CI	REATION LL			M M / D D / Y Y Y Y	
Mailing Address 1607 Ponce de Leon ave				04 27 2022	
Suite GM8			Amo	unt	
City	State	Zip Code		830.85	
SAN JUAN	PR	00909		nsaction ID : SE-S888026 of Disbursement or Obligation	
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		M 05 / 06 / Y Y Y Y Y Y 2022	
Name of Federal Candidate:		✗ Support	Office Soug	ght: House District: 00	
MURRAY, PATTY, , ,		Oppose	Presid	dent Senate State: WA	
Calendar Year-To-Date		17930.43	Disburseme	ent For: 🗶 Primary General	
Per Election for Office Sought	7 7	17000.40	2022	Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures	s			1661.69	
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres		· •		
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized	•		•	
MASTROIANNI, STEPHANIE, , , Signature	[Electronically Fil	led] Date	e 04	27 / 2022	
Jigilataro					

TEMIZED INDEPENDENT EXPENDITURES			PAGE 37 OF 50 FOR LINE 24 OF FORM 3X		
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼		
UNITED WOMEN'S HEALTH ALLIAN	CE PAC		C C00755694		
			C C00733694		
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on M M / D D / Y Y Y Y Y		
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TIONLLC	☐ Memo	Item Date of Public Distribution/Dissemination		
LIVE TRANSPERS AND DONOR CREA	LIVE TRANSFERS AND DONOR CREATION LLC				
Mailing Address 1607 Ponce de Leon ave			Amount		
Suite GM8					
City	State	Zip Code	830.85		
SAN JUAN	PR	00909	Transaction ID : SE-S888028 Date of Disbursement or Obligation		
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	4 05 06 7 2022		
Name of Federal Candidate:		X Support	Office Sought: House District: 00		
VAN HOLLEN, CHRIS, , ,		Oppose	President X Senate State: MD		
Calendar Year-To-Date			Disbursement For: X Primary General		
Per Election for Office Sought	7	17930.43	2022		
Full Name of Payee LIVE TRANSFERS AND DONOR CR	EATION LL	C Memo	Item Date of Public Distribution/Dissemination		
Mailing Address 1607 Ponce de Leon ave			Amount		
Suite GM8			Amount		
City	State	Zip Code	830.85		
SAN JUAN	PR	00909	Transaction ID: SE-S888014 Date of Disbursement or Obligation		
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	M M / D D / Y Y Y Y		
Name of Federal Candidate:		✗ Support	Office Sought: House District: 00		
CORNYN, JOHN, , Sen,		Oppose	President State: TX		
Calendar Year-To-Date		17000 10	Disbursement For: x Primary General		
Per Election for Office Sought	7	17930.42	2026 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditure					
(c) TOTAL Independent Expenditures			·		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
MASTROIANNI, STEPHANIE, , ,	Electronically File	ed1 -	M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y		
Signature		Date	e 04 27 2022		

