

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 UNITED WOMEN'S HEALTH ALLIANCE PAC

ADDRESS (number and street) 2021 L ST NW STE 101-193 WASHINGTON DC 20036

2. FEC IDENTIFICATION NUMBER C00755694 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) (b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on in the State of (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on in the State of

5. Covering Period 05 / 01 / 2022 through 05 / 31 / 2022

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. MASTROIANNI, STEPHANIE, , , Type or Print Name of Treasurer

Signature of Treasurer MASTROIANNI, STEPHANIE, , , [Electronically Filed] Date 06 / 17 / 2022

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

UNITED WOMEN'S HEALTH ALLIANCE PAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2022"/>	<input type="text" value="89698.79"/>	<input type="text" value="89698.79"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="119882.06"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="112249.00"/>	<input type="text" value="757066.06"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="232131.06"/>	<input type="text" value="846764.85"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="129453.60"/>	<input type="text" value="744087.39"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="102677.46"/>	<input type="text" value="102677.46"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	2775.00	21005.00
(ii) Unitemized	109474.00	736061.06
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	112249.00	757066.06
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	112249.00	757066.06
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	112249.00	757066.06
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	112249.00	757066.06

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	106454.02	582917.88
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	106454.02	582917.88
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	22914.58	160329.51
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	85.00	840.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	85.00	840.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	129453.60	744087.39
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	129453.60	744087.39

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	112249.00	757066.06
34. Total Contribution Refunds (from Line 28(d))	85.00	840.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	112164.00	756226.06
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	106454.02	582917.88
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	106454.02	582917.88

: 97 `A -G7 9 @ @ B9 CI G`H9 LH`F9 @ H98 `HC `5 `F9 DCFH`ZG7 <98 I @ `CF `H9 A -N5 H-CB

Form/Schedule: F3XN
Transaction ID :

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

Form/Schedule:
Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 49
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. APPLEBY, HAROLD, , ,

Mailing Address 64 SEGAR CT

City WAKEFIELD	State RI	Zip Code 02879
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retired	Occupation (for Individual) Retired
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
205.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	05	/	2022

Transaction ID : SA11AI-27621488

Amount of Each Receipt this Period
105.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. ASKEW, SUSAN, , ,

Mailing Address 7913 FARMINGWOOD LN

City RALEIGH	State NC	Zip Code 27615
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retired	Occupation (for Individual) Retired
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
405.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	27	/	2022

Transaction ID : SA11AI-27621012

Amount of Each Receipt this Period
105.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. BEVERSDORF, TOM, , ,

Mailing Address 8433 WATERTOWN DR

City INDIANAPOLIS	State IN	Zip Code 46216
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) DFAS	Occupation (for Individual) Information & Technology
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
775.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
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).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 49
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. BEVERSDORF, TOM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8433 WATERTOWN DR
 City INDIANAPOLIS State IN Zip Code 46216
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DFAS Occupation (for Individual) Information & Technology
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 775.00

Date of Receipt 05 / 05 / 2022
Transaction ID : SA11AI-27621468
 Amount of Each Receipt this Period 150.00
 Memo Item

B. COVIN, LEWIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5323 LEWIS COVIN RD
 City MACCLENNY State FL Zip Code 32063
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 06 / 2022
Transaction ID : SA11AI-27617656
 Amount of Each Receipt this Period 100.00
 Memo Item

C. DECOURSEY, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12261 ROUNDWOOD RD UNIT 1401
 City LUTHERVILLE TIMONIUM State MD Zip Code 21093
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 05 / 25 / 2022
Transaction ID : SA11AI-27621660
 Amount of Each Receipt this Period 55.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	305.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 9 OF 49
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. DEWOLF, MAXINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 514 N JENNINGS RD
 City INDEPENDENCE State MO Zip Code 64056
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt 05 / 10 / 2022
Transaction ID : SA11AI-27619992
 Amount of Each Receipt this Period 55.00
 Memo Item

B. DIROSARIO, PATRICIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 87 LYMAN BARNES RD
 City BRIMFIELD State MA Zip Code 01010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 355.00

Date of Receipt 05 / 11 / 2022
Transaction ID : SA11AI-27619882
 Amount of Each Receipt this Period 55.00
 Memo Item

C. EHLERS, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13580 S FLORENZA WAY
 City DRAPER State UT Zip Code 84020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt 05 / 09 / 2022
Transaction ID : SA11AI-27620814
 Amount of Each Receipt this Period 55.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 165.00
TOTAL This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 10 OF 49
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. EHLERS, DAVID, , ,

Mailing Address 13580 S FLORENZA WAY

City DRAPER	State UT	Zip Code 84020
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retired	Occupation (for Individual) Retired
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
205.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		09		2022

Transaction ID : SA11AI-27621950

Amount of Each Receipt this Period
55.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. GARRAHAN-MASTERS, MARY, , ,

Mailing Address 501 HARRIET LN

City HAVERTOWN	State PA	Zip Code 19083
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retired	Occupation (for Individual) Retired
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
385.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		20		2022

Transaction ID : SA11AI-27618924

Amount of Each Receipt this Period
105.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. GROSSMAN, MARILYN, , ,

Mailing Address 24 W HIGH POINT RD

City STUART	State FL	Zip Code 34996
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retired	Occupation (for Individual) Retired
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
305.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		06		2022

