Image# 202206179515022929				PAGE 1 / 49
FEC A	EPORT OF R ND DISBURS or Other Than An Autho	<b>SEMENTS</b>		Office Use Only
1. NAME OF T COMMITTEE (in full)	YPE OR PRINT ▼	Example: If typing, over the lines.	type 12FE4N	
ADDRESS (number and street)	2021 L ST NW STE 101-193			
Check if different than previously reported. (ACC)	WASHINGTON			20036
2. FEC IDENTIFICATION NUM	IBER ▼ CITY	▲ · · · · · · · ·	STATE A	
C C00755694	3. IS T REF	THIS NET PORT X (N)		MENDED A)
<ul> <li><b>4. TYPE OF REPORT</b> (Choose One)</li> <li>(a) Quarterly Reports:</li> <li>April 15</li> </ul>	(b) Monthly Report Due On: Apr 20	) (M3)	n 20 (M6) Se	g 20 (M8) Nov 20 (M11) (Non-Election Year Only) p 20 (M9) Dec 20 (M12) (Non-Election Year Only) tt 20 (M10) Jan 31 (YE)
Quarterly Report (Q1 July 15 Quarterly Report (Q2 October 15 Quarterly Report (Q3	(C) 12-Day PRE-Election Report for the:	Primary (12P) Convention (12		I (12G) Runoff (12R)
January 31 Year-End Report (YE	Flootion			Y in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day <b>POST</b> -Election Report for the:	General (30G)	Runoff	(30R) Special (30S)
Termination Report (TER)	Election	on / C	D = D / Y = Y = Y =	Y in the State of
5. Covering Period 05	/ D D / Y Y Y Y 01 2022	through	M M / D D 05 31	/ Y Y Y Y Y 2022
I certify that I have examined this Type or Print Name of Treasurer	Report and to the best of m MASTROIANNI, STEPHANIE,	y knowledge and bel ,,	lief it is true, correct a	nd complete.
Signature of Treasurer	OIANNI, STEPHANIE, , ,	[Electronically F	iled] Date 06	M / D D / Y Y Y Y 17 2022
NOTE: Submission of false, erroned	us, or incomplete information n	nay subject the persor	n signing this Report to	the penalties of 52 U.S.C. § 3010
Office Use Only				FEC FORM 3X Rev. 05/2016

06/17/2022 22 : 36

Debts and Obligations Owed TO

Schedule C and/or Schedule D) .....

Schedule C and/or Schedule D) .....

the Committee (Itemize all on

10. Debts and Obligations Owed **BY** the Committee (Itemize all on

9.

#### 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 M D D M D D 05 01 2022 05 31 2022 Report Covering the Period: From: To: COLUMN A COLUMN B This Period Calendar Year-to-Date (a) Cash on Hand 6. Y 89698.79 Januarv 1. 2022 (b) Cash on Hand at 119882.06 Beginning of Reporting Period..... 112249.00 757066.06 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 846764.85 232131.06 6(a) and 6(c) for Column B)..... 129453.60 744087.39 7. Total Disbursements (from Line 31)..... 8. Cash on Hand at Close of Reporting Period 102677.46 102677.46 (subtract Line 7 from Line 6(d)) .....

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

#### For further information contact:

0.00

19881.35

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

Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	2775.00 109474.00 112249.00 0.00 0.00 112249.00 0.00 0.00 0.00 0.00 0.00	21005.00 736061.06 757066.06 0.00 757066.06 757066.06 0.00 0.00
Than Political Committees (i) Itemized (use Schedule A) (ii) Unitemized (iii) TOTAL (add Lines 11(a)(i) and (ii) (b) Political Party Committees (c) Other Political Committees (such as PACs)	109474.00 112249.00 0.00 0.00 112249.00 0.00 0.00 0.00	736061.06 757066.06 0.00 757066.06 757066.06 0.00 0.00
<ul> <li>(i) Itemized (use Schedule A)</li></ul>	109474.00 112249.00 0.00 0.00 112249.00 0.00 0.00 0.00	736061.06 757066.06 0.00 757066.06 757066.06 0.00 0.00
<ul> <li>(ii) Unitemized</li></ul>	109474.00 112249.00 0.00 0.00 112249.00 0.00 0.00 0.00	736061.06 757066.06 0.00 757066.06 757066.06 0.00 0.00
<ul> <li>(iii) TOTAL (add Lines 11(a)(i) and (ii)</li></ul>	112249.00 0.00 0.00 112249.00 0.00 0.00 0.00	757066.06 0.00 757066.06 757066.06 0.00 0.00
<ul> <li>(iii) TOTAL (add Lines 11(a)(i) and (ii)</li></ul>	112249.00 0.00 0.00 112249.00 0.00 0.00 0.00	0.00 0.00 757066.06 0.00 0.00 0.00
Lines 11(a)(i) and (ii)	0.00 0.00 112249.00 0.00 0.00	0.00 0.00 757066.06 0.00 0.00 0.00
<ul> <li>(b) Political Party Committees</li></ul>	0.00 112249.00 0.00 0.00	0.00
<ul> <li>(c) Other Political Committees (such as PACs)</li></ul>	0.00 112249.00 0.00 0.00	0.00
<ul> <li>(such as PACs)</li> <li>(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)</li> <li>Transfers From Affiliated/Other Party Committees</li> <li>All Loans Received</li> <li>Loan Repayments Received</li></ul>	112249.00 0.00 0.00	757066.06 0.00 0.00
<ul> <li>(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)</li></ul>	112249.00 0.00 0.00	757066.06 0.00 0.00
11(a)(iii), (b), and (c)) (Carry         Totals to Line 33, page 5)         Transfers From Affiliated/Other         Party Committees         All Loans Received         Loan Repayments Received         Offsets To Operating Expenditures         (Refunds, Rebates, etc.)         (Carry Totals to Line 37, page 5)	0.00	0.00
Totals to Line 33, page 5)	0.00	0.00
Transfers From Affiliated/Other Party Committees All Loans Received Loan Repayments Received Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	
Party Committees All Loans Received Loan Repayments Received Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	
All Loans Received Loan Repayments Received Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	
Loan Repayments Received Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)		
Loan Repayments Received Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)		
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)		
(Carry Totals to Line 37, page 5)		
	0.00	0.00
Refunds of Contributions Made	4	
to Federal Candidates and Other		
Political Committees	0.00	0.00
Other Federal Receipts	4	
(Dividends, Interest, etc.)	0.00	0.00
Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	112249.00	757066.06

Page 3

### DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)	of Disbursements	Page 4
II. Disbursements	COLUMN A Total This Period	COLUMN B
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calendar Year-to-Date
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	106454.02	582917.8
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	106454.02	582917.88
Transfers to Affiliated/Other Party Committees	0.00	0.00
Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00
Independent Expenditures		
(use Schedule E) Coordinated Party Expenditures (52 U.S.C. § 30116(d))	22914.58	160329.57
(use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made Refunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	85.00	840.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))▶	85.00	840.00
Other Disbursements (Including Non-Federal Donations)	0.00	0.00
Federal Election Activity (52 U.S.C. § 30101(20 (a) Allocated Federal Election Activity (from Schedule H6)	)))	
(i) Federal Share	0.00	0.00
<ul><li>(ii) "Levin" Share</li><li>(b) Federal Election Activity Paid</li></ul>	0.00	0.00
Entirely With Federal Funds	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	129453.60	744087.39
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

COLUMN A

**Total This Period** 

FEC	Form	3X	(Rev.	05/2016)
		~	(1101.	00,2010)

### III. Net Contributions/ **Operating Expenditures**

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

(subtract Line 37 from Line 36) .....

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Γ.		-				85.00	
						112164.00	1
		- 7		_	7		-
			1			106454.02	
F		-7	-		7		
	-		-		7		

757066.06 840.00 756226.06 -- 9 582917.88 0.00 7 582917.88

#### Page 5

COLUMN B Calendar Year-to-Date

### :97 `A=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5`F9DCFHžG7<98 I@9`CF`+H9A=N5 H=CB

Form/Schedule: F3XN Transaction ID :

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

Form/Schedule: Transaction ID:

# 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

••				Detailed Summary Page	╽╷	_	11a		11b	110		12					
<u> </u>							13		14	15		16	17				
	y information copied from such Reports and Sta for commercial purposes, other than using the r																
$\setminus$	NAME OF COMMITTEE (In Full)																
	UNITED WOMEN'S HEALTH AL	LIANCE	E P	AC													
Α.	Full Name of Individual (Last, First, Middle Initia APPLEBY, HAROLD, , ,	al) or Full C	Orgai	nization Name	П	ate of	Ro	ceint									
А.	Mailing Address 64 SEGAR CT				$\neg$			ne	· ·			Y Y	X				
						м м 05	<i>'</i>	05	, ,		2022	T					
	City	State		Zip Code		_	Transa	acti	on ID :	SA11	AI-27	621488					
	WAKEFIELD	RI		02879	_	A	mount	of	Each R	leceip	t this	Period					
	FEC ID number of contributing federal political committee.	С							-			105.0	00				
	Name of Employer (for Individual)	Occ	cupat	ion (for Individual)		ſ	Me	emo	Item								
	Retired	Ret	tired														
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	Primary General Other (specify) ▼	· · · ·		205.00													
			7														
B	Full Name of Individual (Last, First, Middle Initia ASKEW, SUSAN, , ,	al) or Full C	Orgai	nization Name		П	ate of	Ro	coint								
υ.	Mailing Address 7913 FARMINGWOOD LN				-	_		110		. /	Y	Ý Ý	Y				
				-	05 27 2022												
	City	State		Zip Code		-	Transa	acti	on ID :	SA11	AI-276	521012					
	RALEIGH	NC		27615	_	_ Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С						_	-			105.0	00				
	Name of Employer (for Individual) Retired	Occ Ret	ion (for Individual)	Memo Item													
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	Primary General				-												
	Other (specify) <b>v</b>		,	405.00													
C.	Full Name of Individual (Last, First, Middle Initia BEVERSDORF, TOM, , ,	al) or Full C	Orgai	nization Name		D	ate of	Re	ceipt								
	Mailing Address 8433 WATERTOWN DR	-				ľ	<sup>M</sup> 05	/	04	<b>)</b> /		2022	Y				
	City	State		Zip Code					ion ID :								
	INDIANAPOLIS	IN	_	46216	-	A	mount	of	Each R	leceip	t this	Period					
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# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

(check only one)

PAGE 8 OF

49

		Detailed Summary Page	×	<b>1</b> 1a	1	1b	11c	12	:	
<b></b>		,		13	]1	4	15	16	;	17
Any information copied from such Reports or for commercial purposes, other than usin										
NAME OF COMMITTEE (In Full)	H ALLIANCE	PAC								
Full Name of Individual (Last, First, Mide A. BEVERSDORF, TOM, , ,	dle Initial) or Full C	organization Name		Date of	f Rece	eipt				
Mailing Address 8433 WATERTOWN DF	R			м м 05	/	D D D 05	/ Y	2022		Y
City INDIANAPOLIS	State IN	Zip Code 46216					SA11AI-2			
FEC ID number of contributing federal political committee.	С				- 4				50.00	
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Full Name of Individual (Last, First, Mide B. COVIN, LEWIS, , ,	dle Initial) or Full C	organization Name		Date of	f Rece	eipt				
Mailing Address 5323 LEWIS COVIN RD				05	/	D D D 06	/ Y	2022		Y
City MACCLENNY	State FL	Zip Code 32063					SA11AI-2			_
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Full Name of Individual (Last, First, Mide C. DECOURSEY, ROBERT, , ,	dle Initial) or Full C	organization Name		Date of	f Rece	eipt				
Mailing Address 12261 ROUNDWOOD F UNIT 1401	RD			05 <sup>M</sup>	/	25	/ Y	2022		Y
City	State	Zip Code		Trans	sactio	n ID : S	SA11AI-2	27621	660	
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# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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PAGE 9 OF

		Detailed Summary Page	×	11a				11c	12	<b>1</b> -7				
Any information copied from such Reports an or for commercial purposes, other than using							se of s							
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH								500						
Full Name of Individual (Last, First, Middle <b>A.</b> DEWOLF, MAXINE, , ,	Name of Individual (Last, First, Middle Initial) or Full Organization Name WOLF, MAXINE, , ,													
Mailing Address 514 N JENNINGS RD			M         M         /         D         D         /         Y											
City INDEPENDENCE	State MO	Zip Code 64056							<b>-27619992</b> his Period	2				
FEC ID number of contributing federal political committee.	С			_	_	- -		<b>-</b> - <b>-</b> - <b>-</b>	55.0					
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Full Name of Individual (Last, First, Middle DIROSARIO, PATRICIA, , ,	Initial) or Full C	Prganization Name		Date of	Re	cei	pt							
Mailing Address 87 LYMAN BARNES RD		7		м м 05	/		11	/ Y	2022	Y				
City BRIMFIELD	State MA	Zip Code 01010	A						<b>-27619882</b> his Period	2				
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Full Name of Individual (Last, First, Middle EHLERS, DAVID, , ,		Prganization Name		Date of	Re	cei	pt							
Mailing Address 13580 S FLORENZA WA				<sup>M</sup> 05		L	09	/ Y	2022					
City DRAPER	State UT	Zip Code 84020							<b>I-2762081</b> 4 his Period	1				
FEC ID number of contributing federal political committee.	С				_	ŋ			55.0	00				
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#### SCHEDULE A (FEC Form 3X) Ľ ..... DECEIDTO

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 10 OF

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			for each category of the Detailed Summary Page		<b>×</b> 11a 13		11b 14	11c		12 16		17
Ar or	y information copied from such Reports and St for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements ma name and a	ay not be sold or used by any pe ddress of any political committee	ersoi to	n for the	e pur ontrik	pose of	solicitin	g coi ch co	ntributi	ons e.	
$\rangle$	UNITED WOMEN'S HEALTH AL	LIANCE	PAC									
Α.	Full Name of Individual (Last, First, Middle Initi EHLERS, DAVID, , ,	al) or Full O	rganization Name		Date c	of Re	eceipt					
	Mailing Address 13580 S FLORENZA WAY				<sup>M</sup> 05	/	09	) / Y		)22	Y	
	City DRAPER	State UT	Zip Code 84020	_				SA11AI leceipt t				
	FEC ID number of contributing federal political committee.	С								55.0	0	
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	Other (specify) ▼		205.00									
в.	Full Name of Individual (Last, First, Middle Initi GARRAHAN-MASTERS, MARY, , ,	al) or Full O	rganization Name		Date c	of Re	eceipt					
	Mailing Address 501 HARRIET LN				M N 05	/	20	/ Y		22	Y	
	City HAVERTOWN	State PA	Zip Code 19083					SA11AI leceipt ti				
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	Other (specify) V	L	385.00									
с.	Full Name of Individual (Last, First, Middle Initi GROSSMAN, MARILYN, , ,	al) or Full O	rganization Name		Date c	of Re	eceipt					
	Mailing Address 24 W HIGH POINT RD				<sup>M</sup> 05	/	06			)22	Y	
	City STUART	State FL	Zip Code 34996	_				SA11AI			_	
	FEC ID number of contributing federal political committee.	С			[]		<b>y</b>			105.0	0	
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s	UBTOTAL of Receipts This Page (optional)				<b>—</b>					265.0	0	٦

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# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

(check only one)

PAGE 11 OF

49

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	winformation conical from such Departs and				13		14	15		16	17
	y information copied from such Reports and S for commercial purposes, other than using the										
	NAME OF COMMITTEE (In Full)										
$\rangle$	UNITED WOMEN'S HEALTH A	ALLIANCE	E PAC								
Α.	Full Name of Individual (Last, First, Middle In ISRAEL, LESLEY, , ,	itial) or Full C	organization Name		Date o	f Re	eceipt				
	Mailing Address 55 DAVIS LN				05	/	D D 12	/ Y	Y 20	)22	Y
	City	State	Zip Code		Trans	sact	ion ID : \$	SA11AI-	276 <sup>^</sup>	15202	
	EASTON	MD	21601		Amoun	t of	Each Re	eceipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С							_	135.0	00
	Name of Employer (for Individual) Retired	Occ Ret	upation (for Individual) ired		M	emo	ttem				
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General	33 - 3		11.							
	Other (specify) <b>v</b>	L	225.00								
в.	Full Name of Individual (Last, First, Middle In JONES, JUDY, , ,	itial) or Full C	organization Name		Date o	f Re	eceipt				
	Mailing Address 106 HAYDEN WAY				05	1	03	/ Y	ү 20	22	Y
	City	State	Zip Code		Trans	act	ion ID : S	SA11AL	2762	20434	
	THOMASVILLE	GA	31792				Each Re				
	FEC ID number of contributing federal political committee.	С					-	-		60.0	)0
	Name of Employer (for Individual) Retired	Occ Ret	upation (for Individual) ired		M	emo	ttem				
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General			11.							
	Other (specify)		, 245.00	4							
с.	Full Name of Individual (Last, First, Middle In JONES, JUDY, , ,	itial) or Full C	organization Name		Date o	f Re	eceipt				
	Mailing Address 106 HAYDEN WAY				05	/	05	/ Y		)22	Y
	City	State	Zip Code		Trans	sact	ion ID : \$	SA11AI-	276	20900	
	THOMASVILLE	GA	31792		Amoun	t of	Each Re	eceipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С			<u> </u>		9	, <u>,</u>	_	55.0	00
	Name of Employer (for Individual) Retired	Occ Reti	upation (for Individual) red		N	emo	o Item				
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify)		245.00	]							
s	UBTOTAL of Receipts This Page (optional)						, ,			250.0	0
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TOTAL This Period (last page this line number only)......