TEMIZED INDEPENDENT EXPENDITURES				PAGE 38 OF 50 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
UNITED WOMEN'S HEALTH ALLIAN	ICE PAC			C C00755694
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TIONILLO	☐ Memo	Item Da	te of Public Distribution/Dissemination
LIVE TRAINSPERS AND DONOR CREA	TION LLC			04
Mailing Address 1607 Ponce de Leon ave			Δm	nount
Suite GM8				
City	State	Zip Code		830.85
SAN JUAN	PR	00909		ansaction ID : SE-S888016 te of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		05 06 7 2022
Name of Federal Candidate:		X Support	Office So	ught: House District: 00
TILLIS, THOM, R., Sen,		Oppose	Pre	sident State: NC
Calendar Year-To-Date			Disburser	nent For: 🗶 Primary General
Per Election for Office Sought	7-1-1-7-	17930.44	2026	Other (specify) ▶
Full Name of Payee		☐ Memo	Item Da	te of Public Distribution/Dissemination
LIVE TRANSFERS AND DONOR CR	REATION LL	С		04 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1607 Ponce de Leon ave				04 27 2022
Suite GM8			Am	nount
City	State	Zip Code		830.84
SAN JUAN	PR	00909		ansaction ID : SE-S888022 te of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ 004		M M / D D / Y Y Y Y
receptione rundraising		Type 004	_	05 06 2022
Name of Federal Candidate:		✗ Support	Office So	ught: House District: 00
SHAHEEN, JEANNE, , ,		Oppose	Pre	sident Senate State: NH
Calendar Year-To-Date		17930.43	Disburser	nent For: 🗶 Primary 🗌 General
Per Election for Office Sought	7-1-1-7-	17930.43	2026	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			· • _	1661.69
(b) SUBTOTAL of Unitemized Independent Expenditu	res		· • _	
(c) TOTAL Independent Expenditures				
(c) TOTAL independent Expenditures			•	
Under penalty of perjury I certify that the independed with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized			
MASTROIANNI, STEPHANIE, , ,	[Electronically Fil	od1	M = M	/ D D / Y Y Y Y Y
Signature		_ Date	9 04	27 2022

PAGE 39 OF 50 FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ UNITED WOMEN'S HEALTH ALLIANCE PAC C00755694 Check if 24-hour report 48-hour report New report Amends report filed on Date of Public Distribution/Dissemination Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC 05 04 2022 Mailing Address 1607 Ponce de Leon ave Amount Suite GM8 State Zip Code 826.51 City PR 00909 Transaction ID: SE-S936302 SAN JUAN Date of Disbursement or Obligation Purpose of Expenditure Category/ Telephone Fundraising 004 05 06 2022 Type Name of Federal Candidate: 14 **X** Support Office Sought: **✗** House District: LAWRENCE, BRENDA, LULENAR, , MI Oppose President Senate State: Disbursement For: x Primary General Calendar Year-To-Date 18756.96 2022 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Memo Item LIVE TRANSFERS AND DONOR CREATION LLC 2022 04 05 Mailing Address 1607 Ponce de Leon ave Amount Suite GM8 826.50 City State Zip Code SAN JUAN Transaction ID: SE-S936304 PR 00909 Date of Disbursement or Obligation Purpose of Expenditure Category/ Telephone Fundraising 004 06 2022 05 Type Name of Federal Candidate: 80 x Support Office Sought: **X** House District: LESKO, DEBBIE, , , ΑZ Oppose President Senate State: x Primary Disbursement For: General Calendar Year-To-Date 18756.94 2022 Per Election for Office Sought Other (specify) ▶ 1653.01 (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures..... (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. MASTROIANNI, STEPHANIE, , , [Electronically Filed] 05 04 2022 Date Signature

TEMIZED INDEPENDENT EXPENDITORES				PAGE 40 OF 50 FOR LINE 24 OF FORM 3X	
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼	
UNITED WOMEN'S HEALTH ALLIAN	CE PAC			C C00755694	
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M / D D / Y Y Y Y	
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	☐ Memo	_	of Public Distribution/Dissemination	
Mailing Address 1607 Ponce de Leon ave			L	05 04 2022	
Suite GM8			Amou	Int	
City	State	Zip Code		826.50	
SAN JUAN	PR	00909		saction ID : SE-S936306 of Disbursement or Obligation	
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		05 06 7 2022	
Name of Federal Candidate:		✗ Support	Office Sough	ht: House District: 00	
BLUNT, ROY, , ,		Oppose	Presid	MO	
Calendar Year-To-Date Per Election for Office Sought	, , ,	18756.92	Disbursemer 2022	nt For: x Primary General Other (specify) ▶	
Full Name of Payee		Memo	Item Date	of Public Distribution/Dissemination	
LIVE TRANSFERS AND DONOR CR	EATION LL	С	Г	05 04 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 1607 Ponce de Leon ave					
Suite GM8			Amou	int	
City	State	Zip Code	— II i	826.50	
SAN JUAN	PR	00909		saction ID : SE-S936308 of Disbursement or Obligation	
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		05 / 06 / 2022	
Name of Federal Candidate:		✗ Support	Office Sough	nt: House District: 00	
MURRAY, PATTY, , ,		Oppose	Presid	ent Senate State: WA	
Calendar Year-To-Date Per Election for Office Sought		18756.93	Disbursemer	nt For: x Primary General Other (specify) ▶	
				officer (specify) F	
(a) SUBTOTAL of Itemized Independent Expenditures				1653.00	
(L) CUDTOTAL of United in a discount of the form of the control of					
(b) SUBTOTAL of Unitemized Independent Expenditure	es		• •		
(c) TOTAL Independent Expenditures			•	7	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
MASTROIANNI, STEPHANIE, , ,	Electronically File	ed] Date	e 05	04 2022	
Signature	-		, ,,		