Transaction ID : SA11AI-27620890

Amount of Each Receipt this Period
105.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	265.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. ISRAEL, LESLEY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 55 DAVIS LN
 City EASTON State MD Zip Code 21601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 05 / 12 / 2022
Transaction ID : SA11AI-27615202
 Amount of Each Receipt this Period 135.00
 Memo Item

B. JONES, JUDY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 106 HAYDEN WAY
 City THOMASVILLE State GA Zip Code 31792
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 05 / 03 / 2022
Transaction ID : SA11AI-27620434
 Amount of Each Receipt this Period 60.00
 Memo Item

C. JONES, JUDY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 106 HAYDEN WAY
 City THOMASVILLE State GA Zip Code 31792
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 05 / 05 / 2022
Transaction ID : SA11AI-27620900
 Amount of Each Receipt this Period 55.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 49
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. JONES, JUDY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 106 HAYDEN WAY

City THOMASVILLE	State GA	Zip Code 31792
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retired	Occupation (for Individual) Retired
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
245.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	10	/	2022

Transaction ID : SA11AI-27621354

Amount of Each Receipt this Period
40.00

Memo Item

B. KARRISH, GEORGE, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1042 NEUMARK AVE

City PLEASANTVILLE	State NJ	Zip Code 08232
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retired	Occupation (for Individual) Retired
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
405.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	06	/	2022

Transaction ID : SA11AI-27617688

Amount of Each Receipt this Period
60.00

Memo Item

C. KRANER, CAROL, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 317 W MAIN ST
APT 7104

City CHESTER	State CT	Zip Code 06412
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retired	Occupation (for Individual) Retired
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
215.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	13	/	2022

Transaction ID : SA11AI-27619540

Amount of Each Receipt this Period
45.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	145.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

A. KUMP, TROY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 315 S CENTER ST
 City AMERICAN FORK State UT Zip Code 84003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Simplii Director Of Strategic Partnerships
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 04 / 2022
Transaction ID : SA11AI-27622032
 Amount of Each Receipt this Period
 155.00
 Memo Item

B. LABELLE, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 182 W 126TH AVE
 City CROWN POINT State IN Zip Code 46307
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Retired Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 04 / 2022
Transaction ID : SA11AI-27620324
 Amount of Each Receipt this Period
 65.00
 Memo Item

C. MARSHALL, ISAIAH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1700 ROBIN LN
 APT 209
 City LISLE State IL Zip Code 60532
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Retired Retired
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 09 / 2022
Transaction ID : SA11AI-27621968
 Amount of Each Receipt this Period
 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	245.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. MARSHALL, ISAIAH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1700 ROBIN LN
 APT 209
 City LISLE State IL Zip Code 60532
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 18 / 2022
Transaction ID : SA11AI-27621110
 Amount of Each Receipt this Period 20.00
 Memo Item

B. MARSHALL, ISAIAH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1700 ROBIN LN
 APT 209
 City LISLE State IL Zip Code 60532
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 25 / 2022
Transaction ID : SA11AI-27621058
 Amount of Each Receipt this Period 25.00
 Memo Item

C. MATTATALL, BEVERLY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 140 MARBLE ST
 City STONEHAM State MA Zip Code 02180
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt 05 / 24 / 2022
Transaction ID : SA11AI-27618606
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	95.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 OF 49
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. MCALONAN, NORMA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 207 SPRING RD
 City SPRUCE PINE State NC Zip Code 28777
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt 05 / 06 / 2022
Transaction ID : SA11AI-27617682
 Amount of Each Receipt this Period 35.00
 Memo Item

B. PAPAPOPOULOS, CAROLE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 263 BAREFOOT BEACH BLVD APT 304
 City BONITA SPRINGS State FL Zip Code 34134
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 05 / 06 / 2022
Transaction ID : SA11AI-27616306
 Amount of Each Receipt this Period 110.00
 Memo Item

C. REVERE, HENRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 43 RED WING LN
 City WARSAW State VA Zip Code 22572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 290.00

Date of Receipt 05 / 24 / 2022
Transaction ID : SA11AI-27621282
 Amount of Each Receipt this Period 55.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	200.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 OF 49
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. REVERE, HENRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 43 RED WING LN
 City WARSAW State VA Zip Code 22572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 290.00

Date of Receipt 05 / 27 / 2022
Transaction ID : SA11AI-27620990
 Amount of Each Receipt this Period 85.00
 Memo Item

B. SOSA, ANITA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2510 DARWIN DR
 City SAN ANTONIO State TX Zip Code 78228
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 05 / 26 / 2022
Transaction ID : SA11AI-27621032
 Amount of Each Receipt this Period 55.00
 Memo Item

C. STARR, BETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2231 NE BRIDGECREEK AVE APT 107
 City VANCOUVER State WA Zip Code 98664
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 05 / 04 / 2022
Transaction ID : SA11AI-27620316
 Amount of Each Receipt this Period 55.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 195.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. STEPHAN, WILLIAM, , ,

Mailing Address 421 VINE ST

City MADISON	State IN	Zip Code 47250
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retired	Occupation (for Individual) Retired
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		04		2022

Transaction ID : SA11AI-27620332

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 675 MIDDLEBRIDGE RD

City WAKEFIELD	State RI	Zip Code 02879
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retired	Occupation (for Individual) Retired
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		20		2022