100

# 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

			Detailed Summary Page	×	_		11b	11c	12			
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	ny information copied from such Reports and Stat for commercial purposes, other than using the na											
$\backslash$												
Ľ	UNITED WOMEN'S HEALTH ALI		I PAU									
^	Full Name of Individual (Last, First, Middle Initial JONES, JUDY, , ,	) or Full C	organization Name		Data at		-					
Α.	Mailing Address 106 HAYDEN WAY			_	Date of	_						
	Walling Address 100 HATDEN WAT				05	<i>'</i>	10	/ Y	2022	Y		
	City	State	Zip Code		Trans	act	ion ID :	SA11AI-	27621354	4		
	THOMASVILLE	GA	31792	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		40.00								
	Name of Employer (for Individual) Retired	Occ Ret	upation (for Individual) ired		M	emo	ltem					
	Descript For:	I	Year-to-Date ▼									
	Primary General	riggi oguto		11.								
	Other (specify) <b>v</b>		245.00									
в.	Full Name of Individual (Last, First, Middle Initial KARRISH, GEORGE, , ,	) or Full C	organization Name		Date of	Re	eceipt					
	Mailing Address 1042 NEUMARK AVE		<sup>M</sup> M	/	D D D 06	/ Y	y y 2022	Y				
	City	State	Zip Code		Trans	acti	on ID :	SA11AI-	27617688	3		
	PLEASANTVILLE	NJ	08232						is Period			
	FEC ID number of contributing federal political committee.	С						 	60.	00		
	Name of Employer (for Individual) Retired	Occupation (for Individual) Retired					Memo Item					
	Receipt For:		Year-to-Date ▼									
	Primary General	33 - 3		11.								
	Other (specify) <b>v</b>		, 405.00									
C.	Full Name of Individual (Last, First, Middle Initial KRANER, CAROL, , ,	) or Full C	Organization Name		Date of	Re	eceipt					
	Mailing Address 317 W MAIN ST APT 7104				<sup>M</sup> 05	/	D D D 13	/ Y	ү ү 2022	Y		
	City	State	Zip Code		Trans	act	ion ID :	SA11AI-	2761954	D		
	CHESTER	СТ	06412	_	Amount	of	Each R	eceipt th	is Period			
	FEC ID number of contributing federal political committee.	С			<u> </u>		,	,	45.	00		
	Name of Employer (for Individual) Retired	Occ Reti	upation (for Individual)		M	emo	tem					
	Descript For:		$\neg$									
	Primary General	Aggregate	Year-to-Date ▼									
	Other (specify)	L	215.00									
s	UBTOTAL 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

FOR LINE NUMBER:

(check only one)

PAGE 13 OF

49

				Detailed Summary Page	×	11a 13	$\vdash$	11	1b 4	11c		12 16	17				
	y information copied from such Reports and Sta for commercial purposes, other than using the r					or the		rpos	se of	soliciting		ntribut	ions				
$\left\rangle$	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AL	LIANCE	ΕP	AC													
A.	Full Name of Individual (Last, First, Middle Initia KUMP, TROY, , ,	ll) or Full O	Orgai	nization Name		Date of	f Re	ece	eipt								
	Mailing Address 315 S CENTER ST					05 <sup>M</sup>	1	′	04	/ Y	Y 20	)22	Y				
	City AMERICAN FORK	State UT		Zip Code 84003						SA11AI-							
	FEC ID number of contributing federal political committee.	С			155.00												
	Name of Employer (for Individual) Simplii		•	ion (for Individual) Of Strategic Partnerships													
	Receipt For: Primary General Other (specify) ▼	r-to-Date ▼ 580.00															
в.	Full Name of Individual (Last, First, Middle Initia LABELLE, ROBERT, , ,	l) or Full O	rgar	nization Name	Date of Receipt												
	Mailing Address 182 W 126TH AVE			1	05 / D D / Y Y Y Y 2022												
	CROWN POINT	State IN		Zip Code 46307						SA11AI-2 eceipt th							
	FEC ID number of contributing federal political committee.	С			65.00												
	Name of Employer (for Individual) Retired	Occ Ret		M	emo	o It	tem										
	Receipt For: Primary General Other (specify) ▼	Aggregate	ggregate Year-to-Date ▼ 375.00														
с.	Full Name of Individual (Last, First, Middle Initia MARSHALL, ISAIAH, , ,	ll) or Full O	rgar	nization Name		Date of	f Re	ece	eipt								
	Mailing Address 1700 ROBIN LN APT 209					<sup>M</sup> 05	1	′	D D 09	/ Y		)22	Y				
	City LISLE	State IL		Zip Code 60532						SA11AI-							
	FEC ID number of contributing federal political committee.	С						y		, ,	_	25.0	00				
	Name of Employer (for Individual) Retired Receipt For:	Occu Retii	•	ion (for Individual)		М	emo	o It	tem								
	Aggregate Year-to-Date ▼         Primary       General         Other (specify)       210.00																
s	UBTOTAL of Receipts This Page (optional)			••••••				,				245.0	0				
т	OTAL This Period (last page this line number or	וy)						-		445							

# 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

		Detailed Summary Page		11a		11b	11c		12					
Any information posited from such D	a and Otatomort			13		14	15		16	17				
Any information copied from such Report or for commercial purposes, other than u	s and Statements ma sing the name and a	dy not be sold or used by any p ddress of any political committe	e to soli	cit con	tribu	use of s	soliciting	j cor h co	mmitt	ions ee.				
NAME OF COMMITTEE (In Full)	TH ALLIANCE	PAC												
Full Name of Individual (Last, First, M A. MARSHALL, ISAIAH, , ,	iddle Initial) or Full O	rganization Name	D	ate of	Rec	eipt								
Mailing Address 1700 ROBIN LN APT 209			05 18 2022											
City	State	Zip Code		Transa	actic	on ID : S	SA11AI-	276	21110					
LISLE	IL	60532	A	mount	of E	eceipt th	eipt this Period							
FEC ID number of contributing federal political committee.	C					20.0	00							
Name of Employer (for Individual) Retired	Occu	upation (for Individual) red	Memo Item											
Receipt For:	Aggregate	Year-to-Date ▼	_											
Primary General	Aggregate		1.											
Other (specify) <b>v</b>		210.00												
Full Name of Individual (Last, First, M B. MARSHALL, ISAIAH, , ,	iddle Initial) or Full O	rganization Name	D	ate of	Rec	ceipt								
Mailing Address 1700 ROBIN LN APT 209				05	/	D D D 25	/ Y		)22	Y				
City	State	Zip Code	-	Transa	actio	on ID : S	SA11AI-	2762	21058					
LISLE	IL	60532	Ai	mount	of E	Each Re	eceipt th	is P	eriod					
FEC ID number of contributing federal political committee.	C	C Occupation (for Individual) Retired					25.00							
Name of Employer (for Individual) Retired							Memo Item							
Receipt For:	Aggregate	Year-to-Date <b>V</b>												
Primary General			11											
Other (specify) ▼		, 210.00												
Full Name of Individual (Last, First, M C. MATTATALL, BEVERLY, , ,	iddle Initial) or Full O	rganization Name	D	ate of	Rec	ceipt								
Mailing Address 140 MARBLE ST				<sup>M</sup> 05	/	D D D 24	/ Y		)22 <sup>°</sup>	Y				
City	State	Zip Code		Transa	actio	on ID : S	SA11AI-	·276	18606	i				
STONEHAM	MA	02180	Ai	mount	of E	Each Re	eceipt th	nis P	'eriod					
FEC ID number of contributing federal political committee.	C			_		,	,	_	50.0	00				
Name of Employer (for Individual) Retired	Occu Reti	upation (for Individual) red		Me	emo	Item								
Receipt For: Primary General Other (specify)	Year-to-Date ▼ 205.00													
			- <u> </u>	_	_			_						
SUBTOTAL of Receipts This Page (opti	onal)		<u> </u>	_		,	y	-	95.0	JU				

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

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# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

(check only one)

PAGE 15 OF

49

		Detailed Summary Page				11b	11c		12				
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Any information copied from such Reports or for commercial purposes, other than us													
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEAL	TH ALLIANCE	PAC											
Full Name of Individual (Last, First, Mic A. MCALONAN, NORMA, , ,	ddle Initial) or Full C	rganization Name		Date o	f R	eceipt							
Mailing Address 207 SPRING RD				05 / D D / Y Y Y Y Y 06 2022									
City	State	Zip Code		Trans	act	tion ID :	SA11AI-	276	17682	:			
SPRUCE PINE	NC	28777		Amount of Each Receipt this Period 35.00									
FEC ID number of contributing federal political committee.	C												
Name of Employer (for Individual) Retired	Occ Ret	upation (for Individual) ired		М	em	o Item							
Receipt For:	Aggregate	Year-to-Date ▼											
Primary     General       Other (specify) ▼		205.00											
Full Name of Individual (Last First M)													
Full Name of Individual (Last, First, Mid B. PAPADOPOULOS, CAROLE,	, ,	rganization Name		Date o	f R	eceipt							
Mailing Address 263 BAREFOOT BEAC APT 304				<sup>M</sup> 05	1	D D 06	/ Y		)22	Y			
City	State	Zip Code	_				SA11AI-			ı			
BONITA SPRINGS	FL	34134		Amoun	t of	Each R	eceipt th	is P	'eriod				
FEC ID number of contributing federal political committee.	С							_	110.0	)0			
Name of Employer (for Individual) Retired		upation (for Individual) ired	Memo Item										
Receipt For:	Aggregate	Year-to-Date ▼											
Other (specify) V		, 220.00	4										
Full Name of Individual (Last, First, Mid C. REVERE, HENRY, , ,	ddle Initial) or Full C	rganization Name		Date of	f R	eceipt							
Mailing Address 43 RED WING LN				<sup>M</sup> 05	1	24	/ Y		)22 <sup>°</sup>	Y			
City WARSAW	State VA	Zip Code 22572					SA11AI-			!			
FEC ID number of contributing federal political committee.	С					J			55.0	00			
Name of Employer (for Individual) Retired	Occ Reti	upation (for Individual) red		Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 290.00	]										
SUBTOTAL of Receipts This Page (optic	nal)		 ▶			y .	y		200.0	00			

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

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 16 OF

49

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17							
	y information copied from such Reports and S for commercial purposes, other than using the										
	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	LLIANCE	PAC								
Α.	Full Name of Individual (Last, First, Middle Init REVERE, HENRY, , , Mailing Address 43 RED WING LN	ial) or Full O	rganization Name	Date of Receipt							
	City	State	Zip Code	Transaction ID : SA11AI-27620990							
	WARSAW	VA	22572	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		85.00							
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item							
	Retired	Reti	red								
	Receipt For:	Aggregate	Year-to-Date 🔻								
	Primary     General       Other (specify) ▼		290.00	]							
В.	Full Name of Individual (Last, First, Middle Init SOSA, ANITA, , ,	ial) or Full O	rganization Name	Date of Receipt							
	Mailing Address 2510 DARWIN DR			05 26 2022							
	City	State	Zip Code	Transaction ID : SA11AI-27621032							
	SAN ANTONIO	TX	78228	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		55.00							
	Name of Employer (for Individual) Retired		upation (for Individual) ired	Memo Item							
	Receipt For:	Aggregate	Year-to-Date V								
	Primary General	33 - 3		1							
	Other (specify) <b>v</b>	L	, 330.00								
C.	Full Name of Individual (Last, First, Middle Init STARR, BETH, , ,		rganization Name	Date of Receipt							
	Mailing Address 2231 NE BRIDGECREEK AVE APT 107			05 / D D / Y Y Y Y 2022							
	City	State	Zip Code	Transaction ID : SA11AI-27620316							
	VANCOUVER	WA	98664	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		55.00							
	Name of Employer (for Individual) Retired	Occi Reti	upation (for Individual) red	Memo Item							
	Receipt For:	Aggregate	Year-to-Date 🔻								
	Other (specify)		225.00								
s	UBTOTAL of Receipts This Page (optional)		•	195.00							

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

100

# 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

		Detailed Summary Page		<b>K</b> 11a	11		11c	12			
				13	14		15	16		17	
Any information copied from such Reports or for commercial purposes, other than us											
VINITED WOMEN'S HEAL	I H ALLIANCE	E PAC									
Full Name of Individual (Last, First, Mic A. STEPHAN, WILLIAM, , ,	ddle Initial) or Full O	rganization Name		Date of	Recei	pt					
Mailing Address 421 VINE ST				05	/	04	/ Y	y y 2022	-		
City	State	Zip Code		Trans	action	ID : S	A11AI-2	276203	32		
MADISON	IN	47250		Amount	of Ead	ch Rec	ceipt thi	is Peric	bd		
FEC ID number of contributing federal political committee.	С			10	0.00	)					
Name of Employer (for Individual) Retired	Occ Reti	upation (for Individual) ired		M	emo Ite	эm					
Receipt For:	Aggregate	Year-to-Date ▼									
Primary General			11.								
Other (specify) <b>v</b>		225.00	1								
Full Name of Individual (Last, First, Mid B. TRAVISANO, RICHARD, , ,	ddle Initial) or Full O	rganization Name		Date of	Recei	pt					
Mailing Address 675 MIDDLEBRIDGE F	RD			05	/	20	/ Y	y y 2022	Y	Γ	
City	State	Zip Code		Transaction ID : SA11AI-27618882							
WAKEFIELD	RI	02879									
FEC ID number of contributing federal political committee.	C						-y	5	5.00	)	
Name of Employer (for Individual) Retired		upation (for Individual) ired		Memo Item							
Receipt For:	Aggregate	Year-to-Date ▼									
Primary General			11.								
Other (specify) <b>v</b>		, 280.00									
Full Name of Individual (Last, First, Mic C. TRIMBUR, NANCY, , ,	ddle Initial) or Full O	rganization Name		Date of	Recei	pt					
Mailing Address 3556 SPUR CT				<sup>M</sup> 05	/	05	/ Y	y y 2022			
City	State	Zip Code		Trans	action	ID : S	A11AI-2	276219	98		
CHINO	CA	91710		Amount	of Ea	ch Rec	ceipt thi	is Peric	bd		
FEC ID number of contributing federal political committee.	С			Ľ	, y		y	3	0.00	)	
Name of Employer (for Individual) Retired	Occi Reti	upation (for Individual) red		M	emo Ite	эm					
Receipt For: Primary General Other (specify)	Year-to-Date ▼ 215.00										
SUBTOTAL of Receipts This Page (option	nal)		<u> </u>		,		y	18	5.00	)	

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

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 18 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         17									
or for commercial purposes, other than using			erson for the purpose of soliciting contributions e to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full)		PAC										
Full Name of Individual (Last, First, Middle UDELHOFEN, PATRICIA, , ,	e Initial) or Full C	organization Name	Date of Receipt									
Mailing Address 240 EAST AVE 	State	Zip Code	05 26 2022 Transaction ID : SA11AI-27614168									
MAHTOMEDI	MN	55115	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		55.00									
Name of Employer (for Individual) Retired	Occ Ret	upation (for Individual) ired	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 255.00										
Full Name of Individual (Last, First, Middle B. VANDERGRIFF, MARY ANN, , ,	e Initial) or Full C	Organization Name	Date of Receipt									
Mailing Address 5433 PIPERS GAP DR			05 / D / Y Y Y Y Y 26 / 2022									
City MEMPHIS	State TN	Zip Code 38134	Transaction ID : SA11AI-27614288 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		100.00									
Name of Employer (for Individual) US Army Corps of Engineers		upation (for Individual) trict Counsel	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 295.00										
Full Name of Individual (Last, First, Middle C. WALKER, HENRY, , ,	e Initial) or Full C	organization Name	Date of Receipt									
Mailing Address 3235 FLINTLOCK DR			05 / D D / Y Y Y Y Y 2022									
City COLUMBUS	State GA	Zip Code 31907	Transaction ID : SA11AI-27620172           Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		50.00									
Name of Employer (for Individual) Best Efforts		upation (for Individual) t Efforts	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 255.00	]									
SUBTOTAL of Receipts This Page (optional	)		205.00									
TOTAL This Period (last page this line num	ber only)	•••••										

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 19 OF

49

		Detailed Summary Page	×	11a		-	1b	11c	12	<u> </u>	
Any information copied from such Reports and							se of				
or for commercial purposes, other than using NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH			e to sol	icit cor	ntrib	outi	ions fr	rom suc	h committ	ee.	
Full Name of Individual (Last, First, Middle A. WHITCOMB, HALLIE, , ,	Initial) or Full C	rganization Name		Date of	Re	ece	eipt				
Mailing Address 607 HIGHLAND RD				м м 05	/	ſ	D D 12	/ Y	y y 2022	Y	
City SPRINGFIELD	State VT	Zip Code 05156	A						-27619762 nis Period		
FEC ID number of contributing federal political committee.	С		50.00								
Name of Employer (for Individual) Retired	Occ Ret	upation (for Individual) ired		Me	emo	o It	em				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00	1								
Full Name of Individual (Last, First, Middle ZAK, HENRY, , ,	rganization Name		Date of	Re	ece	eipt					
Mailing Address 8204 E BOULEVARD DR				м м 05	/	E	02	/ Y	2022	Y	
City ALEXANDRIA	State VA	Zip Code 22308	A						27620548		
FEC ID number of contributing federal political committee.	С			_	_	,			105.0	00	
Name of Employer (for Individual) Retired		upation (for Individual) ired	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	]								
Full Name of Individual (Last, First, Middle ZARNEKE, RICHARD, , ,	Initial) or Full C	rganization Name		Date of	Re	ece	eipt				
Mailing Address 2084 TERRACE DR				<sup>M</sup> 05	/	E	D D D 05	/ Y	2022 Y	Y	
City SAINT PAUL	State MN	Zip Code 55112	A						-27620216 his Period	;	
FEC ID number of contributing federal political committee.	С			_		<b>y</b>		9	30.0	00	
Name of Employer (for Individual) Retired	Occ Reti	upation (for Individual) red	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 310.00									
SUBTOTAL of Receipts This Page (optional)			. [			,		. ,	185.0	00	
TOTAL This Period (last page this line numb	er only)		. [			-					