TEMIZED INDEPENDENT EXPENDITORES				PAGE 41 OF 50 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
UNITED WOMEN'S HEALTH ALLIAN	CE PAC			C C00755694
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y Y Y Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	☐ Memo	Item Date of	f Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave				05 04 2022
Suite GM8			Amoun	t
City	State	Zip Code		826.50
SAN JUAN	PR	00909		ction ID : SE-S936310 f Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		05 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		✗ Support	Office Sought	: House District: 00
VAN HOLLEN, CHRIS, , ,		Oppose	Preside	MD
Calendar Year-To-Date Per Election for Office Sought	, , ,	18756.93	Disbursement 2022 Ot	For: x Primary General her (specify) ▶
Full Name of Payee		Memo	Item Date of	Public Distribution/Dissemination
LIVE TRANSFERS AND DONOR CR	EATION LL	C		05 04 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1607 Ponce de Leon ave				
Suite GM8			Amoun	t
City	State	Zip Code		826.50
SAN JUAN	PR	00909		action ID : SE-S936312 f Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	М	05
Name of Federal Candidate:		✗ Support	Office Sought	: House District: 00
CORNYN, JOHN, , Sen,		Oppose	Preside	nt Senate State: TX
Calendar Year-To-Date Per Election for Office Sought		18756.92	Disbursement 2026	• •
			Ot	her (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			· [1653.00
(b) SUBTOTAL of Unitemized Independent Expenditure	es		. —	
(a) CODI CINIZ OF CHIROLINEZOU INCOPORTACINE EXPORTACIO				7
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidar party committee) any political party committee or its a	te or authorized	•		•
MASTROIANNI, STEPHANIE, , ,	Electronically File	ed] Date	M M / 05	04
Signature	-	_ Date	. 00	

TEMIZED INDEPENDENT EXPENDITORES				PAGE 42 OF 50 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			ı	FEC IDENTIFICATION NUMBER ▼
UNITED WOMEN'S HEALTH ALLIAN	CE PAC			C C00755694
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	M / D D / Y Y Y Y Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	☐ Memo		Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave			Amount	04 2022
Suite GM8			/ Infoant	
City	State	Zip Code		826.50
SAN JUAN	PR	00909		ction ID : SE-S936314 Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		06 2022
Name of Federal Candidate:		Support	Office Sought:	House District: 00
TILLIS, THOM, R., Sen,		Oppose	Presider	nt Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	18756.94	Disbursement 2026 Oth	For: x Primary General ener (specify) ►
Full Name of Payee		☐ Memo	Item Date of	Public Distribution/Dissemination
LIVE TRANSFERS AND DONOR CR	EATION LL	С		05
Mailing Address 1607 Ponce de Leon ave			Amount	
Suite GM8			Amount	
City	State	Zip Code		826.51
SAN JUAN	PR	00909		action ID : SE-S936316 Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		05 06 2022
Name of Federal Candidate:		∡ Support	Office Sought:	House District: 00
SHAHEEN, JEANNE, , ,		Oppose	Presider	NIL
Calendar Year-To-Date		18756.94	Disbursement 2026	For: Primary General
Per Election for Office Sought	7 7		Oth	ner (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures			· []	1653.01
(b) SUBTOTAL of Unitemized Independent Expenditur	es		.	7
(c) TOTAL Independent Expenditures			· [
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized	•		
MASTROIANNI, STEPHANIE, , ,	Electronically File	ed1 -	M = M /	04 2022
Signature		Date	. 05	04 2022