Transaction ID : SA11AI-27618882

Amount of Each Receipt this Period
55.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. TRIMBUR, NANCY, , ,

Mailing Address 3556 SPUR CT

City CHINO	State CA	Zip Code 91710
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retired	Occupation (for Individual) Retired
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
215.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		05		2022

Transaction ID : SA11AI-27621998

Amount of Each Receipt this Period
30.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	185.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 49
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. UDELHOFEN, PATRICIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 240 EAST AVE
 APT 207
 City MAHTOMEDI State MN Zip Code 55115
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 05 / 26 / 2022
Transaction ID : SA11AI-27614168
 Amount of Each Receipt this Period 55.00
 Memo Item

B. VANDERGRIFF, MARY ANN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5433 PIPERS GAP DR
 City MEMPHIS State TN Zip Code 38134
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) US Army Corps of Engineers Occupation (for Individual) District Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 295.00

Date of Receipt 05 / 26 / 2022
Transaction ID : SA11AI-27614288
 Amount of Each Receipt this Period 100.00
 Memo Item

C. WALKER, HENRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3235 FLINTLOCK DR
 City COLUMBUS State GA Zip Code 31907
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 05 / 06 / 2022
Transaction ID : SA11AI-27620172
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	205.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. WHITCOMB, HALLIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 607 HIGHLAND RD
 City SPRINGFIELD State VT Zip Code 05156
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 12 / 2022
Transaction ID : SA11AI-27619762
 Amount of Each Receipt this Period 50.00
 Memo Item

B. ZAK, HENRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8204 E BOULEVARD DR
 City ALEXANDRIA State VA Zip Code 22308
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 05 / 02 / 2022
Transaction ID : SA11AI-27620548
 Amount of Each Receipt this Period 105.00
 Memo Item

C. ZARNEKE, RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2084 TERRACE DR
 City SAINT PAUL State MN Zip Code 55112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt 05 / 05 / 2022
Transaction ID : SA11AI-27620216
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	185.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 20 OF 49
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

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

Mailing Address 2084 TERRACE DR

City SAINT PAUL	State MN	Zip Code 55112
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retired	Occupation (for Individual) Retired
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
310.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 06 / 2022

Transaction ID : SA11AI-27621424

Amount of Each Receipt this Period

30.00

 Memo Item

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

Mailing Address 2084 TERRACE DR

City SAINT PAUL	State MN	Zip Code 55112
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retired	Occupation (for Individual) Retired
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
310.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 09 / 2022

Transaction ID : SA11AI-27621962

Amount of Each Receipt this Period

30.00

 Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

--

 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	60.00
TOTAL This Period (last page this line number only).....▶	2775.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	26	<input type="checkbox"/>	27
<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

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

Full Name (Last, First, Middle Initial)

A. ABC Company

Mailing Address PO Box 2413

City Huntington State NY Zip Code 11743

Purpose of Disbursement Fundraising and Media Consulting

004
Category/
Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
05 / 16 / 2022

FEC Identification Number

C
Transaction ID : SB21B-72853
Amount of Each Disbursement this Period
8500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Blank Rome LLP

Mailing Address 1825 Eye Street NW

City Washington State DC Zip Code 20006

Purpose of Disbursement Legal Fees

001
Category/
Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
05 / 26 / 2022

FEC Identification Number

C
Transaction ID : SB21B-72853
Amount of Each Disbursement this Period
3342.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Blank Rome LLP

Mailing Address 1825 Eye Street NW

City Washington State DC Zip Code 20006

Purpose of Disbursement Legal Fees

001
Category/
Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
05 / 26 / 2022

FEC Identification Number

C
Transaction ID : SB21B-72853
Amount of Each Disbursement this Period
265.00

Memo Item

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

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

12107.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. COA Network Inc.

Mailing Address 991 Route 22 West
Suite 200

City Bridgewater Township State NJ Zip Code 08807

Purpose of Disbursement
800 Telephone numbers

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-72853
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. EagleBank

Mailing Address 7815 Woodmont ave

City Bethesda State MD Zip Code 20814

Purpose of Disbursement
Bank analysis fee

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-72854
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Grasshopper

Mailing Address 320 Summer St

City Boston State MA Zip Code 02210

Purpose of Disbursement
Telephone Service

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-72854
Amount of Each Disbursement this Period

Memo Item

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

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. InterContinental New York Barclay

Mailing Address 111 E 48th St

City New York State NY Zip Code 10017

Purpose of Disbursement
Lodging/ Hotel

002
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
05 / 24 / 2022

FEC Identification Number

C
Transaction ID : SB21B-72854
Amount of Each Disbursement this Period
2011.81

Memo Item

Full Name (Last, First, Middle Initial)

B. Intuit Inc.

Mailing Address 2700 Coast Ave

City Mountain View State CA Zip Code 94043

Purpose of Disbursement
Accounting Software

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
05 / 04 / 2022

FEC Identification Number

C
Transaction ID : SB21B-72854
Amount of Each Disbursement this Period
100.70

Memo Item

Full Name (Last, First, Middle Initial)