# SCHEDULE A (FEC Form 3X) DECEIDTO

Use separate schedule(s)

FOR LINE NUMBER:

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PAGE 20 OF

49

	EMIZED RECEIPTS			or each category of the Detailed Summary Page	×	11a 13		11b 14	11c	12 16	17				
	ny information copied from such Reports and Sta for commercial purposes, other than using the n														
	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AL	LIANCE	ΕP	AC											
Α.	Full Name of Individual (Last, First, Middle Initia ZARNEKE, RICHARD, , , Mailing Address 2084 TERRACE DR	l) or Full O	)rgar	nization Name	Date of Receipt										
						0	5	0		2022					
	City SAINT PAUL	State MN		Zip Code 55112	_				: SA11A						
	FEC ID number of contributing federal political committee.	С				Amo	unt c	of Each	n Receipt this Period 30.00						
	Name of Employer (for Individual) Retired	Occi Reti		ion (for Individual)			Men	no Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 310.00											
В.	Full Name of Individual (Last, First, Middle Initia ZARNEKE, RICHARD, , ,	l) or Full O	rgar	nization Name		Date	of F	Receipt							
	Mailing Address 2084 TERRACE DR	State		Zip Code		м 0		/ D		2022	Y				
	SAINT PAUL	MN		55112					: SA11AI Receipt t						
	FEC ID number of contributing federal political committee.	С				<u> </u>				30	0.00				
	Name of Employer (for Individual) Retired	Occupation (for Individual) Retired						Memo Item							
	Receipt For:         Primary       General         Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 310.00											
<u>с</u> .	Full Name of Individual (Last, First, Middle Initia	l) or Full O	rgar	nization Name		Date	of F	Receipt							
	Mailing Address					M	М	/ D -	D / 1	Y Y	Ý				
	City	State		Zip Code		Amo	unt c	of Each	Receipt t	his Perio	d				
	FEC ID number of contributing federal political committee.	С			, , , , , ,										
	Name of Employer (for Individual)	Occi	upat	ion (for Individual)			Mer	no Item							
	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼	]										
s	UBTOTAL of Receipts This Page (optional)			<b></b>						60	).00				

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

2775.00

1.000

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 21 OF 49							
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)							
	Detailed Summary Page	<b>X</b> 21b 28a	$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$							
Any information canied from such Departs and Otates	nonto mou not ha cald as									
Any information copied from such Reports and Stater or for commercial purposes, other than using the nam										
NAME OF COMMITTEE (In Full)										
UNITED WOMEN'S HEALTH ALLI	ANCE PAC									
Full Name (Last, First, Middle Initial)										
A. ABC Company			28b     28c     29     30b       n for the purpose of soliciting contributions							
Mailing Address PO Box 2413										
	State Zip Code		FEC Identification Number							
Huntington Purpose of Disbursement	NY 11743									
Purpose of Disbursement Fundraising and Media Consulting		004								
Candidate Name		Category/								
		Type								
	ment For:		8500.00							
Senate President	Primary General									
State: District:	Other (specify) ▼		Memo Item							
Full Name (Last, First, Middle Initial)										
B. Blank Rome LLP			Date of Disbursement							
Mailing Address 1825 Eye Street NW										
City State S	State Zip Code DC 20006		FEC Identification Number							
Purpose of Disbursement	2000		С							
Legal Fees		001								
Candidate Name		Category/								
Office Sought: House Disburser	ment For:	Туре	22/2 00							
Senate Disburser	Primary General		5542.00							
President	Other (specify)		Memo Item							
State: District:										
Full Name (Last, First, Middle Initial)										
C. Blank Rome LLP										
Mailing Address 1825 Eye Street NW										
,	State Zip Code		FEC Identification Number							
Washington Purpose of Disbursement	DC 20006									
Legal Fees		001	C							
Candidate Name		Category/ Type	Transaction ID : SB21B-7285: Amount of Each Disbursement this Period							
Office Sought: House Disburser	ment For:		265.00							
Senate	Primary General									
State: District	Other (specify)		Memo Item							
State: District:										
SUBTOTAL of Disbursements This Page (optional)		••••••	12107.00							
TOTAL This Period (last page this line number only)										

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 22 OF 49						
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only							
	Detailed Summary Page	<b>X</b> 21b	22 23 26 27 28b 28c 29 30b						
Any information copied from such Reports and State	ments may not be sold or us								
or for commercial purposes, other than using the nar									
$ $ $\rangle$ UNITED WOMEN'S HEALTH ALL	IANCE PAC								
Full Name (Last, First, Middle Initial)									
A. COA Network Inc.			Date of Disbursement						
Mailing Address 991 Route 22 West			05 26 2022						
Suite 200									
City Bridgewater Township	State Zip Code NJ 08807		FEC Identification Number						
Purpose of Disbursement			С						
800 Telephone numbers		001	Transaction ID : SB21B-72853						
Candidate Name		Category/	Amount of Each Disbursement this Period						
Office Sought: House Disburse	ment For:	Туре	161.83						
Senate	Primary General								
State: District:	Other (specify) ▼		Memo Item						
Full Name (Last, First, Middle Initial)									
B. EagleBank			Date of Disbursement						
Mailing Address 7815 Woodmont ave			05 10 2022						
City Bethesda	State Zip Code MD 20814		FEC Identification Number						
Purpose of Disbursement	- 20014		С						
Bank analysis fee		001	Transaction ID : SB21B-72854						
Candidate Name		Category/ Type	Amount of Each Disbursement this Period						
Office Sought: House Disburse	ment For:		382.15						
Senate President	Primary General								
State: District:	Other (specify)		Memo Item						
Full Name (Last, First, Middle Initial)									
C. Grasshopper			Date of Disbursement						
Mailing Address 320 Summer St			05 18 2022						
City Boston	State Zip Code MA 02210		FEC Identification Number						
Purpose of Disbursement			С						
Telephone Service		001	Transaction ID : SB21B-72854						
Candidate Marite		Category/ Type	Amount of Each Disbursement this Period						
Office Sought: House Disburse	ment For:	<b>7</b> 1° -	107.67						
Senate President	Primary General								
State: District:	Other (specify) ▼		Memo Item						
[									
SUBTOTAL of Disbursements This Page (optional)		••••••	651.65						
TOTAL This Period (last page this line number and	)								
TOTAL This Period (last page this line number only	)	····· ►							

S	CHEDULE B (FEC Form 3X)			FOR LINE I	NUMBER: PAGE 23 OF 49
IT	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the	(check only X 21b	one) 22 23 26 27
		Detailed	Summary Page	28a	28b 28c 29 30b
	y information copied from such Reports and State for commercial purposes, other than using the na				
$\left[ \right]$	NAME OF COMMITTEE (In Full)	_	_		
	UNITED WOMEN'S HEALTH ALL	IANCE F	PAC		
Α.	Full Name (Last, First, Middle Initial) InterContinental New York Barclay	/			Date of Disbursement
	Mailing Address 111 E 48th St				M M / D D / Y Y Y Y Y 05 24 2022
	-	<u></u>	7.0.1		
	City New York	State NY	Zip Code 10017		FEC Identification Number
	Purpose of Disbursement Lodging/ Hotel			002	C
	Candidate Name			Category/	Transaction ID : SB21B-72854 Amount of Each Disbursement this Period
	Office Sought: House Disburse	ment For:		Туре	2011.81
	Senate President	Primary Other (spec	General cifv) ▼		
	State: District:		, , , , , , , , , , , , , , , , , , ,		Memo Item
в.	Full Name (Last, First, Middle Initial)				Date of Disbursement
υ.	Intuit Inc.				
	Mailing Address 2700 Coast Ave				05 04 2022
	City Mountain View	State CA	Zip Code 94043		FEC Identification Number
	Purpose of Disbursement	0,1	34043		С
	Accounting Software			001	Transaction ID : SB21B-72854
				Category/ Type	Amount of Each Disbursement this Period
	Office Sought: House Disburse Senate	ment For: Primary	General		100.70
	President	Other (spec			Memo Item
	State: District:				
C.	Full Name (Last, First, Middle Initial)	CREATI	ON LLC		Date of Disbursement
	Mailing Address 1607 Ponce de Leon ave				M M / D D / Y Y Y Y 05 06 2022
	Suite GM8				00 2022
	City SAN JUAN	State PR	Zip Code 00909		FEC Identification Number
	Purpose of Disbursement Telephone fundraising			003	С
	Candidate Name			Category/	Transaction ID : SB21B-7285: Amount of Each Disbursement this Period
	Office Sought: House Disburse	ment For:		Туре	15428.06
	Senate President	Primary Other (spec	General		
	State: District:	Other (spec	siiy) ▼		Memo Item
	UBTOTAL of Disbursements This Page (optional).				17540.57
F	CETTRE OF DISERSONICITIES THIS TAGE (OPHONIA).			••••••	
T	OTAL This Period (last page this line number only	r)		►	, ,

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule for each category of th		/ one)
	Detailed Summary Pag		22         23         26         27           28b         28c         29         30b
Any information copied from such Reports and State or for commercial purposes, other than using the na	ments may not be sold or me and address of any po	r used by any pers	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (IN Full) UNITED WOMEN'S HEALTH ALL	IANCE PAC		
Full Name (Last, First, Middle Initial) A. LIVE TRANSFERS AND DONOR	CREATION LLC		Date of Disbursement
Mailing Address 1607 Ponce de Leon ave Suite GM8			05 06 2022
City SAN JUAN	StateZip CodePR00909		FEC Identification Number
Purpose of Disbursement Telephone fundraising Clearing from previous per	iod	003	C Transaction ID : SB21B-72251
Candidate Name	and Fac	Category/ Type	Amount of Each Disbursement this Period 15509.15
Office Sought: House Disburse Senate President	ement For: Primary Genera Other (specify) ▼	al	Memo Item
State: District:			
Full Name (Last, First, Middle Initial) B. LIVE TRANSFERS AND DONOR Mailing Address 1607 Ponce de Leon ave	CREATION LLC		Date of Disbursement 05 06 2022
Suite GM8 City	State Zip Code		FEC Identification Number
SAN JUAN Purpose of Disbursement Telephone fundraising	PR 00909	003	С
Candidate Name		Category/ Type	Transaction ID : SB21B-72876 Amount of Each Disbursement this Period
Office Sought: House Disburse Senate President	ement For: Primary Genera Other (specify)		11872.90 Invoice unpaid by close of books
State: District:			
Full Name (Last, First, Middle Initial) C. LIVE TRANSFERS AND DONOR	CREATION LLC		Date of Disbursement
Mailing Address 1607 Ponce de Leon ave Suite GM8			05 / 18 / Y Y Y Y 05
City SAN JUAN	StateZip CodePR00909		FEC Identification Number
Purpose of Disbursement Telephone fundraising Candidate Name		003 Category/	<b>Transaction ID : SB21B-7285</b> Amount of Each Disbursement this Period
Office Sought: House Disburse Senate President State: District:	ement For: Primary Genera Other (specify) ▼	Туре	10529.34 Memo Item
SUBTOTAL of Disbursements This Page (optional).		<b>&gt;</b>	26038.49
TOTAL This Period (last page this line number only		F	

SCHEDULE B (FEC Form 3X)		arato cohodulo(a)					AGE	25 O	F 49			
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the	(cł		only 21b	nly one) Ib						
	Detailed	Summary Page		-	28a	28b		28c	29		30b	
Any information copied from such Reports and State												
or for commercial purposes, other than using the na NAME OF COMMITTEE (In Full)	me and addr	ress of any politica	al com	imitte	e to	SONCIT CO	ntribi	utions	trom s	uch c	ommitte	ee.
	IANCE F	PAC										
Full Name (Last, First, Middle Initial)						_						
A. LIVE TRANSFERS AND DONOR	CREATI	ON LLC				Date o	_	D	D /		Ý	Y
Mailing Address 1607 Ponce de Leon ave Suite GM8	04-4-	Zie Oode				05		18	3	2	022	
City SAN JUAN	State PR	Zip Code 00909				FEC Id	lentifi	catior	Numb	er		
Purpose of Disbursement Telephone fundraising						С						
Candidate Name			_	03					ID : SB			
			Cate Ty	egory /pe	/	Amoun	t of I	∟ach	Disburs	emen	t this P	eriod
Office Sought: House Disburse	ment For: Primary	General				L		<u></u>			4512.58	3
State: District:	Other (spec					X Me	emo l	ltem				
Full Name (Last, First, Middle Initial)						_						
B. LIVE TRANSFERS AND DONOR	CREATI	ON LLC				Date of Disbursement						
Mailing Address 1607 Ponce de Leon ave Suite GM8		1				05 26 2022						
City SAN JUAN	State PR	Zip Code 00909				FEC ld	lentifi	catior	Numb	er		
Purpose of Disbursement Telephone fundraising		00303	0	03		<b>Transaction ID : SB21B-72855</b> Amount of Each Disbursement this Period						
Candidate Name			Cate		/							
Office Sought: House Disburse	ment For:		.,	1		12000.81						
Senate President	Primary	General										
State: District:	Other (spec	Siry)				Me	emo l	ltem				
Full Name (Last, First, Middle Initial)						Date o	f Dis	burse	ment			
	UNLATI					M M	_	D		Y	Y Y	Y
Mailing Address 1607 Ponce de Leon ave Suite GM8						05		20	3	2	022	
City SAN JUAN	State PR	Zip Code 00909				FEC ld	lentifi	catior	n Numb	er	_	
Purpose of Disbursement Telephone fundraising     003       Candidate Name     Category/ Type       Office Sought:     House						С						
									ID : SB Disburs		7 <b>285</b> t this P	eriod
											5143.2	1
Senate Primary General President Other (specify) ▼												
State: District: Other (specify) ▼						× Me	emo l	ltem				
SUBTOTAL of Disbursements This Page (optional).					►	ļ.		<u>, , , , , , , , , , , , , , , , , , , </u>			12000.8	1
TOTAL This Period (last page this line number only	r)							,				

SCHEDULE B (FEC Form 3X)				INE NUMBER: PAGE 26 OF 49					
ITEMIZED DISBURSEMENTS	for each	category of the Summary Page	(check only 21b 28a	one) 22 23 26 27 28b 28c 29 30b					
Any information copied from such Reports and State or for commercial purposes, other than using the na									
NAME OF COMMITTEE (IN Full) UNITED WOMEN'S HEALTH ALL	IANCE F	PAC							
Full Name (Last, First, Middle Initial) A. North American Marketing Solutio	ns Inc			Date of Disbursement					
Mailing Address 3245 N 126th St				05 06 2022					
City Brookfield	State WI	Zip Code 53005		FEC Identification Number					
Purpose of Disbursement Mailers and Caging			003	C Transaction ID : SB21B-72856					
Candidate Name			Category/ Type	Amount of Each Disbursement this Period					
Office Sought: House Disburse Senate President	ment For: Primary Other (spe	General	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10844.33					
State: District:		ony) v		Memo Item					
Full Name (Last, First, Middle Initial) B. North American Marketing Solutio Mailing Address 3245 N 126th St	ns Inc			Date of Disbursement 05 / D D / Y Y Y Y 16 2022					
City Brookfield	State WI	Zip Code 53005		FEC Identification Number					
Purpose of Disbursement Mailers and Caging Candidate Name		[	003 Category/ Type	C Transaction ID : SB21B-72856 Amount of Each Disbursement this Period 20560.18 Memo Item					
Office Sought: House Disburse Senate President State: District:	ment For: Primary Other (spec	General cify)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
Full Name (Last, First, Middle Initial) C. North American Marketing Solutio	ns Inc			Date of Disbursement					
Mailing Address 3245 N 126th St				05 26 2022					
City Brookfield	State WI	Zip Code 53005		FEC Identification Number					
Purpose of Disbursement Mailers and Caging Candidate Name	003 Category/ Type	C Transaction ID : SB21B-7285( Amount of Each Disbursement this Period							
Office Sought:     House     Disbursement For:       Senate     Primary     General       President     Other (specify)     ▼				3526.76 Memo Item					
State:       District:         SUBTOTAL of Disbursements This Page (optional).         TOTAL This Period (last page this line number only)				34931.27					

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS				IE NUMBER: PAGE 27 OF 49 nly one)				
II EIVIIZED DIƏDUKƏEIVIEN I Ə		category of the Summary Page	× 21b 28a	$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$				
Any information copied from such Reports and S or for commercial purposes, other than using the								
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	LLIANCE	PAC						
Full Name (Last, First, Middle Initial) A. RallyPay				Date of Disbursement				
Mailing Address 995 Market Street Floor 2				05 31 2022				
City San Franciso Purpose of Disbursement	State CA	Zip Code 94103		FEC Identification Number				
Combined 'off the top' Credit Card Chargeback	S		003 Category/	C Transaction ID : SB21B-72857 Amount of Each Disbursement this Period				
Office Sought: House Disbu	ursement For:	General	Туре	29.00				
State: District:	Other (spe			Memo Item				
Full Name (Last, First, Middle Initial) B. RallyPay				Date of Disbursement				
Mailing Address 995 Market Street Floor 2				05 / D D / Y Y Y Y 2022				
City San Franciso	State CA	Zip Code 94103		FEC Identification Number				
Purpose of Disbursement Combined 'off the top' CC Transaction fees Ma Candidate Name	у		003 Category/ Type	C Transaction ID : SB21B-72858 Amount of Each Disbursement this Period				
Office Sought: House Disbu Senate President State: District:	Primary Other (spe	General Gerify)	Type	231.84 Memo Item				
Full Name (Last, First, Middle Initial) C. RallyPay				Date of Disbursement				
Mailing Address 995 Market Street Floor 2				05 31 2022				
City San Franciso Purpose of Disbursement Combined 'off the top' CC Transaction fees Ma	State CA	Zip Code 94103	003	FEC Identification Number				
Candidate Name	Category/ Type	Transaction ID : SB21B-72858 Amount of Each Disbursement this Period						
Office Sought: House Disbu	ursement For: Primary Other (spe	General ecify) ▼		235.61 Memo Item				
State: District:								
SUBTOTAL of Disbursements This Page (option	ial)		····· •	496.45				
TOTAL This Period (last page this line number	only)		····· •	, ,				