				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
UNITED WOMEN'S HEALTH ALLIAN	CE PAC			
				C C00755694
Check if 24-hour report 48-hour report	New repo	ort Amends rep	ort filed	on M M / D D / Y Y Y Y
Full Name of Payee	TIONILLO	☐ Memo	Item	Date of Public Distribution/Dissemination
LIVE TRANSFERS AND DONOR CREA	TION LLC			05 11 2022
Mailing Address 1607 Ponce de Leon ave				
Suite GM8				Amount
City	State	Zip Code		564.07
SAN JUAN	PR	00909		Transaction ID : SE-S936318 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 00	4	05 18 2022
Name of Federal Candidate:		✗ Support	Office	e Sought: X House District: 14
LAWRENCE, BRENDA, LULENAR, ,		Oppose		President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	7	19321.03	Disbu 2022	ursement For: ✓ Primary General Other (specify) ►
Full Name of Payee		☐ Memo	Itom	Date of Public Distribution/Dissemination
LIVE TRANSFERS AND DONOR CR	EATION LL) Itelli	M M / D D / Y Y Y Y
Mailing Address				05 11 2022
1607 Ponce de Leon ave Suite GM8				Amount
City	State	Zip Code		564.08
SAN JUAN	PR	00909		Transaction ID : SE-S936320 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/	1	M M / D D / Y Y Y Y
relephone i unuraising		Type 004	*	05 18 2022
Name of Federal Candidate:		🗶 Support	Office	e Sought: House District: 08
LESKO, DEBBIE, , ,		Oppose		President Senate State: AZ
Calendar Year-To-Date		19321.02		ursement For: 🗶 Primary General
Per Election for Office Sought	7 7		2022	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			▶	1128.15
(h) CURTOTAL of United in all Index and art Fun and its united in a				
(b) SUBTOTAL of Unitemized Independent Expenditure	es		▶	
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidar party committee) any political party committee or its a	te or authorized			
MASTROIANNI, STEPHANIE, , ,	Electronically Fil	ed1 -	M	M / D D / Y Y Y Y Y
Signature		Dat	te 0	5 11 2022

Signature

SCHEDULE E (FEC Form 3X)

5011E50EE E (1 E0 1 01111 0X)				
TEMIZED INDEPENDENT EXPENDITURES				PAGE 44 OF 50
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
UNITED WOMEN'S HEALTH ALLIAN	ICE PAC			FEC IDENTIFICATION NUMBER ▼
				C C00755694
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed or	M = M / D = D / Y = Y = Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	☐ Memo	Item C	Date of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave				05 11 2022
Suite GM8			A	Amount
City	State	Zip Code		564.07
SAN JUAN	PR	00909		Transaction ID : SE-S936322 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		05 18 2022
Name of Federal Candidate:		✗ Support	Office S	Sought: House District: 00
BLUNT, ROY, , ,		Oppose		resident State: MO
Calendar Year-To-Date Per Election for Office Sought	7	19320.99	Disburse 2022	ement For: Primary General Other (specify) ▶
Full Name of Payee LIVE TRANSFERS AND DONOR CR Mailing Address 1607 Ponce de Leon ave	REATION LL	.C Memo		Date of Public Distribution/Dissemination M
Suite GM8	101-1-	7:- 01-		FC4.07
City SAN JUAN	State PR	Zip Code 00909	I	Transaction ID : SE-S936324 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		05 / 18 / 2022
Name of Federal Candidate:		✗ Support	Office S	Sought: House District: 00
MURRAY, PATTY, , ,		Oppose	P	resident Senate State: WA
Calendar Year-To-Date Per Election for Office Sought	7	19321.00	Disburse 2022	ement For: x Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	i		• [1128.14
(b) SUBTOTAL of Unitemized Independent Expenditure	res		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
MASTROIANNI, STEPHANIE, , ,	[Electronically File	'ed] Date	M M M	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