C. LIVE TRANSFERS AND DONOR CREATION LLC

Mailing Address 1607 Ponce de Leon ave
Suite GM8

City SAN JUAN State PR Zip Code 00909

Purpose of Disbursement
Telephone fundraising

003
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
05 / 06 / 2022

FEC Identification Number

C
Transaction ID : SB21B-72854
Amount of Each Disbursement this Period
15428.06

Memo Item

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

17540.57

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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. LIVE TRANSFERS AND DONOR CREATION LLC

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
05			06			2022			

Mailing Address 1607 Ponce de Leon ave
Suite GM8

City SAN JUAN State PR Zip Code 00909

Purpose of Disbursement Telephone fundraising Clearing from previous period

003

FEC Identification Number

C

Transaction ID : SB21B-72251

Amount of Each Disbursement this Period

15509.15

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Memo Item

Full Name (Last, First, Middle Initial)

B. LIVE TRANSFERS AND DONOR CREATION LLC

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
05			06			2022			

Mailing Address 1607 Ponce de Leon ave
Suite GM8

City SAN JUAN State PR Zip Code 00909

Purpose of Disbursement Telephone fundraising

003

FEC Identification Number

C

Transaction ID : SB21B-72876

Amount of Each Disbursement this Period

11872.90

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Invoice unpaid by close of books

Memo Item

Full Name (Last, First, Middle Initial)

C. LIVE TRANSFERS AND DONOR CREATION LLC

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
05			18			2022			

Mailing Address 1607 Ponce de Leon ave
Suite GM8

City SAN JUAN State PR Zip Code 00909

Purpose of Disbursement Telephone fundraising

003

FEC Identification Number

C

Transaction ID : SB21B-72851

Amount of Each Disbursement this Period

10529.34

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Memo Item

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

26038.49

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

21b 22 23 26 27
28a 28b 28c 29 30b

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

A. LIVE TRANSFERS AND DONOR CREATION LLC

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 1607 Ponce de Leon ave Suite GM8

05 / 18 / 2022

City SAN JUAN State PR Zip Code 00909

FEC Identification Number

Purpose of Disbursement Telephone fundraising

C Transaction ID : SB21B-72855 Amount of Each Disbursement this Period

Candidate Name

003 Category/Type

4512.58

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

X Memo Item

B. LIVE TRANSFERS AND DONOR CREATION LLC

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 1607 Ponce de Leon ave Suite GM8

05 / 26 / 2022

City SAN JUAN State PR Zip Code 00909

FEC Identification Number

Purpose of Disbursement Telephone fundraising

C Transaction ID : SB21B-72855 Amount of Each Disbursement this Period

Candidate Name

003 Category/Type

12000.81

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

Memo Item

C. LIVE TRANSFERS AND DONOR CREATION LLC

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 1607 Ponce de Leon ave Suite GM8

05 / 26 / 2022

City SAN JUAN State PR Zip Code 00909

FEC Identification Number

Purpose of Disbursement Telephone fundraising

C Transaction ID : SB21B-72855 Amount of Each Disbursement this Period

Candidate Name

003 Category/Type

5143.21

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

X Memo Item

SUBTOTAL of Disbursements This Page (optional)

12000.81

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. North American Marketing Solutions Inc

Mailing Address 3245 N 126th St

City
Brookfield

State
WI

Zip Code
53005

Purpose of Disbursement
Mailers and Caging

003

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	6		2	0	2	2

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-72856

Amount of Each Disbursement this Period

[REDACTED] 10844.33

Memo Item

Full Name (Last, First, Middle Initial)

B. North American Marketing Solutions Inc

Mailing Address 3245 N 126th St

City
Brookfield

State
WI

Zip Code
53005

Purpose of Disbursement
Mailers and Caging

003

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	6		2	0	2	2

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-72856

Amount of Each Disbursement this Period

[REDACTED] 20560.18

Memo Item

Full Name (Last, First, Middle Initial)

C. North American Marketing Solutions Inc

Mailing Address 3245 N 126th St

City
Brookfield

State
WI

Zip Code
53005

Purpose of Disbursement
Mailers and Caging

003

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	6		2	0	2	2

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-72856

Amount of Each Disbursement this Period

[REDACTED] 3526.76

Memo Item

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

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

[REDACTED] 34931.27

[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. RallyPay

Mailing Address 995 Market Street
Floor 2

City San Francisco State CA Zip Code 94103

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

Category/
Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
05 / 31 / 2022

FEC Identification Number

Transaction ID : SB21B-72857
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. RallyPay

Mailing Address 995 Market Street
Floor 2

City San Francisco State CA Zip Code 94103

Purpose of Disbursement
Combined 'off the top' CC Transaction fees May

Category/
Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
05 / 31 / 2022

FEC Identification Number

Transaction ID : SB21B-72858
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. RallyPay

Mailing Address 995 Market Street
Floor 2

City San Francisco State CA Zip Code 94103

Purpose of Disbursement
Combined 'off the top' CC Transaction fees May

Category/
Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
05 / 31 / 2022

FEC Identification Number

Transaction ID : SB21B-72859
Amount of Each Disbursement this Period

Memo Item

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

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	26	<input type="checkbox"/>	27
<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

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 Francisco State CA Zip Code 94103

Purpose of Disbursement
Combined 'off the top' CC Transaction fees May

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 31 / 2022

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-72858

Amount of Each Disbursement this Period

[REDACTED] 237.00

Memo Item

Full Name (Last, First, Middle Initial)