SCHEDULE B (FEC Form 3X)		FOR LINE N	NUMBER: PAGE 28 OF 49								
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one) 22 23 26 27								
	Detailed Summary Page	× 210	22 23 26 27 28b 28c 29 30b								
Any information copied from such Reports and Statem											
or for commercial purposes, other than using the nam	e and address of any political	committee to	solicit contributions from such committee.								
	ANCE PAC										
Full Name (Last, First, Middle Initial)	Full Name (Last, First, Middle Initial)										
A. RallyPay			Date of Disbursement								
Mailing Address 995 Market Street Floor 2			05 31 2022								
5	CA Zip Code		FEC Identification Number								
San Franciso Purpose of Disbursement	CA 94103		С								
Combined 'off the top' CC Transaction fees May		003	Transaction ID : SB21B-72858								
Candidate Name		Category/	Amount of Each Disbursement this Period								
Office Sought: House Disburserr	nent For:	Туре	237.00								
	Primary General										
State: District:	Other (specify) ▼		Memo Item								
Full Name (Last, First, Middle Initial)											
B. RallyPay			Date of Disbursement								
Mailing Address 995 Market Street Floor 2			05 31 2022								
5	State Zip Code CA 94103		FEC Identification Number								
Purpose of Disbursement			C Transaction ID : SB21B-72858								
Combined 'off the top' CC Transaction fees May		003									
		Category/ Type	Amount of Each Disbursement this Period								
Office Sought: House Disbursem	nent For:		387.24								
	Primary General										
State: District:	Other (specify)		Memo Item								
Full Name (Last, First, Middle Initial)											
C. RallyPay			Date of Disbursement								
Mailing Address 995 Market Street			05 31 2022								
Floor 2											
5	CA Zip Code 94103		FEC Identification Number								
Purpose of Disbursement Combined 'off the top' CC Transaction fees May			С								
Candidate Name		003	Transaction ID : SB21B-72857								
	Category/ Type	Amount of Each Disbursement this Period									
Office Sought: House Disbursem		1809.87									
President											
State: District:		Memo Item									
SUBTOTAL of Disburgaments This Base (antianal)			2434.11								
SUBTOTAL of Disbursements This Page (optional)		····· •									
TOTAL This Period (last page this line number only).		•••••	106200.35								

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SCHEDULE D (FEC Form 3X)			(Use separate	PAGE 29 OF 49			
DEBTS AND OBLIGATIONS	TS AND OBLIGATIONS			FOR LINE NUMBER:			
Excluding Loans			for each numbered line)	(check only one) 9			
-			numbered inte)	<b>X</b> 10			
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIAN	CE PAC						
A. Full Name (Last, First, Middle Initial) of Debtor c	or Creditor			ebt (Purpose):			
Mastroianni, Stephanie, , ,			Advance fo	r various legal, administrative			
Mailing Address 2021 L St NW Ste 101-193							
City	State	Zip Code					
Washington	DC	20036					
Outstanding Balance Beginning This Period				on ID : SD10-933874			
Amount Incurred This Period	Payr	ment This Period	Outstandir	ng Balance at Close of This Period			
0.00		0.0	00	2920.07			
B. Full Name (Last, First, Middle Initial) of Debtor or	r Creditor		Nature of D	ebt (Purpose):			
LIVE TRANSFERS AND DONOR	CREATI	ON LLC	Telephone	fundraising			
Mailing Address 1607 Ponce de Leon ave Suite GM8							
City	State	Zip Code					
SAN JUAN	PR	00909					
Outstanding Balance Beginning This Period			Transact	ion ID : SD10-933876			
22155.92							
	-						
Amount Incurred This Period	Payr	ment This Period	Outstandii	ng Balance at Close of This Period			
16961.28		22155.9	92	16961.28			
				, , , , , , , , , , , , , , , , , , , ,			
C. Full Name (Last, First, Middle Initial) of Debtor of	or Creditor		Nature of D	ebt (Purpose):			
Mailing Address							
City	State	Zip Code					
City	Sidle	Zip Code					
Outstanding Balance Beginning This Period							
Amount Incurred This Period	Pavr	ment This Period	Outstandii	ng Balance at Close of This Period			
Anount incurred this renou	Fayi		Outstandi	ig balance at close of this rendu			
1) SUBTOTALS This Period This Page (optional)				19881.35			
2) TOTALS This Period (last page this line number or	חly)			19881.35			
3) TOTAL OUTSTANDING LOANS from Schedule C	//	Ь.)\		0.00			
	(last page on	iy)					

ITEMIZED INDEPENDENT EXPENDITURES	5			PAGE 30 OF 49
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
UNITED WOMEN'S HEALTH ALLIAN				EC IDENTIFICATION NUMBER ▼
				C00755694
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	M / D D / Y Y Y Y Y Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	ATION LLC	🗶 Memo	Item Date of I	
Invoice paid after close of books. Mailing Address 1607 Ponce de Leon ave			05	18 2022
Suite GM8			Amount	
City	State	Zip Code		636.05
SAN JUAN	PR	00909		tion ID : SE-S936334 Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	M	
Name of Federal Candidate:		X Support	Office Sought:	House District: 14
LAWRENCE, BRENDA, LULENAR, ,		Oppose	President	Senate State: <u>MI</u>
Calendar Year-To-Date Per Election for Office Sought		19957.08	Disbursement F	For: <b>X</b> Primary General General General
Full Name of Payee		🗶 Memo	Item Date of I	Public Distribution/Dissemination
LIVE TRANSFERS AND DONOR CF Invoice paid after close of books.	REATION LL	_C	05	
Mailing Address 1607 Ponce de Leon ave			Amount	
Suite GM8				000.04
City SAN JUAN	State PR	Zip Code 00909		636.04 <b>:tion ID : SE-S936336</b> Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	M	
Name of Federal Candidate:		X Support	Office Sought:	K House District: 08
LESKO, DEBBIE, , ,		Oppose	President	Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought		19957.06	Disbursement F	
	, , ,			er (specify)►
(a) SUBTOTAL of Itemized Independent Expenditures	S		•	0.00
(b) SUBTOTAL of Unitemized Independent Expenditu	ires		•	7
(c) TOTAL Independent Expenditures			•	· · · · · · · · · · ·
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
	[Electronically Fi	led] Date		18 / Y Y Y Y 18 2022
Signature				

ITEMIZED INDEPENDENT EXPENDITURE	S				PAGE 3	OF 49 24 OF FORM	
NAME OF COMMITTEE (In Full)				FEC	_		
UNITED WOMEN'S HEALTH ALLIA	NCE PAC						Ť
				С	C0075569	+	
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed o	on M M	/ D D /	Y Y Y	Ŷ
Full Name of Payee		🗶 Memo	Item	Date of Pub	lic Distribution	n/Dissemination	1
LIVE TRANŚFERS AND DONOR CRE Invoice paid after close of books.	ATION LLC			<sup>M</sup> 05	/ D D 18	Y Y Y Y 2022	Y
Mailing Address 1607 Ponce de Leon ave						2022	
Suite GM8				Amount			_
City	State	Zip Code				636.05	
SAN JUAN	PR	00909			ID:SE-S93		
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		MM	/ D D	YYYY	Y
Name of Federal Candidate:		X Support	Office	Sought:	House	District: 00	
BLUNT, ROY, , ,		Oppose		President	× Senate	State: MC	)
Calendar Year-To-Date Per Election for Office Sought		19957.04	Disbur 2022	sement For:	Primat     Specify) ►	y Gene	ral
Full Name of Payee		X Memo	Item			n/Dissemination	<u> </u>
LIVE TRANSFERS AND DONOR C Invoice paid after close of books.	REATION LI	_C		M M	/ D D 18	Y Y Y Y 2022	Y
Mailing Address 1607 Ponce de Leon ave				03		2022	_
Suite GM8				Amount			_
City	State	Zip Code				636.05	
SAN JUAN	PR	00909			n ID : SE-S93 oursement or		
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		MM	/ D D	Y Y Y	Y
Name of Federal Candidate:		Support	Office	Sought:	House	District: 00	)
MURRAY, PATTY, , ,		Oppose		President	X Senate	State: WA	۱
Calendar Year-To-Date Per Election for Office Sought		19957.05	Disbur 2022	sement For:		y Gene	ral
(a) SUBTOTAL of Itemized Independent Expenditure	es					0.00	٦
(b) SUBTOTAL of Unitemized Independent Expendi	tures		•				
							_
(c) TOTAL Independent Expenditures			•				
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or i	date or authorize						
MASTROIANNI, STEPHANIE, , ,	[Electronically Fi	iled] Date	e 05			22 Y	
Signature							

ITEMIZED INDEPENDENT EXPENDITURES			PAGE 32 OF 49 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER
UNITED WOMEN'S HEALTH ALLIAN	CE PAC		
			C C00755694
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on
Full Name of Payee		🗶 Memo	Item Date of Public Distribution/Dissemination
LIVE TRANŚFERS AND DONOR CREA Invoice paid after close of books.	TION LLC		05 / D D / Y Y Y Y Y 2022
Mailing Address 1607 Ponce de Leon ave			
Suite GM8			Amount
City	State	Zip Code	636.05
SAN JUAN	PR	00909	Transaction ID : SE-S936342 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	M M / D D / Y Y Y
Name of Federal Candidate:		X Support	Office Sought: House District: 00
VAN HOLLEN, CHRIS, , ,		Oppose	President X Senate State: MD
Calendar Year-To-Date			Disbursement For: X Primary General
Per Election for Office Sought	7	19957.05	2022
Full Name of Payee		Memo	Item Date of Public Distribution/Dissemination
LIVE TRAINSPERS AND DONOR CR Invoice paid after close of books.		.C	05 18 2022
Mailing Address 1607 Ponce de Leon ave			
Suite GM8			Amount
City	State	Zip Code	636.05
SAN JUAN	PR	00909	Transaction ID : SE-S936344 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ 004	M = M / D = D / Y = Y = Y
		Type 004	
Name of Federal Candidate:		X Support	Office Sought: House District: 00
CORNYN, JOHN, , Sen,		Oppose	President X Senate State: TX
Calendar Year-To-Date		19957.05	Disbursement For: X Primary General
Per Election for Office Sought	7 7	19907.00	2026 Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures .			0.00
(b) SUBTOTAL of Unitemized Independent Expenditure	es		
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	te or authorized		
MASTROIANNI, STEPHANIE, , ,	Electronically Fil	[ed] Date	e 05 18 2022
Signature	-		