TEMIZED INDEPENDENT EXPENDITORES				PAGE 45 OF 50 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
UNITED WOMEN'S HEALTH ALLIAN	CE PAC			C C00755694
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M = M / D = D / Y = Y = Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	☐ Memo	Item Date	of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave				05 11 2022
Suite GM8			Amo	unt
City	State	Zip Code		564.07
SAN JUAN	PR	00909		saction ID : SE-S936326 of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		✗ Support	Office Soug	ht: House District: 00
VAN HOLLEN, CHRIS, , ,		Oppose	Presid	MD
Calendar Year-To-Date Per Election for Office Sought	, , ,	19321.00	Disburseme	ent For: x Primary General Other (specify) ►
Full Name of Payee		Memo	Item Date	of Public Distribution/Dissemination
LIVE TRANSFERS AND DONOR CR	EATION LL	C		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1607 Ponce de Leon ave				
Suite GM8			Amo	unt
City	State	Zip Code		564.08
SAN JUAN	PR	00909		nsaction ID : SE-S936328 of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		✗ Support	Office Soug	ht: House District: 00
CORNYN, JOHN, , Sen,		Oppose	Presid	dent Senate State: TX
Calendar Year-To-Date Per Election for Office Sought		19321.00	Disburseme	,
	1 1			Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures				1128.15
(b) SUBTOTAL of Unitemized Independent Expenditure	es			
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
(c) TOTAL Independent Expenditures			· •	
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	te or authorized	•		•
MASTROIANNI, STEPHANIE, , ,	Electronically File	ed]	e 05	11 2022
Signature	-	Date	5 00	

TEMIZED INDEPENDENT EXPENDITURES				PAGE 46 OF 50 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
UNITED WOMEN'S HEALTH ALLIAN	CE PAC			C C00755694
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	= M / D = D / Y = Y = Y
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
LIVE TRANSFERS AND DONOR CREA	TION LLC		n	05 11 2022
Mailing Address 1607 Ponce de Leon ave			Amou	nt
Suite GM8 City	State	Zip Code		564.07
SAN JUAN	PR	00909		saction ID : SE-S936330 of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		05 / 18 / 2022
Name of Federal Candidate:		Support	Office Sough	nt: House District: 00
TILLIS, THOM, R., Sen,		Oppose	Presid	□ NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	19321.01	Disbursemer 2026	nt For: x Primary General Other (specify) ▶
Full Name of Payee		Memo		of Public Distribution/Dissemination
LIVE TRANSFERS AND DONOR CR	EATION LL			05 11 2022
Mailing Address 1607 Ponce de Leon ave				
Suite GM8			Amou	nt
City	State	Zip Code		564.07
SAN JUAN Purpose of Expenditure	PR	00909		saction ID : SE-S936332 of Disbursement or Obligation
Telephone Fundraising		Category/ Type 004		05 / 18 / 2022
Name of Federal Candidate:		x Support	Office Sough	nt: House District: 00
SHAHEEN, JEANNE, , ,		Oppose	Presid	ent Senate State: NH
Calendar Year-To-Date		19321.01	Disbursemer	nt For: 🗶 Primary 🗌 General
Per Election for Office Sought	7 7	10021.01	2026 C	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures			•	1128.14
(b) SUBTOTAL of Unitemized Independent Expenditure	es		· [
			=	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidar party committee) any political party committee or its a	te or authorized	•		•
MASTROIANNI, STEPHANIE, , ,	Electronically Fil	ed]	M M /	11 2022
Signature	-	Date	, 03	

Signature

SCHEDULE E (FEC Form 3X)