B. RallyPay

Mailing Address 995 Market Street
Floor 2

City San Francisco State CA Zip Code 94103

Purpose of Disbursement
Combined 'off the top' CC Transaction fees May

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 31 / 2022

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-72858

Amount of Each Disbursement this Period

[REDACTED] 387.24

Memo Item

Full Name (Last, First, Middle Initial)

C. RallyPay

Mailing Address 995 Market Street
Floor 2

City San Francisco State CA Zip Code 94103

Purpose of Disbursement
Combined 'off the top' CC Transaction fees May

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 31 / 2022

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-72858

Amount of Each Disbursement this Period

[REDACTED] 1809.87

Memo Item

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

[REDACTED] 2434.11

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

[REDACTED] 106200.35

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 29 OF 49
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mastroianni, Stephanie, , ,			Nature of Debt (Purpose): Advance for various legal, administrative
Mailing Address 2021 L St NW Ste 101-193			
City Washington	State DC	Zip Code 20036	

Outstanding Balance Beginning This Period	Transaction ID : SD10-933874	
2920.07		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	2920.07

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor LIVE TRANSFERS AND DONOR CREATION LLC			Nature of Debt (Purpose): Telephone fundraising
Mailing Address 1607 Ponce de Leon ave Suite GM8			
City SAN JUAN	State PR	Zip Code 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
16961.28	22155.92	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		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ▶	19881.35
2) TOTALS This Period (last page this line number only)..... ▶	19881.35
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	19881.35

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
FEC IDENTIFICATION NUMBER 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
Invoice paid after close of books.
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 05/18/2022
Amount 636.05
Transaction ID : SE-S936334
Date of Disbursement or Obligation

Name of Federal Candidate: LAWRENCE, BRENDA, LULENAR,
Support Oppose
Office Sought: House District: 14 State: MI
Disbursement For: Primary General 2022 Other (specify)

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Invoice paid after close of books.
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 05/18/2022
Amount 636.04
Transaction ID : SE-S936336
Date of Disbursement or Obligation

Name of Federal Candidate: LESKO, DEBBIE,
Support Oppose
Office Sought: House District: 08 State: AZ
Disbursement For: Primary General 2022 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not 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]

Signature

Date 05/18/2022

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
FEC IDENTIFICATION NUMBER 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
Invoice paid after close of books.
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 05/18/2022
Amount 636.05
Transaction ID : SE-S936338
Date of Disbursement or Obligation

Name of Federal Candidate: BLUNT, ROY, , ,
Support Oppose
Office Sought: House District: 00
President Senate State: MO
Calendar Year-To-Date Per Election for Office Sought 19957.04
Disbursement For: Primary General 2022
Other (specify)

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Invoice paid after close of books.
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 05/18/2022
Amount 636.05
Transaction ID : SE-S936340
Date of Disbursement or Obligation

Name of Federal Candidate: MURRAY, PATTY, , ,
Support Oppose
Office Sought: House District: 00
President Senate State: WA
Calendar Year-To-Date Per Election for Office Sought 19957.05
Disbursement For: Primary General 2022
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MASTROIANNI, STEPHANIE, , ,

[Electronically Filed]

Date 05/18/2022

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
FEC IDENTIFICATION NUMBER 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 Memo Item
Invoice paid after close of books.

Date of Public Distribution/Dissemination 05 / 18 / 2022

Mailing Address 1607 Ponce de Leon ave Suite GM8

Amount 636.05

City SAN JUAN State PR Zip Code 00909

Transaction ID : SE-S936342

Purpose of Expenditure Telephone Fundraising Category/Type 004

Date of Disbursement or Obligation

Name of Federal Candidate: VAN HOLLEN, CHRIS, , Support Oppose

Office Sought: House District: 00 President Senate State: MD

Calendar Year-To-Date Per Election for Office Sought 19957.05

Disbursement For: Primary General 2022 Other (specify)

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC Memo Item
Invoice paid after close of books.

Date of Public Distribution/Dissemination 05 / 18 / 2022

Mailing Address 1607 Ponce de Leon ave Suite GM8

Amount 636.05

City SAN JUAN State PR Zip Code 00909

Transaction ID : SE-S936344

Purpose of Expenditure Telephone Fundraising Category/Type 004

Date of Disbursement or Obligation

Name of Federal Candidate: CORNYN, JOHN, , Sen, Support Oppose

Office Sought: House District: 00 President Senate State: TX

Calendar Year-To-Date Per Election for Office Sought 19957.05

Disbursement For: Primary General 2026 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not 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.