ITEMIZED INDEPENDENT EXPENDITURES	6				PAGE 33	-	
NAME OF COMMITTEE (In Full)				FEC		24 OF FORM 3	
UNITED WOMEN'S HEALTH ALLIAI	NCE PAC						Ť
				С	C00755694	1	4
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed or	n M M	/ D D /	Y Y Y Y	
Full Name of Payee		🗶 Memo	Item [	Date of Publ	ic Distributior	/Dissemination	
LIVE TRANSFERS AND DONOR CRE. Invoice paid after close of books.	ATION LLC			<sup>M</sup> 05	/ 18	Y Y Y 2022	Y
Mailing Address 1607 Ponce de Leon ave				00		LULL	_
Suite GM8			ļ A	Amount			_
City	State	Zip Code				636.04	
SAN JUAN	PR	00909			ID: SE-S936 ursement or		
Purpose of Expenditure Telephone Fundraising		Category/ Type 004				Y Y Y	Y
Name of Federal Candidate:		X Support	Office S	Sought:	House	District: 00	
TILLIS, THOM, R., Sen,		Oppose		resident	X Senate	State: NC	_
Calendar Year-To-Date			Disburs	ement For:	<b>x</b> Primar	y Gener	al
Per Election for Office Sought		19957.05	2026	Other (s	pecify) ►		
Full Name of Payee		X Memo	Item [	Date of Publ	ic Distributior	/Dissemination	
LIVE TRANSFERS AND DONOR C Invoice paid after close of books.	REATION LI	_C		<sup>M</sup> 05	/ D D /	Y Y Y Y 2022	Y
Mailing Address 1607 Ponce de Leon ave							
Suite GM8			l A	Amount			_
City	State	Zip Code				636.05	
SAN JUAN	PR	00909			ID: SE-S93 ursement or		
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		M = M		YYYY	Y
Name of Federal Candidate:		Support	Office S	Sought:	House	District: 00	
SHAHEEN, JEANNE, , ,		Oppose	P	resident	× Senate	State: NH	
Calendar Year-To-Date Per Election for Office Sought		19957.06	Disburs 2026	ement For:	♥ Primar	y Gener	al
			L		pecity)		
(a) SUBTOTAL of Itemized Independent Expenditure	s		. <b>.</b> [			0.00	٦.
						1 1 /0 1	1
(b) SUBTOTAL of Unitemized Independent Expendit	ures		• •				
			- 7				Ξ.
(c) TOTAL Independent Expenditures			• •				
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its	late or authorized						
MASTROIANNI, STEPHANIE, , ,	[Electronically Fi	iled]	M			Y Y	
Signature	LEACT ORICALLY FI	Date	ə 05	18	20	22	
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INME OF COMMITTEE (in Full)       UNITED WOMEN'S HEALTH ALLIANCE PAC       FCC Committee (in Full)         UNITED WOMEN'S HEALTH ALLIANCE PAC       FCC Committee (in Full)       FCC Committee (in Full)         Check if 24-hour report       New report       Amends report filed on       Image: Committee (in Full)         Full Name of Payee       New report       Amends report filed on       Image: Committee (in Full)         Full Name of Payee       State       200       Date of Public Distribution/Dissemination         UVE TRANSFERS AND DONOR CREATION LLC       Memo Item       Date of Public Distribution/Dissemination         Mailing Address       1607 Ponce de Leon ave       Amount         San JUAN       PR       00009         Puroas of Expendiure       Category/       0.44       77       2002         Name of Poderal Condidate:       Image: Committee (in Bit State Million Committee (in Compile)       Per Eacton for Otice Sought       1930.45       2022         Par Eacton for Otice Sought       1930.45       2022       Amount	ITE	MIZED INDEPENDENT EXPENDITUR	ES				PAGE 34	<b>.</b> .
UNITED WOMEN'S HEALTH ALLIANCE PAC       C       Corosser         Check ifAhour report       Amends report filed onAmends report for filed onAmends report filed onAmends report filed on	NAI	ME OF COMMITTEE (In Full)				FEC I		
Check II       24-hour report       New report       Amends report filed on         Full Name of Payee       Image: San JU DONOR CREATION LLC       Image: San JU DONOR CREATION LLC       Date of Public Distribution/Dissemination         Mailing Address       1607 Ponce de Leon ave Suite CM8       State       Zip Code       Date of Public Distribution/Dissemination         City       San JUAN       PR       00000       Date of Public Distribution/Dissemination         Purpose of Expenditure       Teleptone Fundataling       Category/ 0000       0.4       2022         Name of Foderal Candidate:       X Support       Preadent       Sonate       State:       Mile         LAWRENCE, BRENDA, LULENAR.       Oppose       Disbursement or Obligation       0.4       27       2022         Name of Foderal Candidate:       X Support       House       Disbursement or Childs State:       Mile         Category/       Odd       17930.45       Disbursement or Childs State:       Mile         Category Payee       State       State:       Mile       2022       Other (specify) P         Full Name of Payee       Name of Payee       Name of Payee       Date of Public Distribution/Dissemination       0.4       0.5       0.6       2022         Maling Address       1607 Ponce de Leon ave	U	NITED WOMEN'S HEALTH ALLI	ANCE PAC					
Check #       24-hour report       New report       Amends report field on         Full Name of Payse       Date of Public Distribution/Dissemination         UVE TRANSFERS AND DONOR CREATION LLC       Image: constraints of the second seco							0073303	
LIVE TRANSFERS AND DONOR CREATION LLC       Induiting Address         Mailing Address       1607 Ponce de Leon ave         Suite GM8       Zip Code         Otty       State         Propose of Expenditure       Category/ Type         Category/ Telephone Fundratising       Category/ Type         Category/ Purpose of Expenditure       Support         Category/ Telephone Fundratising       Category/ Type         Category/ Per Election for Office Sought       I House         Disbursement For:       I House         Category/ Per Election for Office Sought       I House         Category/ Per Election for Office Sought       I President 17930.45         Full Name of Payee Suite GM8       State         Category/ Telephone Fundratising       Category/ Category/ Telephone Fundratising       Category/ Category/ Telephone Fundratising         Purpose of Expenditure Telephone Fundratising       Category/ Category/ Telephone Fundratising       State         Purpose of Expenditure Telephone Fundratising       Category/ Category/ Telephone Fundratising       Category/ Category/ Telephone Fundratising       State         Purpose of Expenditure Telephone Fundratising       Category/ Category/ Telephone Fundratising       Category/ Category/ Category/ Telephone Fundratising       Support       Office Sought         Purpose of Expenditure Telephone Fundrat	Che	eck if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	MM	/ D D /	Y Y Y Y
Mailing Address       1607 Ponce de Leon ave Suite GM8       Amount         City       San JUAN       PR       00999         Purpose of Expenditure Telephone Fundraising       Category/ Telephone Fundraising       Otice Sought       Image: Second		Full Name of Payee LIVE TRANSFERS AND DONOR CR	EATION LLC	Memo	Item Da			
Ibb/ Force de Leon ave       Amount         Suite GM8       State       Zip Code         Purpose of Expenditure       City       State       Disbursement of Obligation         Purpose of Expenditure       Image: State       Suite of Disbursement of Obligation       Image: State         Purpose of Calendar Vear-To-Date       President       Senate       State         Purpose of Expenditure       Image: State       Image: State       Image: State         City       SAN JUAN       President       Senate       State         Pare Election for Office Sought       Image: State       Image: State       Image: State       Image: State         Full Name of Payce       Oppose       Disbursement For:       President       State       Image: State         City       SAN JUAN       Pit       Oppose       Disbursement For:       Pitimary       General         Veater of Payce       Image: State       Zip Code       Amount       Image: State       Zip Code         SAN JUAN       Pit       Oppose       Estenditure       State       Zip Code       Amount         Transaction for Office Sought       Pitimary       Category/       Ood       Image: State       Zip         SAN JUAN       Pitimary       Category/ </td <td></td> <td>Molling Address</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		Molling Address						
City       State       Zip Code       90909         Propose of Expenditure       Category/       004       Tate of Disbursement or Obligation         Purpose of Expenditure       Category/       004       05       06       2022         Name of Federal Candidate:       X       Support       Office Sought:       X       House District:       14         LAWRENCE, BRENDA, LULENAR,       Category/       Oppose       Disbursement or Obligation       Senate       State:       MI         Calendar Year-To-Date       President       Senate       State:       MI         Per Election for Office Sought       17930.45       Disbursement For:       X       Primary       General         2022       Other (specify) ▶       ELIVE TRANSFERS AND DONOR CREATION LLC       Memo Item       Date of Public Distribution/Dissemination         UVE TRANSFERS AND DONOR CREATION LLC       Mailing Address       1607 Ponce de Leon ave       Suite GM8       Sa0.84         SAN JUAN       PR       00309       Date of Public Distribution/Dissemination       VA       2022         Mailing Address       1607 Ponce de Leon ave       Suite GM8       Sa0.84       Transaction Di SE-SE88020       Date of Disbursement or Obligation         Purpose of Expenditure       Catengory/       00		1607 Ponce de Leon ave			An	nount		
SAN JUAN       PR       09909       Transaction ID: SE-5888018         Purpose of Expenditure       Category/ Type       004       05       06       2022         Name of Federal Candidate:       Image: Support       Office Sought       House District:       14         LAWRENCE, BRENDA, LULENAR,       Oppose       Office Sought       House District:       14         Calendar Year-To-Date Per Election for Office Sought       17930.45       2022       Other (specify)         Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC       Memo Item       Date of Public Distribution/Dissemination         Mailing Address 1607 Ponce de Leon ave Suite GM8       State       Zip Code       Amount         Mailing Address 1607 Ponce de Leon ave Suite GM8       State       Zip Code       Transaction ID: SE-5888000         Purpose of Expenditure Telephone Fundraising       Category/ 05       06       2022         Name of Federal Candidate:       X Support       Office Sought       House District:       08         LESKO, DEBBIE,       Oppose       President       Senate State:       AZ         Calendar Year-To-Date Per Election for Office Sought       17930.44       Disbursement For:       Pirmary       General 2022         (a) SUBTOTAL of Itemized Independent Expenditures        1661.63	-		State	Zin Code	F			830.85
Purpose of Expenditure Telephone Fundraising       Category/ Type       004       05       06       / 2022         Name of Federal Candidate:       X Support       Office Sought:       X House District:       14         LAWRENCE, BRENDA, LULENAR, .       Oppose       President       Senate       State:       Mil         Part Election for Office Sought       17930.45       Disbursement For:       Y Primary       General         Purpose of Expenditure       Category/       Odd       Office Sought:       X House       District:       14         Mailing Address       1607 Ponce de Leon ave Suite GM8       State       Det of Public Distribution/Dissemination         City       SAN JUAN       PR       000909       Date of Disbursement or Obligation         Purpose of Expenditure       Category/       004       05       2022         Name of Federal Candidate:       X Support       Office Sought:       X House       District:       08         LESKO, DEBBIE,       Oppose       Oppose       President       Senate       State:       AZ         Disbursement For:       Y Primary       General       Category/       004       05       2022         Name of Federal Candidate:       X Support       Office Sought:       Y House </td <td></td> <td>•</td> <td></td> <td></td> <td>Tr</td> <td>ansaction</td> <td>, ID : SE-S888</td> <td></td>		•			Tr	ansaction	, ID : SE-S888	
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LAWRENCE, BRENDA, LULENAR, ,       Oppose       Oppose       Oppose       Oppose         Calendar Year-To-Date Per Election for Office Sought       17930.45       Disbursement For:       Primary       General 2022         Cher (specify) ▶         Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC       Memo Item       Date of Public Distribution/Dissemination         Mailing Address       1607 Ponce de Leon ave Suite GM8       Amount       Amount         City       SAN JUAN       PR       00909       Date of Disbursement or Obligation         Purpose of Expenditure Telephone Fundraising       Category/ Type       004       7 06       2022         Name of Federal Candidate:       Image: State       X       Support       Office Sought:       I House District:       08         LESKO, DEBBIE, , ,       Oppose       Oppose       Disbursement For:       Y Primary       General         Calendar Year-To-Date Per Election for Office Sought       17930.44       Disbursement For:       Y Primary       General         (a) SUBTOTAL of Unitemized Independent Expenditures       Image: State       A       Image: State       Image: State         (b) SUBTOTAL of Unitemized Independent Expenditures       Image: State       Image: State       Image: State       Image: State       Image: State       Image: S				Туре	•	05	06	2022
Calendar Year-To-Date Per Election for Office Sought       17930.45       Disbursement For:       Primary       General 202         Coher of Payee LIVE TRANSFERS AND DONOR CREATION LLC       Memo Item       Date of Public Distribution/Dissemination         Mailing Address Suite GM8       1607 Ponce de Leon ave Suite GM8       Zip Code       Amount         City SAN JUAN       PR       00909       Date of Public Distribution/Dissemination         Purpose of Expenditure Telephone Fundraising       Category/ 004       004       066 / 2022         Name of Federal Candidate:       Support       Office Sought       966 / 2022         LESKO, DEBBIE,       Oppose       President       Senate State: AZ         Calendar Year-To-Date Per Election for Office Sought       17930.44       Disbursement For:       Primary         (a) SUBTOTAL of Itemized Independent Expenditures        1661.69       (b) SUBTOTAL of Unitemized Independent Expenditures          (c) TOTAL Independent Expenditures         1661.69          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.		Name of Federal Candidate:		× Support	Office So	ught:	X House	District:14
Per Election for Office Sought       17930.45       2022       Other (specify) ▶         Full Name of Payee       IVE TRANSFERS AND DONOR CREATION LLC       Memo Item       Date of Public Distribution/Dissemination         Mailing Address       1607 Ponce de Leon ave       Amount       0.4       202       Amount         City       Suite GM8       Zip Code       Amount       0.65       0.66       2022         Purpose of Expenditure       Transaction ID: SE-S888020       Date of Disbursement or Obligation         Telephone Fundraising       Category/       0.04       0.5       0.66       2022         Name of Federal Candidate:       Image: Support       Office Sought       Image: Amount       0.5       0.66       2022         LESKO, DEBBIE,       Oppose       Office Sought       Image: Amount       0.5       0.66       2022         (a) SUBTOTAL of Itemized Independent Expenditures       Image: Amount       Image: Amount       Image: Amount       Image: Amount         (c) TOTAL Independent Expenditures       Image: Amount       Image: Amount       Image: Amount       Image: Amount       Image: Amount         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		LAWRENCE, BRENDA, LULENAR, ,		Oppose	Pre	sident	Senate	State: <u>MI</u>
Full Name of Payee       Image: Construction of Payee       Image: Construction of Payee         LIVE TRANSFERS AND DONOR CREATION LLC       Image: Construction of Payee       Image: Construction of Payee         Mailing Address       1607 Ponce de Leon ave       Image: Construction of Payee       Image: Construction of Payee         City       State       Zip Code       Amount         City       State       Opgoge       Date of Public Distribution/Dissemination         Purpose of Expenditure       FR       00909       Date of Disbursement or Obligation         Purpose of Expenditure       Category/ Type       Ood       Image: Construction of District: OB         Name of Federal Candidate:       Image: Construction of Office Sought       Image: Construction of Office Sought       Image: Construction of Office Sought         LESKO, DEBBIE,       Calendar Year-To-Date       President       Senate       State: AZ         Calendar Year-To-Date       Image: Construction of Office Sought       Image: Construction of Office Sought       Image: Construction of Constretion of Construction of Construction of Constret with,				17930.45		7		y General
LIVE TRANSFERS AND DONOR CREATION LLC         Mailing Address         Suite GM8         City         Saite GM8         Purpose of Expenditure         Telephone Fundraising         Purpose of Expenditure         Telephone Fundraising         Name of Federal Candidate:         LESKO, DEBBIE,         Category/         Od4         Per Election for Office Sought         Item to for offic	-	Full Name of Pavee	, ,	Momo		- 、		
Mailing Address       1607 Ponce de Leon ave         Suite GMB       Zip Code         City       State         SAN JUAN       PR         Outpose of Expenditure       Transaction ID: SE-S888020         Date of Disbursement or Obligation         Purpose of Expenditure         Telephone Fundraising         Category/       004         05       06         Very Constraint       Oppose         Calendar Year-To-Date       Per Election for Office Sought         Per Election for Office Sought       17930.44         Obsursement For:       Primary         (a) SUBTOTAL of Unitemized Independent Expenditures         (b) SUBTOTAL of Unitemized Independent Expenditures         (c) TOTAL Independent Expenditures         With, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee or its agent.         MASTROIANNE, STEPHANIE,       [Electronically Filed]			CREATION LL			M M	/ D D /	YYYYY
Suite GM8       Amount         City       State       Zip Code         SAN JUAN       PR       00909         Purpose of Expenditure       Category/       004         Transaction ID : SE-S888020       Date of Disbursement or Obligation         Purpose of Expenditure       Category/       004         Telephone Fundraising       Category/       004         Name of Federal Candidate:       Support       Office Sought:       House         LESKO, DEBBIE,       Oppose       President       Senate       State:         Calendar Year-To-Date       Per Election for Office Sought       Disbursement For:       Primary       General         Per Election for Office Sought       17930.44       Disbursement For:       Primary       General         2022       Other (specify) >	-	Mailing Address				04	27	2022
City       State       Zip Code       830.84         Parpose of Expenditure       PR       00909       Transaction ID : SE-S888020         Purpose of Expenditure       Category/ Type       004       Transaction ID : SE-S888020         Name of Federal Candidate:       Image: Support       06       2022         Name of Federal Candidate:       Image: Support       Office Sought:       House District:       08         LESKO, DEBBIE, . ,       Oppose       President       Senate       State:       AZ         Calendar Year-To-Date       Per Election for Office Sought       17930.44       Disbursement For:       Image: Primary       General         2022       Other (specify) >					An	nount		
Outcome       PR       Outcome         Purpose of Expenditure Telephone Fundraising       Category/ Type       004       Date of Disbursement or Obligation         Name of Federal Candidate:       Image: Category/ Type       004       Image: Category/ 05       06       2022         Name of Federal Candidate:       Image: Category/ Description       004       Image: Category/ 05       06       2022         Name of Federal Candidate:       Image: Category/ Description       004       Image: Category/ 05       06       2022         LESKO, DEBBIE, , ,       Oppose       President       Senate       State: AZ         Calendar Year-To-Date Per Election for Office Sought       17930.44       Disbursement For: Image: President       Primary         (a) SUBTOTAL of Itemized Independent Expenditures       Image: President       1661.69         (b) SUBTOTAL of Unitemized Independent Expenditures       Image: President expenditures       Image: President expenditures         (c) TOTAL Independent Expenditures       Image: President expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee or its agent.         MASTROIANNI, STEPHANIE, , ,       [Electronically Filed]       Date       04       27       2022 <td>-</td> <td></td> <td>State</td> <td>Zip Code</td> <td></td> <td></td> <td></td> <td>830.84</td>	-		State	Zip Code				830.84
Purpose of Expenditure Telephone Fundraising       Category/ Type       004       Image: Category/ 05       006       2022         Name of Federal Candidate: LESKO, DEBBIE, , ,       Image: Category/ Oppose       004       Image: Category/ 06       006       2022         Calendar Year-To-Date Per Election for Office Sought       Image: Category/ Oppose       Oppose       President       Senate       State: AZ         Calendar Year-To-Date Per Election for Office Sought       Image: Category/ Image: Category / Other (specify)       Disbursement For:       Image: President       Senate       State: AZ         (a) SUBTOTAL of Itemized Independent Expenditures       Image: Category / Image: Category / Image: Category / Image: Category / Oppose       Image: Category / Image: Category / Ima			PR	00909				
Name of Federal Candidate:   LESKO, DEBBIE, , ,   Calendar Year-To-Date   Per Election for Office Sought   17930.44   Oppose Disbursement For:  Primary General 2022 Other (specify) > (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. MASTROIANNI, STEPHANIE, ,, [Electronically Filed] Date Math / 27 / 2022						M M	/ D D /	Y Y Y Y
LESKO, DEBBIE, , ,   LESKO, DEBBIE, , ,   Calendar Year-To-Date   Per Election for Office Sought     17930.44   Disbursement For:     Primary   General   2022   Other (specify) >     (a) SUBTOTAL of Itemized Independent Expenditures     (b) SUBTOTAL of Unitemized Independent Expenditures     (c) TOTAL Independent Expenditures     Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee or its agent.     MASTROIANNI, STEPHANIE, ,,     Image: Contract of the independent expenditure or its agent.				Type				
Calendar Year-To-Date Per Election for Office Sought       17930.44       Disbursement For: x Primary General 2022         (a) SUBTOTAL of Itemized Independent Expenditures       >       1661.69         (b) SUBTOTAL of Unitemized Independent Expenditures       >       1661.69         (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       MASTROIANNI, STEPHANIE,					Office So	ught:	× House	
Image: Source of the source				Oppose	Pre	sident	Senate	State: <u>AZ</u>
(a) SUBTOTAL of Itemized Independent Expenditures       1661.69         (b) SUBTOTAL of Unitemized Independent Expenditures       1         (c) TOTAL Independent Expenditures       1         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				17930.44		Г		y General
(b) SUBTOTAL of Unitemized Independent Expenditures.         (c) TOTAL Independent Expenditures         Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.         MASTROIANNI, STEPHANIE, , ,       [Electronically Filed]       Date       04       27       2022								
(c) TOTAL Independent Expenditures	(	a) SUBTOTAL of Itemized Independent Expenditu	ires		• •			1661.69
(c) TOTAL Independent Expenditures	(	b) SUBTOTAL of Unitemized Independent Experie	ditures		、Γ			
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							7_	
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.         MASTROIANNI, STEPHANIE, , ,       [Electronically Filed]         Date       04	(	c) TOTAL Independent Expenditures			· •			
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.         MASTROIANNI, STEPHANIE, , ,       [Electronically Filed]         Date       04								
[Electronically Filed] Date 04 27 2022	v	with, or at the request or suggestion of, any can	didate or authorized					
		MASTROIANNI, STEPHANIE, , ,	[Electronically Fi	led]				
		Signature	- <b>F</b>		- 04	21		

ITEMIZED INDEPENDENT EXPENDITURES				AGE 35 OF 49
NAME OF COMMITTEE (In Full)				OR LINE 24 OF FORM 3X NTIFICATION NUMBER ▼
UNITED WOMEN'S HEALTH ALLIAN	ICE PAC			
			C	C00755694
Check if 24-hour report 48-hour report	New rep	ort Amends repo	t filed on	D D / Y Y Y Y
Full Name of Payee		🗌 Memo	tem Date of Public I	Distribution/Dissemination
LIVE TRANŚFERS AND DONOR CREA	ATION LLC		M M /	27 / Y Y Y Y 2022
Mailing Address 1607 Ponce de Leon ave				
Suite GM8			Amount	
City	State	Zip Code		830.84
SAN JUAN	PR	00909	Transaction ID Date of Disburs	: SE-S888024 ement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	05 /	D D / Y Y Y Y 06 / 2022
Name of Federal Candidate:		X Support	Office Sought:	House District: 00
BLUNT, ROY, , ,		Oppose		Senate State: MO
Calendar Year-To-Date			Disbursement For:	<b>x</b> Primary General
Per Election for Office Sought	7 7	17930.42	2022 Other (spec	cify) ▶
Full Name of Payee			tem Date of Public I	Distribution/Dissemination
LIVE TRANSFERS AND DONOR CF	REATION LL	.C	M M /	27 / Y Y Y Y 2022
Mailing Address 1607 Ponce de Leon ave				
Suite GM8			Amount	
City	State	Zip Code		830.85
SAN JUAN	PR	00909	Transaction ID Date of Disburse	ement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	M M /	06 / Y Y Y Y 2022
Name of Federal Candidate:		X Support	Office Sought:	House District: 00
MURRAY, PATTY, , ,		Oppose	President X	Senate State: WA
Calendar Year-To-Date		17930.43		<b>x</b> Primary General
Per Election for Office Sought	7 7	17930.43	2022 Other (spec	cify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	3		•	1661.69
(b) SUBTOTAL of Unitemized Independent Expenditu	res		•	
(c) TOTAL Independent Expenditures			►	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
	[Electronically Fil	ed] Date	04 / <sup>D</sup> D	2022
Signature				