TEMIZED INDEPENDENT EXPENDITURES					GE 47	OF 50
NAME OF COMMITTEE (In Full)						OF FORM 3X
UNITED WOMEN'S HEALTH ALLIANCE PAC					NTIFICATIO	N NUMBER ▼
	.02 1710			C	00755694	
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M M / [D D /	Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION I I C	☐ Memo	Item Date	of Public D	istribution/[Dissemination
					25 /	2022
Mailing Address 1607 Ponce de Leon ave Amou				unt		
Suite GM8		1				
City	State	Zip Code				642.90
SAN JUAN	PR	00909		saction ID : of Disburse		
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		M M /	26	2022
Name of Federal Candidate:		X Support	Office Soug	aht: X	House [District:14
LAWRENCE, BRENDA, LULENAR, ,		Oppose	Presi		Senate	State: MI
Calendar Year-To-Date			Disburseme	ent For:	Primary	General
Per Election for Office Sought	, , , ,	20599.98	2022	Other (speci	ify) ▶	
Full Name of Payee LIVE TRANSFERS AND DONOR CR	EATION LL	.C Memo	Item Date		istribution/[Dissemination
Mailing Address				05	25	2022
Mailing Address 1607 Ponce de Leon ave			Amo	unt		
Suite GM8 City	State	Zip Code				642.90
SAN JUAN	PR	00909	Trai	nsaction ID : of Disburse	: SE-S9363	52
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		M M /	26	2022
Name of Federal Candidate:		✗ Support	Office Soug	ght: 🗶 I	House [District:08
LESKO, DEBBIE, , ,		Oppose	Presi		Senate	State: AZ
Calendar Year-To-Date Per Election for Office Sought		20599.96	Disburseme		Primary	General
	7			Other (speci	fy) ▶	
() 01177711 ()						1005.00
(a) SUBTOTAL of Itemized Independent Expenditures			· •	1-7-1	7	1285.80
(b) SUBTOTAL of Unitemized Independent Expenditure	1 25					
(b) GOD TO TALL OF OTHER MIZE OF MICE PROPERTY EXPERIMENT	03		•		7	
(c) TOTAL Independent Expenditures						
				- 1	7	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized					
MASTROIANNI, STEPHANIE, , ,	Electronically Fil	ed]	M M /	D D /		Y
Cianatura	Jincany Pil	_ Date	9 05	25	2022	

I LIVILLED INDEFENDENT EXPENDITORES				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
UNITED WOMEN'S HEALTH ALLIAN	ICE PAC			C C00755694
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		Memo	Item Date	of Public Distribution/Dissemination
LIVE TRANSFERS AND DONOR CREA	TION LLC	□ Memo	Titelli Bato	M M / D D / Y Y Y Y Y Y O5 25 2022
Mailing Address 1607 Ponce de Leon ave			Amo	unt
Suite GM8			74110	
City	State	Zip Code		642.90
SAN JUAN	PR	00909		saction ID : SE-S936354 of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		M M / D D / Y Y Y Y Y Y 2022
Name of Federal Candidate:		X Support	Office Soug	ht: House District: 00
BLUNT, ROY, , ,		Oppose	Presid	dent Senate State: MO
Calendar Year-To-Date Per Election for Office Sought	7 7	20599.94	Disburseme	ont For: ✓ Primary General Other (specify) ►
Full Name of Payee		Memo	Item Date	of Public Distribution/Dissemination
LIVE TRANSFERS AND DONOR CR	REATION LL			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1607 Ponce de Leon ave			L	05 25 2022
Suite GM8			Amo	unt
City	State	Zip Code		642.90
SAN JUAN	PR	00909		nsaction ID : SE-S936356 of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	— I r	M M / D D / Y Y Y Y Y Y Y 2022
Name of Federal Candidate:		✗ Support	Office Soug	ht: House District: 00
MURRAY, PATTY, , ,		Oppose	Presid	dent Senate State: WA
Calendar Year-To-Date		20599.95	Disburseme	ent For: 🗶 Primary General
Per Election for Office Sought	7 7		2022	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures			· [1285.80
(b) SUBTOTAL of Unitemized Independent Expenditure	res		· [
(c) TOTAL Independent Expenditures			· [
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	•		•
MASTROIANNI, STEPHANIE, , ,	Electronically Fil	ed1 -	M M /	25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		Date	9 05	25 2022