Signature MASTROIANNI, STEPHANIE, , [Electronically Filed] Date 05 / 18 / 2022

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
FEC IDENTIFICATION NUMBER 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
Invoice paid after close of books.
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Name of Federal Candidate: TILLIS, THOM, R., Sen. Support
Office Sought: Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 19957.05
Disbursement For: Primary

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Invoice paid after close of books.
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Name of Federal Candidate: SHAHEEN, JEANNE, , , Support
Office Sought: Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 19957.06
Disbursement For: Primary

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not 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]

Signature

Date 05 / 18 / 2022

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
FEC IDENTIFICATION NUMBER 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
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 04/27/2022
Amount 830.85
Transaction ID : SE-S888018
Date of Disbursement or Obligation 05/06/2022

Name of Federal Candidate: LAWRENCE, BRENDA, LULENAR,
Support Oppose
Office Sought: House District: 14 State: MI
Disbursement For: Primary General 2022 Other (specify)

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 04/27/2022
Amount 830.84
Transaction ID : SE-S888020
Date of Disbursement or Obligation 05/06/2022

Name of Federal Candidate: LESKO, DEBBIE,
Support Oppose
Office Sought: House District: 08 State: AZ
Disbursement For: Primary General 2022 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1661.69
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MASTROIANNI, STEPHANIE,
[Electronically Filed]
Date 04/27/2022
Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00755694 </div>
--	---

Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item LIVE TRANSFERS AND DONOR CREATION LLC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 27 / 2022		
Mailing Address 1607 Ponce de Leon ave Suite GM8			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 830.84 </div>		
City SAN JUAN	State PR	Zip Code 00909			
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	Transaction ID : SE-S888024 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 05 / 06 / 2022		
Name of Federal Candidate: BLUNT, ROY, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MO</u>		
Calendar Year-To-Date Per Election for Office Sought 17930.42			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <input type="checkbox"/> Memo Item LIVE TRANSFERS AND DONOR CREATION LLC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 27 / 2022		
Mailing Address 1607 Ponce de Leon ave Suite GM8			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 830.85 </div>		
City SAN JUAN	State PR	Zip Code 00909			
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	Transaction ID : SE-S888026 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 05 / 06 / 2022		
Name of Federal Candidate: MURRAY, PATTY, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>WA</u>		
Calendar Year-To-Date Per Election for Office Sought 17930.43			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 1661.69 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"> [Empty] </div>
(c) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"> [Empty] </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MASTROIANNI, STEPHANIE, , ,

[Electronically Filed]

Date M M / D D / Y Y Y Y Y Y
 04 / 27 / 2022

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
FEC IDENTIFICATION NUMBER 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 Memo Item

Date of Public Distribution/Dissemination 04 / 27 / 2022

Mailing Address 1607 Ponce de Leon ave Suite GM8

Amount 830.85

City SAN JUAN State PR Zip Code 00909

Transaction ID : SE-S88028

Purpose of Expenditure Telephone Fundraising Category/Type 004

Date of Disbursement or Obligation 05 / 06 / 2022

Name of Federal Candidate: VAN HOLLEN, CHRIS, , Support Oppose

Office Sought: House District: 00 President Senate State: MD

Calendar Year-To-Date Per Election for Office Sought 17930.43

Disbursement For: Primary General 2022 Other (specify)

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC Memo Item

Date of Public Distribution/Dissemination 04 / 27 / 2022

Mailing Address 1607 Ponce de Leon ave Suite GM8

Amount 830.85

City SAN JUAN State PR Zip Code 00909

Transaction ID : SE-S88014

Purpose of Expenditure Telephone Fundraising Category/Type 004

Date of Disbursement or Obligation 05 / 06 / 2022

Name of Federal Candidate: CORNYN, JOHN, , Sen, Support Oppose

Office Sought: House District: 00 President Senate State: TX

Calendar Year-To-Date Per Election for Office Sought 17930.42

Disbursement For: Primary General 2026 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1661.70

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MASTROIANNI, STEPHANIE, ,

[Electronically Filed]

Date 04 / 27 / 2022

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
FEC IDENTIFICATION NUMBER 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
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 04/27/2022
Amount 830.85
Transaction ID : SE-S888016
Date of Disbursement or Obligation 05/06/2022

Name of Federal Candidate: TILLIS, THOM, R., Sen.
Support Oppose
Office Sought: House Senate State: NC
Disbursement For: Primary General 2026 Other (specify)

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 04/27/2022
Amount 830.84
Transaction ID : SE-S888022
Date of Disbursement or Obligation 05/06/2022

Name of Federal Candidate: SHAHEEN, JEANNE, , ,
Support Oppose
Office Sought: House Senate State: NH
Disbursement For: Primary General 2026 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1661.69
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MASTROIANNI, STEPHANIE, , ,

[Electronically Filed]

Date 04/27/2022

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
FEC IDENTIFICATION NUMBER 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
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 05/04/2022
Amount 826.51
Transaction ID : SE-S936302
Date of Disbursement or Obligation 05/06/2022

Name of Federal Candidate: LAWRENCE, BRENDA, LULENAR,
Support Oppose
Office Sought: House District: 14 State: MI
Disbursement For: Primary General 2022 Other (specify)

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 05/04/2022
Amount 826.50
Transaction ID : SE-S936304
Date of Disbursement or Obligation 05/06/2022

Name of Federal Candidate: LESKO, DEBBIE,
Support Oppose
Office Sought: House District: 08 State: AZ
Disbursement For: Primary General 2022 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1653.01
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MASTROIANNI, STEPHANIE,
[Electronically Filed]
Date 05/04/2022
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
FEC IDENTIFICATION NUMBER 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
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 05/04/2022
Amount 826.50
Transaction ID: SE-S936306
Date of Disbursement or Obligation 05/06/2022

Name of Federal Candidate: BLUNT, ROY, , ,
Support Oppose
Office Sought: House Senate State: MO
Disbursement For: Primary General 2022 Other (specify)