ITEMIZED INDEPENDENT EXPENDITURES				PAGE 36 OF 49
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
UNITED WOMEN'S HEALTH ALLIANCE PAC				
				C C00755694
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	M / D D / Y Y Y Y Y Y
			Item Date of	Public Distribution/Dissemination
LIVE TRANŚFERS AND DONOR CREATION LLC				4 27 <u>2022</u>
Mailing Address 1607 Ponce de Leon ave			Amount	
Suite GM8			Amount	
City	State	Zip Code		830.85
SAN JUAN	PR	00909		ction ID : SE-S888028 Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising	Category/ Type 004			05 / D D / Y Y Y Y 2022
Name of Federal Candidate:		X Support	Office Sought:	House District: 00
VAN HOLLEN, CHRIS, , ,		Oppose	Presider	nt X Senate State: MD
Calendar Year-To-Date		17930.43	Disbursement	For: X Primary General
Per Election for Office Sought	7 7 7	17930.43	2022 Oth	ner (specify) ►
Full Name of Payee Date of Public Distribution/Dissemination				
LIVE TRANSFERS AND DONOR CREATION LLC				04 / D D / Y Y Y Y 27 2022
Mailing Address 1607 Ponce de Leon ave			A	
Suite GM8			Amount	
City	State	Zip Code		830.85
SAN JUAN	PR	00909		ction ID : SE-S888014 Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ 004		05 06 / Y Y Y Y 2022
		Type 004		
			Office Sought:	
CORNYN, JOHN, , Sen,		Oppose	Presider	nt X Senate State: TX
Calendar Year-To-Date		17930.42	Disbursement 2026	For: X Primary General
Per Election for Office Sought	7 7		Oth	ner (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	3		•	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 Fil	led] Date	M / / 04	27 2022
Signature				

ITEMIZED INDEPENDENT EXPENDITURES			PAGE 37 O	
NAME OF COMMITTEE (In Full)			FOR LINE 24 OF	
UNITED WOMEN'S HEALTH ALLIAN	ICE PAC			
			C C00755694	
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	Y Y Y Y
Full Name of Payee		Memo	Item Date of Public Distribution/Disse	emination
LIVE TRANŚFERS AND DONOR CREA	ATION LLC		04 / D D / Y	y y y 2022
Mailing Address 1607 Ponce de Leon ave				
Suite GM8			Amount	
City	State	Zip Code		830.85
SAN JUAN	PR	00909	Transaction ID : SE-S888016 Date of Disbursement or Obliga	tion
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		2022 Y
Name of Federal Candidate:		Support	Office Sought: House Distri	ct:00
TILLIS, THOM, R., Sen,		Oppose	President X Senate Sta	NC
Calendar Year-To-Date			Disbursement For: X Primary	General
Per Election for Office Sought	7	17930.44	2026 Other (specify) ►	
Full Name of Payee			Item Date of Public Distribution/Disse	emination
LIVE TRANSFERS AND DONOR CF	REATION LL	C	04 / Y	ý ý ý 2022
Mailing Address 1607 Ponce de Leon ave				
Suite GM8			Amount	
City	State	Zip Code		830.84
SAN JUAN	PR	00909	Transaction ID : SE-S888022 Date of Disbursement or Obliga	tion
Purpose of Expenditure Telephone Fundraising	1	Category/ 004	M M / D D / Y	Y Y Y 2022
		Type 004	05 06	2022
Name of Federal Candidate:		X Support	Office Sought: House Distri	ct:00
SHAHEEN, JEANNE, , ,		Oppose	President X Senate Sta	te: <u>NH</u>
Calendar Year-To-Date		17930.43	Disbursement For: X Primary	General
Per Election for Office Sought	1 1		2026 Other (specify) ►	
(a) SUBTOTAL of Itemized Independent Expenditures	5			661.69
(b) SUBTOTAL of Unitemized Independent Expenditu	res		►	
(c) TOTAL Independent Expenditures			►	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
MASTROIANNI, STEPHANIE, , ,	[Electronically Fil	led] Date	04 27 2022	Y
Signature				

ITEMIZED INDEPENDENT EXPENDITURES				PAGE 38 OF 49
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
UNITED WOMEN'S HEALTH ALLIAN	ICE PAC			EC IDENTIFICATION NUMBER ▼
				С С00755694
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	M / D = D / Y = Y = Y = Y
		Memo	Item Date of	Public Distribution/Dissemination
LIVE TRANŚFERS AND DONOR CREA	ATION LLC		M OS	5 / D D / Y Y Y Y 5 04 2022
Mailing Address 1607 Ponce de Leon ave			Amount	
Suite GM8		1		
City	State	Zip Code		826.51
SAN JUAN	PR	00909		tion ID : SE-S936302 Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	0	
Name of Federal Candidate:		X Support	Office Sought:	K House District: 14
LAWRENCE, BRENDA, LULENAR, ,		Oppose	Presiden	t Senate State: <u>MI</u>
Calendar Year-To-Date		18756.96	Disbursement I 2022	For: X Primary General
Per Election for Office Sought	7 7	10700.00	Oth	er (specify) ►
Full Name of Payee			Item Date of	Public Distribution/Dissemination
		.0	0	
Mailing Address 1607 Ponce de Leon ave			Amount	
Suite GM8		1		
City	State	Zip Code	Trenes	826.50
SAN JUAN	PR	00909		Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	M 0	5 / D D / Y Y Y Y 2022
Name of Federal Candidate:		X Support	Office Sought:	K House District: 08
LESKO, DEBBIE, , ,		Oppose	Presiden	t Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought		18756.94	Disbursement I 2022	
	7 7		Oth	er (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	3		•	1653.01
(b) SUBTOTAL of Unitemized Independent Expenditu	res		•	л. і. і. і. і. і. і. Л. і. д. і. л. і.
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
	[Electronically Fil	led] Date		04 / YEYEY 2022
Signature				

ITEMIZED INDEPENDENT EXPENDITURES		PAGE 39 OF 49
NAME OF COMMITTEE (In Full)		FOR LINE 24 OF FORM 3X
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	T = M / D = D / Y = Y = Y = Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC	Memo Item Date	of Public Distribution/Dissemination
		05 / D D / Y Y Y Y 05 04 2022
Mailing Address 1607 Ponce de Leon ave	Amou	Int
Suite GM8	odo -	826 50
City State Zip C SAN JUAN PR 009		826.50 saction ID : SE-S936306
		of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising	ory/ ype 004	05 / D D / Y Y Y Y 06 / 2022
Name of Federal Candidate:	Support Office Soug	ht: House District: 00
BLUNT, ROY, , ,	Oppose Presic	lent X Senate State: MO
Calendar Year-To-Date Per Election for Office Sought 1875		
		Other (specify)
Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC		of Public Distribution/Dissemination
Mailing Address	L	05 04 2022
Suite GM8	Amou	int
City State Zip C	ode	826.50
SAN JUAN PR C	10909	saction ID : SE-S936308 of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		05 06 2022
	ype	
	Support Office Soug	
MURRAY, PATTY, , ,	Oppose Presic	lent X Senate State: WA
Calendar Year-To-Date Per Election for Office Sought 1875		
		Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	····· •	1653.00
(b) SUBTOTAL of Unitemized Independent Expenditures	······ •	· · · · · · · · · · ·
(c) TOTAL Independent Expenditures		
	► L.	
Under penalty of perjury I certify that the independent expenditures reporte with, or at the request or suggestion of, any candidate or authorized commi party committee) any political party committee or its agent.		
MASTROIANNI, STEPHANIE, , , [Electronically Filed]	Date 05	04 2022
Signature		