TEMIZED INDEFENDENT EXPENDITORES				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
UNITED WOMEN'S HEALTH ALLIAN	ICE PAC			C C00755694
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	☐ Memo	Item D	ate of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave			A	mount
Suite GM8				
City SAN JUAN	State PR	Zip Code 00909	I .	642.90 ransaction ID : SE-S936358
Purpose of Expenditure Telephone Fundraising	l	Category/ Type 004		ate of Disbursement or Obligation M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		X Support	Office S	ought: House District: 00
VAN HOLLEN, CHRIS, , ,		Oppose		esident Senate State: MD
Calendar Year-To-Date Per Election for Office Sought	T T	20599.95	Disburse 2022	ment For: ■ Primary General Other (specify) ■
Full Name of Payee		Memo	Item D	ate of Public Distribution/Dissemination
LIVE TRANSFERS AND DONOR CR	REATION LL	C		05 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1607 Ponce de Leon ave				
Suite GM8			A	mount
City SAN JUAN	State PR	Zip Code 00909		642.90 Transaction ID : SE-S936360
Purpose of Expenditure Telephone Fundraising	1	Category/ Type 004		ate of Disbursement or Obligation M M C 26 2022
Name of Federal Candidate:		∡ Support	Office S	ought: House District: 00
CORNYN, JOHN, , Sen,		Oppose		esident Senate State: TX
Calendar Year-To-Date Per Election for Office Sought	<u>, , , , , , , , , , , , , , , , , , , </u>	20599.95	Disburse 2026	ment For: x Primary General Other (specify) ▶
				,
(a) SUBTOTAL of Itemized Independent Expenditures				1285.80
(b) SUBTOTAL of Unitemized Independent Expenditure	res			
(c) TOTAL Independent Expenditures			• •	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	•		•
MASTROIANNI, STEPHANIE, , ,	Electronically Fil	ed]	e 05	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	<u> </u>	Date	5 03	2022

I LIVILLED INDEFENDENT EXPENDITORES				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼				
UNITED WOMEN'S HEALTH ALLIANCE PAC				C C00755694
Check if 24-hour report 48-hour report New report Amends report filed on				
Full Name of Payee				
LIVE TRANSFERS AND DONOR CREATION LLC				05 25 / Y Y Y Y 2022
Mailing Address 1607 Ponce de Leon ave			Amo	ount
Suite GM8				
City	State	Zip Code		642.91
SAN JUAN	PR	00909		nsaction ID : SE-S936362 e of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising Category/ Type 004				M 05
Name of Federal Candidate:		X Support	Office Sou	ght: House District: 00
TILLIS, THOM, R., Sen,		Oppose	Presi	
Calendar Year-To-Date Per Election for Office Sought	T 1 T	20599.96	Disburseme 2026	ent For: Primary General Other (specify)
Full Name of Payee				
LIVE TRANSFERS AND DONOR CREATION LLC				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1607 Ponce de Leon ave				
Suite GM8			Amo	punt
City	State	Zip Code		642.90
SAN JUAN	PR	00909		Transaction ID : SE-S936364 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising				05 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:	x Support	Office Sou	Office Sought: House District: 00	
SHAHEEN, JEANNE, , ,	Oppose	Presi	President Senate State: NH	
Calendar Year-To-Date		20599.96	Disburseme	ent For: 🗶 Primary General
Per Election for Office Sought	7 7	2000.00	2026	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
MASTROIANNI, STEPHANIE, , ,	Electronically Fil	ed1 -	M = M	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		Date	9 05	25 2022