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 05/04/2022
Amount 826.50
Transaction ID: SE-S936308
Date of Disbursement or Obligation 05/06/2022

Name of Federal Candidate: MURRAY, PATTY, , ,
Support Oppose
Office Sought: House Senate State: WA
Disbursement For: Primary General 2022 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1653.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MASTROIANNI, STEPHANIE, , ,

[Electronically Filed]

Date 05/04/2022

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
FEC IDENTIFICATION NUMBER 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
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 05/04/2022
Amount 826.50
Transaction ID : SE-S936310
Date of Disbursement or Obligation 05/06/2022

Name of Federal Candidate: VAN HOLLEN, CHRIS, ,
Support Oppose
Office Sought: House District: 00
President Senate State: MD
Calendar Year-To-Date Per Election for Office Sought 18756.93
Disbursement For: Primary General 2022
Other (specify)

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 05/04/2022
Amount 826.50
Transaction ID : SE-S936312
Date of Disbursement or Obligation 05/06/2022

Name of Federal Candidate: CORNYN, JOHN, , Sen,
Support Oppose
Office Sought: House District: 00
President Senate State: TX
Calendar Year-To-Date Per Election for Office Sought 18756.92
Disbursement For: Primary General 2026
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1653.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MASTROIANNI, STEPHANIE, , [Electronically Filed] Date 05/04/2022
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
FEC IDENTIFICATION NUMBER 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
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 05/04/2022
Amount 826.50
Transaction ID: SE-S936314
Date of Disbursement or Obligation 05/06/2022

Name of Federal Candidate: TILLIS, THOM, R., Sen.
Support Oppose
Office Sought: House Senate
District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought 18756.94
Disbursement For: Primary General 2026 Other (specify)

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 05/04/2022
Amount 826.51
Transaction ID: SE-S936316
Date of Disbursement or Obligation 05/06/2022

Name of Federal Candidate: SHAHEEN, JEANNE, , ,
Support Oppose
Office Sought: House Senate
District: 00 State: NH
Calendar Year-To-Date Per Election for Office Sought 18756.94
Disbursement For: Primary General 2026 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1653.01
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MASTROIANNI, STEPHANIE, , ,

[Electronically Filed]

Date 05/04/2022

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
FEC IDENTIFICATION NUMBER 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
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 05/11/2022
Amount 564.07
Transaction ID : SE-S936318
Date of Disbursement or Obligation 05/18/2022

Name of Federal Candidate: LAWRENCE, BRENDA, LULENAR,
Support Oppose
Office Sought: House District: 14 State: MI
Disbursement For: Primary General 2022 Other (specify)

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 05/11/2022
Amount 564.08
Transaction ID : SE-S936320
Date of Disbursement or Obligation 05/18/2022

Name of Federal Candidate: LESKO, DEBBIE,
Support Oppose
Office Sought: House District: 08 State: AZ
Disbursement For: Primary General 2022 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1128.15
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MASTROIANNI, STEPHANIE,
[Electronically Filed]
Date 05/11/2022
Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00755694 </div>
--	---

Check if 24-hour report 48-hour report ➤ New report Amends report filed on MM / DD / YYYY

Full Name of Payee <input type="checkbox"/> Memo Item LIVE TRANSFERS AND DONOR CREATION LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 11 / 2022
Mailing Address 1607 Ponce de Leon ave Suite GM8			Amount 564.07
City SAN JUAN	State PR	Zip Code 00909	
Purpose of Expenditure Telephone Fundraising		Category/Type 004	Transaction ID : SE-S936322 Date of Disbursement or Obligation MM / DD / YYYY 05 / 18 / 2022
Name of Federal Candidate: BLUNT, ROY, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MO</u>
Calendar Year-To-Date Per Election for Office Sought 19320.99		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item LIVE TRANSFERS AND DONOR CREATION LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 11 / 2022
Mailing Address 1607 Ponce de Leon ave Suite GM8			Amount 564.07
City SAN JUAN	State PR	Zip Code 00909	
Purpose of Expenditure Telephone Fundraising		Category/Type 004	Transaction ID : SE-S936324 Date of Disbursement or Obligation MM / DD / YYYY 05 / 18 / 2022
Name of Federal Candidate: MURRAY, PATTY, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>WA</u>
Calendar Year-To-Date Per Election for Office Sought 19321.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures ▶	1128.14
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶	
(c) TOTAL Independent Expenditures ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MASTROIANNI, STEPHANIE, , ,

[Electronically Filed]

Date

MM / DD / YYYY
05 / 11 / 2022

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
FEC IDENTIFICATION NUMBER 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
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 05/11/2022
Amount 564.07
Transaction ID : SE-S936326
Date of Disbursement or Obligation 05/18/2022

Name of Federal Candidate: VAN HOLLEN, CHRIS, ,
Support Oppose
Office Sought: House District: 00
President Senate State: MD
Calendar Year-To-Date Per Election for Office Sought 19321.00
Disbursement For: Primary General 2022
Other (specify)

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 05/11/2022
Amount 564.08
Transaction ID : SE-S936328
Date of Disbursement or Obligation 05/18/2022

Name of Federal Candidate: CORNYN, JOHN, , Sen,
Support Oppose
Office Sought: House District: 00
President Senate State: TX
Calendar Year-To-Date Per Election for Office Sought 19321.00
Disbursement For: Primary General 2026
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1128.15
(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]
Signature