INME OF COMMITTEE (in Full)       UNITED WOMEN'S HEALTH ALLIANCE PAC       FCC Committee (in Full)         UNITED WOMEN'S HEALTH ALLIANCE PAC       FCC Committee (in Full)       FCC Committee (in Full)         Check if 24-hour report       New report       Amends report filed on       Image: Committee (in Full)         Full Name of Payee       New report       Amends report filed on       Image: Committee (in Full)         Full Name of Payee       State       Zip Code       Amount         Mailing Address       1607 Ponce de Leon ave       Amount         Suito GMB       Category       Odd       Odd       2022         Name of Payee       Category       Odd       Processort Expenditure       Processort Expenditure         Telephone Fundation       Category       Odd       Processort Expenditure       Processort Expenditure         Telephone Fundation       Category       Odd       Processort Expenditure       Processort Expenditure         Full Name of Payee       Category       Odd       Processort Expenditure       Processort Expenditure         Full Name of Payee       State       19756.83       2022       Other (Soci)th       Processort Expenditure         Full Name of Payee       Live TransFErs And DONOR CREATION LLC       Memo Item       Date of Paye3332       Date of Paye33332	ITEMIZE	ED INDEPENDENT EXPENDIT	TURES					PAGE 40	•	_
UNITED WOMEN'S HEALTH ALLIANCE PAC       C 0073564         Check if _ 24-hour report       New report       Amends report field on ***********************************	NAME O	F COMMITTEE (In Full)					<b>FFO</b> 1			
Check II       24-hour report       New report       Amends report filed on         Full Name of Payee       Image: State Control Contrect Control Control Control Control Control Control Control Contro		· ,	LLIAN	CE PAC						
Check #       24-hour report       New report       Amends report filed on         Full Name of Payse       Date of Public Distribution/Dissemination         UVE TRANSFERS AND DONOR CREATION LLC       Image: state of public Distribution/Dissemination         Oity       Saine GM8         City       Saine GM8         Purpose of Expenditure       Zip Code         Telephone Fundmasing       Category/ Type         Name of Federal Candidate:       X Support         VAN HOLLEN, CHRIS       Oppose         Catendar Year-To-Date       Princase         Partice GM8       Category/ Toresection to Office Sought         Hume of Payse       INAM         LIVE TRANSFERS AND DONOR CREATION LLC       Memo Item         VAN HOLLEN, CHRIS       Oppose         Catendar Year-To-Date       President X Senate         Full Name of Payse       INAM         LIVE TRANSFERS AND DONOR CREATION LLC       Memo Item         Maing Address       1607 Ponce de Lon ave         Suite GM8       Category/       Odf         City       State       Zip Code         SAN JUAN       PR       Doboos         Purpose of Expenditure       Category/       Odf         Telephone Endratising       Category/							С	C0075569	4	
LIVE TRANSFERS AND DONOR CREATION LLC       Instant Mailing         Mailing Address       1607 Ponce de Leon ave         Suite GM8       Zip Code         Oity       State         Name of Foderal Candidate:       Image: Category/ Type       0.04         VAN HOLLEN, CHRIS,       Oppose         Category/ VAN HOLLEN, CHRIS,       Oppose         Category/ Per Election for Office Sought       House District:         Category/ VAN HOLLEN, CHRIS,       Oppose         Category/ Per Election for Office Sought       Intervention (Category)         Category/ Per Election for Office Sought       Intervention (Category)         Category/ Per Election for Office Sought       Intervention (Category)         City       State         Suite GM8       State         Suite GM8       State         Suite GM8       State         Category/ Telephone Fundrating       Category/ Category       Odd         Purpose of Expenditure       Category/ Telephone Fundrating       State         Purpose of Expenditure       Category/ Telephone Fundrating       State         Purpose of Expenditure       Category/ Telephone Fundrating       Category/ Code         Purpose of Expenditure       Category/ Telephone Fundrating       Category/ Code       Code <td>Check if</td> <td>24-hour report 48-hour rep</td> <td>port</td> <td>New repo</td> <td>ort Amends repo</td> <td>ort filed on</td> <td>MM</td> <td>/ D D /</td> <td>Y Y Y Y Y</td> <td></td>	Check if	24-hour report 48-hour rep	port	New repo	ort Amends repo	ort filed on	MM	/ D D /	Y Y Y Y Y	
Mailing Address       1607 Ponce de Leon ave Suite GM8       2022         City       Stale       21p Code         SAN JUAN       PR       00909         Purpose of Expenditure Telephone fundiating       Category/ Type       004       7         Name of Federal Candidate:       Ype       004       005       6       2022         Name of Federal Candidate:       Ype       004       005       6       2022         VAN HOLLEN, CHRIS,       Oppose       Disbursement For:       Y Primary General 2022       Other Sought       2022         Full Mare of Payee       18756.93       2022       Amount       6       2022         Mailing Address 1607 Ponce de Leon ave Suite GM8       1807 Ponce de Leon ave Suite GM8       Memo Item       Date of Disbursement or Obligation         Purpose of Expenditure Telephone Fundraising       Category/ Transaction ID: SE-5983512 Date of Disbursement or Obligation       7       6       2022         Name of Federal Candidate:       X Support       Office Sought       House       1675.632         City       SAN JUAN       PR       009099       Transaction ID: SE-5983512 Date of Disbursement For:       Y Primary General 2026         Name of Federal Candidate:       X Support       Office Sought       House       District: <t< td=""><td>Full 1</td><td>Name of Payee</td><td></td><td></td><td>Memo</td><td>Item Da</td><td>te of Publ</td><td>ic Distribution</td><td>n/Dissemination</td><td>_</td></t<>	Full 1	Name of Payee			Memo	Item Da	te of Publ	ic Distribution	n/Dissemination	_
Mailing Address       1607 Ponce de Leon ave Suite GM8       Amount         City       SAN JUAN       PR       00909         Purpose of Expenditure       Category/ Telephone Fundraising       Category/ Type       004       7ansaction ID: SE-5938310 Date of Dibursement of Obligation         Name of Federal Candidate:       X Support       Office Sought       House       District:       00         VAN HOLLEN, CHRIS,       Oppose       President X Senate       State:       MD         Catendar Year-To-Date       President X Senate       State:       MD         Catendar Year-To-Date       Date of Public Nothbulkon/Dissemination       Date of Public Nothbulkon/Dissemination         LIVE TRANSFERS AND DONOR CREATION LLC       Memo Item       Date of Public Nothbulkon/Dissemination         Mailing Address       1607 Ponce de Leon ave Suite GM8       State       Zip Code         SAN JUAN       PR       00909       Transaction 10: SE-SS85812       Amount         Category/       Od4       2022       Amount       State:       TX         Mailing Address       1607 Ponce de Leon ave Suite GM8       State:       Zip Code       Transaction 10: SE-SS85812       Amount         Corentry N, JOHN, Sen,       PR       00909       Disbursement For:       Y Primary       General		E TRANSFERS AND DONOR	CREA <sup>-</sup>	TION LLC						l
Suite GM8       Amount         City       SAN JUAN       PR       00909         Purpose of Expenditure       Category/ Telephone Fundrasing       Category/ Type       0.04       Date of Disbursement or Obligation         Name of Federal Candidate:       X       Support       Office Sought       House       District:       00         VAN HOLLEN, CHRIS, .,       Obcose       President       X Senate       State:       MD         Calendar Vear-To-Date       District:       0       District:       0       004       2022         City       SAN JUAN       President       X Senate       State:       MD         City       San JUAN       PR       00009       District:       0       0         Mailing Address       1607 Ponce de Leon ave       Suite GM8       202       Amount       05       0       4       2022         Name of Expenditure       Category/ Telephone Fundrasing       Category/ Type       004       7       2022       Amount         City       SAN JUAN       PR       00009       Disbursement or Obligation       0       5       0       2022       Amount         City       SAN JUAN       PR       00009       Disbursement or Obligation	Mailir	ng Address 1607 Ponce de Leon ave					05	04	2022	
SAN JUAN       PR       09909       Transaction ID: SE-S936310         Purpose of Expenditure Telephone Fundicising       Category/ Type       004       05       06       2022         Name of Federal Candidate:       Image: Support       Office Sought       House District:       00         VAN HOLLEN, CHRIS,       Oppose       Office Sought       Image: Support       Image: Support         Calendar Year-To-Date Per Election for Office Sought       18756.93       2022       Other (specify)         Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC       Memo Item       Date of Dubic Subfulukon/Dissemination         Mailing Address SAN JUAN       1607 Ponce de Leon ave Suite GMB       State       Zip Code       Transaction ID: SE-S936312         Purpose of Expenditure Telephone Fundraising       Category/ 05       0.6       2022       Amount         SAN JUAN       PR       00909       Transaction ID: SE-S936312       Date of Disbursement or Obligation         Purpose of Expenditure Telephone Fundraising       Category/ 05       0.6       2022       Amount         Suite GMB       Category/ 05       0.6       2022       Category/ 05       0.6       2022         Name of Federal Candidate: CORNYN, JOHN, Sen,       Oppose       President IX Senate State; TX 2026       Other (specify) ▶						An	nount			ļ
Purpose of Expenditure Telephone Fundraising       Category/ Type       0.4       Date of Disbursement or Obligation         Name of Federal Candidate:       Image: Category/ Type       0.4       Image: Category/ Type       0.4         VAN HOLLEN, CHRIS,       Oppose       Oppose       President       Image: Category/ Senate       0.6         Category/ VAN HOLLEN, CHRIS,       Oppose       Office Sought:       House       District:       00         Category/ Per Election for Office Sought       18756.93       Disbursement For:       Image: President       Image: President <td< td=""><td>City</td><td></td><td></td><td>State</td><td>Zip Code</td><td></td><td></td><td></td><td>826.50</td><td>l</td></td<>	City			State	Zip Code				826.50	l
Purpose of Expenditure Telephone Fundraising       Category/ Type       004       05       06       / 2022         Name of Federal Candidate:       X Support       Office Sought:       House District:       00         VAN HOLLEN, CHRIS,       Oppose       President X Senate State:       MD         Disbursement For:       X Primary       General         2022       Other Oppose       Disbursement For:       X Primary         Full Name of Payee       Internet of Memo Item       Date of Public Distribution/Dissemination         LIVE TRANSFERS AND DONOR CREATION LLC       Memo Item       Date of Public Distribution/Dissemination         Mailing Address       1607 Ponce de Leon ave Suite GM8       Zip Code       Amount         City       SAN JUAN       PR       00909       Transaction ID : SE-S936312         Date of Disbursement or Obligation       05 / 06 / 2022       Amount       05 / 06 / 2022         Name of Federal Candidate:       X Support       Office Sought:       House District:       00         CoRNYN, JOHN, Sen,       Oppose       President X Senate State: TX       Disbursement For:       Y Primary       General         (a) SUBTOTAL of Itemized Independent Expenditures        Disbursement For:       Y Primary       General         (b) SUBTOTAL of It	SAN	JUAN		PR	00909					Ī
VAN HOLLEN, CHRIS, , ,       Oppose       Oppose       Oppose       Oppose         Calendar Year-To-Date Per Election for Office Sought       18766.93       Disbursement For:       Primary       General 2022         Full Name of Payee       Image: State       Date       Oppose       Date       Oppose         Full Name of Payee       Image: State       Date       Oppose       Date       Oppose         Mailing Address       1607 Ponce de Leon ave Suite GM8       State       Zip Code       Date       Oppose         City       SAN JUAN       PR       00909       Date       Office Sought:       House District:       00         Purpose of Expenditure       Category/       004       2022       Amount       State:       Transaction ID:       SE-S36312         Date of Picker       Oppose       Presonal       Oppose       Transaction ID:       SE-S36312         Name of Federal Candidate:       Connvn, JOHN, Sen,       Oppose       Oppose       President       X Primary       General         Calendar Year-To-Date Per Election for Office Sought       18756.92       Disbursement For:       Y Primary       General         (a) SUBTOTAL of Unitemized Independent Expenditures        1653.00       President       X Primary       Gene							M M	/ D D	/ Y Y Y Y	
VAN HOLLEN, CHRIS,       ○ oppose       President       Image: Senate State: MD         Calendar Year-To-Date Per Election for Office Sought       18756.93       Disbursement For: Image: Primary General 2022         Cher (specify) ▶       Date of Public Distribution/Dissemination         LiVE TRANSFERS AND DONOR CREATION LLC       Memo Item       Date of Public Distribution/Dissemination         Mailing Address       1607 Ponce de Leon ave Suite GMB       State       Zip Code         City       SAN JUAN       PR       00909       Transaction ID : SE-S936312         Purpose of Expenditure       Categony/       004       06       / 2022         Name of Federal Candidate:       Support       Office Sought       House District       0         CoRNYN, JOHN, Sen,       Oppose       President       Senate State: TX         Calendar Year-To-Date Per Election for Office Sought       18756.92       Disbursement For: Imary General 2026       Other (specify) ▶         (a) SUBTOTAL of Itemized Independent Expenditures        1953.00        1953.00         (b) SUBTOTAL of Unitemized Independent Expenditures         1953.00        1953.00         (c) TOTAL Independent Expenditures          1953.00        2022	Name	e of Federal Candidate:			X Support	Office So	ught:	House	District: 00	
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       Image: Control of the system of the	VAN	HOLLEN, CHRIS, , ,					C I			
Full Name of Payee		Calendar Year-To-Date				Disburser	ment For:			
LIVE TRANSFERS AND DONOR CREATION LLC       International         Mailing Address       1607 Ponce de Leon ave         Suite GM8       State         City       State         Yange of Expenditure       R         Telephone Fundraising       Category/         Purpose of Expenditure       Category/         Telephone Fundraising       Category/         Name of Federal Candidate:       Image of Expenditure         CORNYN, JOHN, Sen,       Oppose         Category/       Oppose         Disbursement For:       Primary         Galendar Year-To-Date       Disbursement For:         Per Election for Office Sought       18756.92         (a) SUBTOTAL of Itemized Independent Expenditures          (b) SUBTOTAL of Unitemized Independent Expenditures          (c) TOTAL Independent Expenditures          Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) are political party committee or a sequent of either, or (if the reporting entity is not a political party committee) are political party committee or its agent.					18756.93	2022	Other (s	pecify) ►		_
Mailing Address       1607 Ponce de Leon ave         Suite GM8       Zip Code         City       State         Zip Code       00909         Propose of Expenditure       2022         Telephone Fundraising       Category/         Name of Federal Candidate:       Image: Support         CORNYN, JOHN, Sen,       Oppose         Per Election for Office Sought       18756.92         Obsursement For:       Primary         Galendar Year-To-Date       Disbursement For:         Per Election for Office Sought       18756.92         Obsursement For:       Primary         Galendar Year-To-Date       Disbursement For:         Per Election for Office Sought       18756.92         Other (specify) >       1653.00         (c) TOTAL Independent Expenditures       1653.00         Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee or its agent.         MASTROIANNI, STEPHANIE, .,       [Electronically Filed]         Date       05       04						Item Da	te of Publ	ic Distribution	n/Dissemination	
Mailing Address       1607 Ponce de Leon ave         Suite GMB       Zip Code         City       State         SAN JUAN       PR         Outpose of Expenditure       Transaction ID: SE-S936312         Date of Disbursement or Obligation         Octor       06         Variable       Category/ Type         Ood       05         Name of Federal Candidate:       Image: Second State         CORNYN, JOHN, , Sen,       Oppose         Calendar Year-To-Date       Per Election for Office Sought         Per Election for Office Sought       18756.92         Other (specify) >		E TRANSFERS AND DON	OR CR	EATION LL	С					1
Suite GM8       Amount         City       State       Zip Code         SAN JUAN       PR       00909         Purpose of Expenditure       Category/       004         Telephone Fundraising       Category/       004         Name of Federal Candidate:       Category/       004         CORNYN, JOHN, , Sen,       Oppose       President       Sanate         Calendar Year-To-Date       Per Election for Office Sought       Isbursement For:       Primary       General         Per Election for Office Sought       18756.92       Other (specify) >	Mailir	ng Address 1607 Ponce de Leon ave					00		2022	
SAN JUAN       PR       00909         Purpose of Expenditure Telephone Fundraising       Category/ Type       004       Transaction ID : SE-S936312 Date of Disbursement or Obligation         Name of Federal Candidate:       Category/ Type       004       Image: Category/ Type       004         CORNYN, JOHN, , Sen,       Oppose       Office Sought:       House District:       00         Calendar Year-To-Date Per Election for Office Sought       18756.92       Disbursement For:       Y Primary       General 2026         (a) SUBTOTAL of Itemized Independent Expenditures       Image: Category and the independent Expenditures       Image: Category and the independent Expenditures       Image: Category and the independent Expenditures         (c) TOTAL Independent Expenditures       Image: Category and 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.						An	nount			
Purpose of Expenditure Telephone Fundraising       Category/ Type       004       Date of Disbursement or Obligation         Mame of Federal Candidate: CORNYN, JOHN, , Sen,       Oppose       President       House       District:       00         Coleman       Oppose       President       Senate       State:       TX         Calendar Year-To-Date Per Election for Office Sought       18756.92       Disbursement For:       Primary       General         (a) SUBTOTAL of Itemized Independent Expenditures       Image: Comparison of the independent Expenditures       Image: Comparison of the independent Expenditures       Image: Comparison of the independent Expenditures         (c) TOTAL Independent Expenditures       Image: Comparison of the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee or its agent.         MASTROIANNI, STEPHANIE, , .       [Electronically Filed]       Date       Image: Comparison of the independent is agent.	City			State	Zip Code				826.50	
Purpose of Expenditure Telephone Fundraising       Category/ Type       004       Image: Category/ 05       006       2022         Name of Federal Candidate: CORNYN, JOHN, , Sen,       Image: Category/ Oppose       004       Image: Category/ 05       006       2022         Calendar Year-To-Date Per Election for Office Sought       Image: Category/ Oppose       Office Sought: Disbursement For:       House       District:       00         (a) SUBTOTAL of Itemized Independent Expenditures       Image: Category/ Image: Category (Control of the period of the pendent Expenditures)       Image: Category (Control of the pendent Expenditures)       Image: Category (Control of the pendent Expenditures)         (c) TOTAL Independent Expenditures       Image: Category (Control of the pendent 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.	SAN	JUAN		PR	00909					
Name of Federal Candidate:   CORNYN, JOHN, , Sen,   Calendar Year-To-Date   Per Election for Office Sought   18756.92   (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL 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   Name of Federal Candidate:		•			Category/		M M	/ D D	Y Y Y Y	i.
CORNYN, JOHN, , Sen, Oppose   Calendar Year-To-Date President   Per Election for Office Sought 18756.92    (a) SUBTOTAL of Itemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditures  (c) TOTAL 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.  (AstrolanNI, STEPHANIE, ., [Electronically Filed]  (D) TOTAL Independent Expenditures  (C) TOTAL STEPHANIE, ., [Electronically Filed]  (C) TOTAL STEPHANIE,, [C) TOTAL STEPHANIE,, [C) TOTAL STEPHANIE,, [C) TOTAL STEPHANIE,, [C) TOT	l	lephone Fundraising			Type 004		05	06	2022	l
Calendar Year-To-Date Per Election for Office Sought       Disbursement For: X Primary General 2026 Other (specify) >         (a) SUBTOTAL of Itemized Independent Expenditures       >         (b) SUBTOTAL of Unitemized Independent Expenditures       >         (c) TOTAL Independent Expenditures       >         Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	Name	e of Federal Candidate:			X Support	Office So	ught:	House	District: 00	-
Wastrolanni, Stephanie,       [Electronically Filed]	COR	NYN, JOHN, , Sen,			Oppose	Pre	sident	× Senate	State: TX	-
(a) SUBTOTAL of Itemized Independent Expenditures <ul> <li>(b) SUBTOTAL of Unitemized Independent Expenditures</li> <li>(c) TOTAL Independent Expenditures</li> <li< td=""><td></td><td></td><td></td><td></td><td>19756 02</td><td></td><td>ment For:</td><td>× Prima</td><td>ry General</td><td></td></li<></ul>					19756 02		ment For:	× Prima	ry General	
(b) SUBTOTAL of Unitemized Independent Expenditures.         (c) TOTAL Independent Expenditures         Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.         MASTROIANNI, STEPHANIE, , ,       [Electronically Filed]       Date       05       04       2022		Per Election for Office Sought		nn_	18756.92	2026	Other (s	pecify) ►		_
(c) TOTAL Independent Expenditures	(a) SU	BTOTAL of Itemized Independent Exp	enditures .						1653.00	
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	(b) SU	BTOTAL of Unitemized Independent E	xpenditure	<del>9</del> 8		• •		7		
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.         MASTROIANNI, STEPHANIE, , ,       [Electronically Filed]         Date       05	(c) TO	TAL Independent Expenditures								
[Electronically Filed] Date 05 04 2022	with, c	or at the request or suggestion of, any	/ candidat	e or authorized						
Ballo	М	ASTROIANNI, STEPHANIE, , ,	[]	Electronically Fil	ed]					
	Sig	Inature		-						

ITEMIZED INDEPENDENT EXPENDITURE	S		PAGE 41 OF 49
NAME OF COMMITTEE (In Full)			
UNITED WOMEN'S HEALTH ALLIA	NCE PAC		FEC IDENTIFICATION NUMBER ▼
			C C00755694
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on
Full Name of Payee		Memo	Item Date of Public Distribution/Dissemination
LIVE TRANŚFERS AND DONOR CRE	ATION LLC		05 04 2022
Mailing Address 1607 Ponce de Leon ave			
Suite GM8			Amount
City	State	Zip Code	826.50
SAN JUAN	PR	00909	Transaction ID : SE-S936314 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	M M / D D / Y Y Y Y
Name of Federal Candidate:		X Support	Office Sought: House District: 00
TILLIS, THOM, R., Sen,		Oppose	President X Senate State: NC
Calendar Year-To-Date		10750.04	Disbursement For: X Primary General
Per Election for Office Sought		18756.94	2026 Other (specify) ►
			Item Date of Public Distribution/Dissemination
LIVE TRANSFERS AND DONOR C	REATION LL		05 04 Y Y Y Y 05 04 2022
Mailing Address 1607 Ponce de Leon ave			
Suite GM8			Amount
City	State	Zip Code	826.51
SAN JUAN	PR	00909	Transaction ID : SE-S936316 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ 004	M M / D D / Y Y Y Y
· · · · · · · · · · · · · · · · · · ·		Type 004	
Name of Federal Candidate:		<b>x</b> Support	Office Sought: House District: 00
SHAHEEN, JEANNE, , ,		Oppose	President X Senate State: NH
Calendar Year-To-Date		18756.94	Disbursement For: X Primary General
Per Election for Office Sought	7 7		2026 Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditur	es		1653.01
(b) SUBTOTAL of Unitemized Independent Expendi	itures		· · · · · · · · · · · · · · · · · · ·
(c) TOTAL Independent Expenditures			•
	idate or authorized		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
MASTROIANNI, STEPHANIE, , ,	[Electronically Fi	led]	a 05 04 2022
Signature		Date	e 05 04 2022

ITEMIZED INDEPENDENT EXPENDITURES	5		PAGE 42 OF 49	
			FOR LINE 24 OF FORM 3	Х
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIAN			FEC IDENTIFICATION NUMBER	•
			C C00755694	
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	]
Full Name of Payee		Memo	Item Date of Public Distribution/Dissemination	
LIVE TRANŚFERS AND DONOR CREA	ATION LLC		05 11 2022	
Mailing Address 1607 Ponce de Leon ave			05 11 2022	-
Suite GM8			Amount	
City	State	Zip Code	564.07	П
SAN JUAN	PR	00909	Transaction ID : SE-S936318 Date of Disbursement or Obligation	
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	M M / D D / Y Y Y	ſ
Name of Federal Candidate:			Office Sought: Y House District: 14	_
LAWRENCE, BRENDA, LULENAR, ,		Support     Oppose	Office Sought: X House District: 14 President Senate State: MI	_
Calendar Year-To-Date			Disbursement For: X Primary General	— al
Per Election for Office Sought	7 7	19321.03	2022 Other (specify) ►	
Full Name of Payee		Memo	Item Date of Public Distribution/Dissemination	_
LIVE TRANSFERS AND DONOR CF	REATION LL	.C		ſ
Mailing Address			05 11 2022	_
1607 Ponce de Leon ave Suite GM8			Amount	
City	State	Zip Code	564.08	٦
SAN JUAN	PR	00909	Transaction ID : SE-S936320 Date of Disbursement or Obligation	
Purpose of Expenditure	1	Category/	M M / D D / Y Y Y	
Telephone Fundraising		Type 004	05 18 2022	_
Name of Federal Candidate:		X Support	Office Sought: K House District: 08	_
LESKO, DEBBIE, , ,		Oppose	President Senate State: AZ	
Calendar Year-To-Date		40204.00	Disbursement For: 🗶 Primary 🗌 Genera	al
Per Election for Office Sought	- T - I - T	19321.02	2022 Other (specify) ►	
(a) SUBTOTAL of Itemized Independent Expenditures	5		1128.15	]
(b) SUBTOTAL of Unitemized Independent Expenditu	Ires			
				1
(c) TOTAL Independent Expenditures				4
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
MASTROIANNI, STEPHANIE, , ,	[Electronically Fi	led] Date	e 05 11 2022	
Signature	-			

ITEMIZED INDEPENDENT EXPENDITURES	5			PAGE 43 OF 49
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
UNITED WOMEN'S HEALTH ALLIAN	NCE PAC			C IDENTIFICATION NUMBER ▼
			C	C00755694
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	
Full Name of Payee	ATION LLC	Memo		ublic Distribution/Dissemination
			05	/ D D / Y Y Y Y 11 2022
Mailing Address 1607 Ponce de Leon ave			Amount	
Suite GM8	State	Zip Code		564.07
SAN JUAN	PR	00909	Transacti	on ID : SE-S936322
Purpose of Expenditure				sbursement or Obligation
Telephone Fundraising		Category/ Type 004	05	18 <b>Y Y Y Y</b> 2022
Name of Federal Candidate:		X Support	Office Sought:	House District: 00
BLUNT, ROY, , ,		Oppose	President	Senate State: MO
Calendar Year-To-Date Per Election for Office Sought		19320.99	Disbursement Fo	r: X Primary General (specify) ►
Full Name of Payee	, ,	Memo		ublic Distribution/Dissemination
LIVE TRANSFERS AND DONOR CF	REATION LL		M M	
Mailing Address			05	11 2022
1607 Ponce de Leon ave Suite GM8			Amount	
City	State	Zip Code		564.07
SAN JUAN	PR	00909		ion ID : SE-S936324 sbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/	M M	
		Type 004	05	18 2022
Name of Federal Candidate:		X Support	Office Sought:	House District:00
MURRAY, PATTY, , ,		Oppose	President	Senate State: WA
Calendar Year-To-Date Per Election for Office Sought		19321.00	Disbursement Fo	
	, , ,			(specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	5		•	1128.14
(b) SUBTOTAL of Unitemized Independent Expenditu	ires		•	· · · · · · · · · · · · · · · · · · ·
(c) TOTAL Independent Expenditures			Image: A state of the state	·····
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
MASTROIANNI, STEPHANIE, , ,	[Electronically Fil	led] Date		D / Y Y Y Y 1 2022
Signature				