Date 05/11/2022

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
FEC IDENTIFICATION NUMBER 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 Memo Item

Date of Public Distribution/Dissemination 05 / 11 / 2022

Mailing Address 1607 Ponce de Leon ave Suite GM8

Amount 564.07

City SAN JUAN State PR Zip Code 00909

Transaction ID : SE-S936330

Purpose of Expenditure Telephone Fundraising Category/Type 004

Date of Disbursement or Obligation 05 / 18 / 2022

Name of Federal Candidate: TILLIS, THOM, R., Sen. Support Oppose

Office Sought: House Senate District: 00 State: NC

Calendar Year-To-Date Per Election for Office Sought 19321.01

Disbursement For: Primary General 2026 Other (specify)

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC Memo Item

Date of Public Distribution/Dissemination 05 / 11 / 2022

Mailing Address 1607 Ponce de Leon ave Suite GM8

Amount 564.07

City SAN JUAN State PR Zip Code 00909

Transaction ID : SE-S936332

Purpose of Expenditure Telephone Fundraising Category/Type 004

Date of Disbursement or Obligation 05 / 18 / 2022

Name of Federal Candidate: SHAHEEN, JEANNE, , , Support Oppose

Office Sought: House Senate District: 00 State: NH

Calendar Year-To-Date Per Election for Office Sought 19321.01

Disbursement For: Primary General 2026 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1128.14

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MASTROIANNI, STEPHANIE, , ,

[Electronically Filed]

Date 05 / 11 / 2022

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
FEC IDENTIFICATION NUMBER 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
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 05/25/2022
Amount 642.90
Transaction ID : SE-S936350
Date of Disbursement or Obligation 05/26/2022

Name of Federal Candidate: LAWRENCE, BRENDA, LULENAR,
Support Oppose
Office Sought: House District: 14 State: MI
Disbursement For: Primary General 2022 Other (specify)

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 05/25/2022
Amount 642.90
Transaction ID : SE-S936352
Date of Disbursement or Obligation 05/26/2022

Name of Federal Candidate: LESKO, DEBBIE,
Support Oppose
Office Sought: House District: 08 State: AZ
Disbursement For: Primary General 2022 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1285.80
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MASTROIANNI, STEPHANIE, , ,

[Electronically Filed]

Date 05/25/2022

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
FEC IDENTIFICATION NUMBER 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
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004

Date of Public Distribution/Dissemination 05/25/2022
Amount 642.90
Transaction ID : SE-S936354
Date of Disbursement or Obligation 05/26/2022

Name of Federal Candidate: BLUNT, ROY, , ,
Support Oppose
Office Sought: House Senate State: MO

Disbursement For: Primary General
2022 Other (specify)

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004

Date of Public Distribution/Dissemination 05/25/2022
Amount 642.90
Transaction ID : SE-S936356
Date of Disbursement or Obligation 05/26/2022

Name of Federal Candidate: MURRAY, PATTY, , ,
Support Oppose
Office Sought: House Senate State: WA

Disbursement For: Primary General
2022 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1285.80
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MASTROIANNI, STEPHANIE, , , [Electronically Filed] Date 05/25/2022
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
FEC IDENTIFICATION NUMBER 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
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 05/25/2022
Amount 642.90
Transaction ID : SE-S936358
Date of Disbursement or Obligation 05/26/2022

Name of Federal Candidate: VAN HOLLEN, CHRIS, , Support
Office Sought: Senate State: MD
Calendar Year-To-Date Per Election for Office Sought 20599.95
Disbursement For: Primary 2022

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 05/25/2022
Amount 642.90
Transaction ID : SE-S936360
Date of Disbursement or Obligation 05/26/2022

Name of Federal Candidate: CORNYN, JOHN, , Sen, Support
Office Sought: Senate State: TX
Calendar Year-To-Date Per Election for Office Sought 20599.95
Disbursement For: Primary 2026

(a) SUBTOTAL of Itemized Independent Expenditures 1285.80
(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]
Signature

Date 05/25/2022

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC	FEC IDENTIFICATION NUMBER ▼ C C00755694
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item LIVE TRANSFERS AND DONOR CREATION LLC		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1607 Ponce de Leon ave Suite GM8		Amount <input type="text"/> 642.91
City SAN JUAN	State PR	
Zip Code 00909	Purpose of Expenditure Telephone Fundraising	Transaction ID : SE-S936362 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Category/Type <input type="text"/> 004	Name of Federal Candidate: TILLIS, THOM, R., Sen,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President <input type="checkbox"/> State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 20599.96	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item LIVE TRANSFERS AND DONOR CREATION LLC		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1607 Ponce de Leon ave Suite GM8		Amount <input type="text"/> 642.90
City SAN JUAN	State PR	
Zip Code 00909	Purpose of Expenditure Telephone Fundraising	Transaction ID : SE-S936364 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Category/Type <input type="text"/> 004	Name of Federal Candidate: SHAHEEN, JEANNE, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President <input type="checkbox"/> State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 20599.96	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 1285.81
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<input type="text"/>
(c) TOTAL Independent Expenditures	<input type="text"/> 22914.58

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]
Signature Date / /