INME OF COMMITTEE (in Full)       UNITED WOMEN'S HEALTH ALLIANCE PAC       FEE CLEORATION NUMBER ¥         Check ii24-hour report       New report       Amends report filed on	ITEMIZED INDEPENDENT EXPENDITURES	S		PAGE 44 OF 49
UNITED WOMEN'S HEALTH ALLIANCE PAC       C 0073564         Check if _ 24-hour report       New report       Amends report field on ***********************************				FOR LINE 24 OF FORM 3X
Check if       24-hour report       New report       Amends report liled on       Image: Corossee4         Check if       24-hour report       New report       Amends report liled on       Image: Corossee4         Full Name of Payse       LIVE TRANSFERS AND DONOR CREATION LLC       Image: Corossee Amends report liled on       Image: Corossee Amends report liled on Amends report liled on       Image: Corossee Amends report liled on Amond       Image: Corossee Amends report liled on		NCF PAC		FEC IDENTIFICATION NUMBER ▼
Check #       24-hour report       New report       Amends report filed on         Full Name of Payse       Date of Public Distribution/Dissemination         UVE TRANSFERS AND DONOR CREATION LLC       Image: state of public Distribution/Dissemination         Oity       San JUAN       PR         Oato       State Of Payse       Set of Public Distribution/Dissemination         Purpose of Expenditure       Category/ Telephone Fundmising       Otice Sought       House District:         Name of Federal Candidate:       X Support       Office Sought       House District:       00         VAN HOLLEN, CHRIS       Oppose       President X senate       Maing Address 1607 Ponce de Loon ave Suite GM8       State       Zip Code         Catendar Year-To-Date       President X senate       State:       MD       Distortement For:       Y Prinary       General         City       State       Zip Code       Other obligation       State:       State       Distortement For:       State:       No         Purpose of Expenditure       Category/       Odd       President X senate       State:       ND         City       State       Zip Code       Distortement For:       State:       ND         Maing Address       1607 Ponce de Loon ave Suite GM8       State:       Zip Code<				C C00755694
LIVE TRANSFERS AND DONOR CREATION LLC       Instant and the set of the	Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on
Mailing Address       1607 Ponce de Leon ave Suite GM8         City       State       Zip Code         SAN JUAN       PR       00909         Purpose of Expenditure Telephone Fundralsing       Category/ Type       004       Transaction ID: SE-S936326 Date of Disbursement of Obligation         Name of Federal Candidate:       X Support       Office Sought       House       District:::00         VAN HOLLEN, CHRIS,       Category/ Per Election for Office Sought       19321.00       Disbursement For:       X Primary Support         Full Name of Payee       AND DONOR CREATION LLC       Memo Item       Date of Public Distribution/Dissemination         LIVE TRANSFERS AND DONOR CREATION LLC       Mailing Address       1607 fonce de Leon ave Suite GM8       State       Zip Code         Otive San JUAN       PR       00909       Disbursement For:       X Primary       General         Purpose of Expenditure Telephone Fundraising       Category/ Type       004       Transaction U: SE-S986232 Date of Disbursement or Obligation         Purpose of Expenditure Telephone Fundraising       Category/ Type       004       President       X Support       Office Sought       2022         Name of Federal Candidate:       Corentry N, John, San,       Oppose       Office Sought       1128.15       (b)       Substrott:: 00       00 <td>Full Name of Payee LIVE TRANSFERS AND DONOR CRE</td> <td>ATION LLC</td> <td>Memo</td> <td>M M / D D / Y Y Y</td>	Full Name of Payee LIVE TRANSFERS AND DONOR CRE	ATION LLC	Memo	M M / D D / Y Y Y
City       State       Zip Code       564.07         SAN JUAN       PR       00909       Transaction ID: SE-S33262         Purpose of Expenditure       Category/       004       76         Telephone Fundraising       Category/       004       05       18       2022         Name of Federal Candidate:       Yan HOLLEN, CHRIS,       Oppose       Disbursement or Obligation       05       18       2022         Calendar Year-To-Date       President       X Senate       State:       MD         Per Election for Office Sought       19321.00       Disbursement For:       X Primary       General         2022       Other (specify) ▶       ELIVE TRANSFERS AND DONOR CREATION LLC       Memo Item       Date of Public Distribution/Dissemination         UVE TRANSFERS AND DONOR CREATION LLC       Memo Item       Date of Public Distribution/Dissemination       05       11       2022         Mailing Address       1607 Ponce de Leon ave       Suite GM8       Category/       004       05       18       2022         Name of Faderal Candidate:       Category/       004       05       18       2022         Cole of Expenditure       Senate       State:       TX         Name of Faderal Candidate:       Condita       Supp	Mailing Address 1607 Ponce de Leon ave			
SAN JUAN       PR       00909       Transaction ID : SE-5936326         Purpose of Expenditure       Categony/ Type       0.4       0.5       18       2022         Name of Foderal Candidate:       X support       Office Sought:       House District:       0.0         VAN HOLLEN, CHRIS,       Oppose       President       X enate       State:       MD         Calendar Year-To-Date Per Election for Office Sought       19321:00       2022       other (specify)       Elevenditure         Full Name of Payee       IVE TRANSFERS AND DONOR CREATION LLC       Memo Item       Date of Public Distribution/Dissemination         Mailing Address       1607 Ponce de Leon ave Suite GM8       State       State       564:08         City       SAN JUAN       PR       00909       Transaction ID : SE-5936328       Date of Dubic Distribution/Dissemination         Purpose of Expenditure       Category/ Telephone Fundraising       Category/ Type       0.04       Tomaction ID : SE-5936328         Name of Federal Candidate:       X Support       Office Sought       House District:       00         Corry Ny, JOHN, . Sen.       Oppose       Disbursement For: X Primary General 2028       Other (specify) ▶         (a) SUBTOTAL of Itemized Independent Expenditures        1128.15       (b) SUBTOTAL of Itemize		Chata	Zin Oada	
Purpose of Expenditure Telephone Fundraising       Category/ Type       004       05       / 18       2022         Name of Federal Candidate:       Image: Support       Office Sought:       House District:       00         VAN HOLLEN, CHRIS,       Oppose       Oppose       President       Image: Senate       State:       00         Per Election for Office Sought       13321.00       Distursement For:       Image: President				
Telephone Fundraising       Category       004       06       18       7       2022         Name of Federal Candidate:       X       Support       Office Sought:       House       District:       00         VAN HOLLEN, CHRIS,       Calendar Year-To-Date       President       X Senate       State:       MD         Per Election for Office Sought       19321.00       Disbursement For:       X       Primary       General         LIVE TRANSFERS AND DONOR CREATION LLC       Memo Item       Date of Public Distribution/Dissemination         Live Transaction ID: 5E-5396328       Amount       05       110       2022         Mailing Address       1607 Ponce de Leon ave       Sanation       Date of Disbursement or Obligation         Purpose of Expenditure       Category/       004       06       7       18       2022         Name of Federal Candidate:       X       Support       Office Sought:       House       District:       00         Corry Name of Federal Candidate:       X       Support       Office Sought:       House       District:       00         Corry Ny, JOHN, Sen,       Calendar Year-To-Date       President       X       Senate       State:       TX         (a) SUBTOTAL of Itemized Independent Expenditures <td></td> <td></td> <td></td> <td></td>				
VAN HOLLEN, CHRIS, .,       Copose       Oppose       President       ✓ outse       Disbursement For.       Primary       General         Calendar Year-To-Date Per Election for Office Sought       19321.00       Disbursement For.       Ymmary       General         Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC       Memo Item       Date of Public Distribution/Dissemination         Mailing Address       1607 Ponce de Leon ave Suite GM8       Zip Code       Transaction ID: SE-S36328 Date of Disbursement or Obligation         City       SAN JUAN       PR       00909       Transaction ID: SE-S36328 Date of Disbursement or Obligation         Purpose of Expenditure Telephone Fundraising       Category/ Type       004       Transaction ID: SE-S36328 Date of Disbursement or Obligation         Name of Federal Candidate: CORNYN, JOHN, Sen,       Oppose       Office Sought:       House District:       00         Catendar Year-To-Date Per Election for Office Sought       11321.00       Disbursement For.       Ymmary       General         (a) SUBTOTAL of Unitemized Independent Expenditures       Intersection or autonized committee or agent of either, or (if the reporting entity is not a political party committee or its agent.       Intersection, or concert         (b) SUBTOTAL of Unitemized Independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the requestor suggestion of, any candidate or authorized committee				
Calendar Year-To-Date Per Election for Office Sought       19321.00       Disbursement For:       Primary       General 202         Cother (specify) ▶       Date of Public Distribution/Dissemination       06 <sup>10</sup> /11       2022         Mailing Address       1607 Ponce de Leon ave Suite GMB       Date of Public Distribution/Dissemination         City       State       Zip Code         SAN JUAN       PR       00909         Purpose of Expenditure       Category/       004         Telephone Fundraising       Category/       004         Purpose of Expenditure       Support       Office Sought         CoRNYN, JOHN, Sen,       Oppose       President       Senate         Calendar Year-To-Date Per Election for Office Sought       19321.00       Disbursement For:       Primary         (a) SUBTOTAL of Itemized Independent Expenditures        11228.15         (b) SUBTOTAL of Unitemized Independent Expenditures        11228.15         (c) TOTAL Independent Expenditures         1128.15         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. <td>Name of Federal Candidate:</td> <td></td> <td>× Support</td> <td>Office Sought: House District: 00</td>	Name of Federal Candidate:		× Support	Office Sought: House District: 00
Per Election for Office Sought       19321.00       2022       Other (specify) ▶         Full Name of Payee       IVE TRANSFERS AND DONOR CREATION LLC       Memo Item       Date of Public Distribution/Dissemination         Mailing Address       1607 Ponce de Leon ave       Amount       05 / 11 / 2022         SAN JUAN       PR       00909       Date of Disbursement or Obligation         Purpose of Expenditure       Category/       004       05 / 118 / 2022         Name of Federal Candidate:       Image: Support       Office Sought       House         CORNYN, JOHN, Sen,       Oppose       Office Sought       Tx         Calendar Year-To-Date       Disbursement For:       Image: President Image: Support       Disbursement For:       Primary         (a) SUBTOTAL of Itemized Independent Expenditures       Image: Support       Image: Support       Image: Support       Image: Support         (b) SUBTOTAL of Unitemized Independent Expenditures       Image: Support       Image: Support       Image: Support       Image: Support         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.         Mastriculan Appendix <t< td=""><td>VAN HOLLEN, CHRIS, , ,</td><td></td><td>Oppose</td><td>President X Senate State: MD</td></t<>	VAN HOLLEN, CHRIS, , ,		Oppose	President X Senate State: MD
LIVE TRANSFERS AND DONOR CREATION LLC       International         Mailing Address       1607 Ponce de Leon ave         Suite GM8       State         City       State         Yange of Expenditure       Transaction ID : SE-S936328         Purpose of Expenditure       Category/         Telephone Fundraising       Category/         Name of Federal Candidate:       Image: Construction ID : SE-S936328         CORNYN, JOHN, , Sen,       Oppose         Category/       Od4         Image: Category/       Od4         Image: Construction ID : SE-S936328       Date of Disbursement or Obligation         Image: Construction ID : SE-S936328       Date of Disbursement or Obligation         Image: Oppose       Image: Construction ID : SE-S936328         Date of Federal Candidate:       Image: Oppose         CORNYN, JOHN, , Sen,       Oppose         Disbursement For:       Yrimary         Category/       Other (specify) Image: Oppose         (a) SUBTOTAL of Itemized Independent Expenditures       Image: Oppose         (b) SUBTOTAL of Unitemized Independent Expenditures       Image: Oppose         (c) TOTAL 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 rep		7 7 7	19321.00	2022
Mailing Address       1607 Ponce de Leon ave         Suite GM8       Zip Code         City       State         SAN JUAN       PR         Og909       Tansaction ID: SE-S936328         Date       Of5 ( 18 / 2022)         Name of Federal Candidate:       Support         CORNYN, JOHN, Sen,       Oppose         Calendar Year-To-Date       Per Election for Office Sought         Per Election for Office Sought       19321.00         Calendar Year-To-Date       Disbursement For:         Per Election for Office Sought       19321.00         (a) SUBTOTAL of Itemized Independent Expenditures       Independent Expenditures         (c) TOTAL Independent Expenditures       Independent Expenditures         Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee or its agent.	Full Name of Payee		Memo	Item Date of Public Distribution/Dissemination
Mailing Address       1607 Ponce de Leon ave         Suite GMB       Zip Code         City       State         SAN JUAN       PR         Outpose of Expenditure       Transaction ID : SE-S936328         Date of Disbursement or Obligation         Office Sought       004         Office Sought:       House         Calendar Year-To-Date       Per Election for Office Sought         Per Election for Office Sought       19321.00         Other (specify) >	LIVE TRANSFERS AND DONOR C	REATION LL	_C	
Suite GM8       Amount         City       State       Zip Code         SAN JUAN       PR       00909         Purpose of Expenditure       Category/       004         Transaction ID : SE-5936328       Date of Disbursement or Obligation         Purpose of Expenditure       Category/       004         Telephone Fundraising       Category/       004         Name of Federal Candidate:       Oppose       Office Sought:         CORNYN, JOHN, , Sen,       Oppose       President       Senate         Calendar Year-To-Date       Per Election for Office Sought       19321.00       Disbursement For:       Y Primary         Calendar Year-To-Date       19321.00       Other (specify) >	Mailing Address			
City       State       Zip Code       564.08         Parpose of Expenditure       PR       00909       Transaction ID : SE-S936328         Purpose of Expenditure       Category/ Type       004       005       / 05       / 08         Name of Federal Candidate:       Image: Support       Office Sought:       House       District:       00         CORNYN, JOHN, , Sen,       Oppose       President       Image: Senate       State:       TX         Calendar Year-To-Date       Per Election for Office Sought       19321.00       Disbursement For:       Image: Primary       General         Q26       Other (specify)				Amount
Outcome       PR       Outdown       Date of Disbursement or Obligation         Purpose of Expenditure Telephone Fundraising       Category/ Type       004       Date of Disbursement or Obligation         Name of Federal Candidate: CORNYN, JOHN, , Sen,       Oppose       President       House District: 00         Calendar Year-To-Date Per Election for Office Sought       19321.00       Disbursement For:       Primary         (a) SUBTOTAL of Itemized Independent Expenditures       Image: Committee of Unitemized Independent Expenditures       Image: Committee of Unitemized Independent Expenditures         (c) TOTAL Independent Expenditures       Image: Committee of Unitemized Committee of Sugent       Image: Committee of Office Sought         Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee or its agent.		State	Zip Code	564.08
Purpose of Expenditure Telephone Fundraising       Category/ Type       004       Image: Category/ 05       004         Name of Federal Candidate: CORNYN, JOHN, , Sen,       Image: Category/ 05       004       Image: Category/ 05       004         Calendar Year-To-Date Per Election for Office Sought       Image: Category/ 004       Office Sought: Image: President Image: Category/ 004       House District: 00       00         (a) SUBTOTAL of Itemized Independent Expenditures       Image: Category/ 1128.15       0       Image: Category/ 004       Image: Category/ 004       Image: Category/ 05       Image: Category/ 1128.15         (b) SUBTOTAL of Itemized Independent Expenditures       Image: Category/ 1128.15       Image: Category/ 1128.15       Image: Category/ 1128.15       Image: Category/ 1128.15         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]       Image: Category / Cat	SAN JUAN	PR	00909	
CORNYN, JOHN, , Sen,       Oppose       President       Senate       State:       TX         Calendar Year-To-Date Per Election for Office Sought       19321.00       Disbursement For:       Primary       General 2026         (a) SUBTOTAL of Itemized Independent Expenditures       Image: State:       Image: State:       TX         (b) SUBTOTAL of Unitemized Independent Expenditures       Image: State:       Image: S				M M / D D / Y Y Y
CORNYN, JOHN, , Sen,       Oppose       President       Senate       State: TX         Calendar Year-To-Date       Disbursement For:       Primary       General         Per Election for Office Sought       19321.00       Disbursement For:       Primary       General         (a) SUBTOTAL of Itemized Independent Expenditures        1128.15       1128.15         (b) SUBTOTAL of Unitemized Independent Expenditures         1128.15         (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.	Name of Federal Candidate:		X Support	Office Sought: House District: 00
Image: Per Election for Office Sought       19321.00       2026       Other (specify) >         (a) SUBTOTAL of Itemized Independent Expenditures       >       1128.15         (b) SUBTOTAL of Unitemized Independent Expenditures       >       1128.15         (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       Mode / 11       2027	CORNYN, JOHN, , Sen,			
(a) SUBTOTAL of Itemized Independent Expenditures <ul> <li>(b) SUBTOTAL of Unitemized Independent Expenditures</li> <li>(c) TOTAL Independent Expenditures</li> <li< td=""><td>Calendar Year-To-Date</td><td></td><td>10221.00</td><td></td></li<></ul>	Calendar Year-To-Date		10221.00	
(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       11       2022	Per Election for Office Sought		19321.00	2026 Other (specify) ►
(c) TOTAL Independent Expenditures	(a) SUBTOTAL of Itemized Independent Expenditure	9S		
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	(b) SUBTOTAL of Unitemized Independent Expendit	ures		
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	(c) TOTAL Independent Expenditures			
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Ballo	MASTROIANNI, STEPHANIE, , ,	[Electronically Fi	led] Date	
	Signature			

INAME OF COMMITTEE (In Full)       INTED WOMEN'S HEALTH ALLIANCE PAC         Check if24-hour report	ITEMIZED INDEPENDENT EXPENDITURE	S		PAGE 45 OF 49
UNITED WOMEN'S HEALTH ALLIANCE PAC       If the second recent recent recent of the second recent rece	NAME OF COMMITTEE (In Full)			
Check if       24-hour report       New report       Amends report filed on       Image: Amends report filed on         Full Name of Payse       Image: Amends report filed on         City       State       Zip Code       Set: SS83300         Purpose of Expenditure       Category/       Out       Set: SS83300         Telephone Fundicisting       Category/       Out       Set: SS83300         Name of Federal Candidate:       Image: Set: SS83300       Image: Set: SS83300         Tubus: ThOM, R., Sen,       Oppose       Oppose       Office Sought       Image: Set: SS83300         Pur Election for Office Sought       Image: Set: SS83300       Image: Set: SS83300       Image: Set: SS83300         Port Election for Office Sought       Image: Set: SS83300       Image: Set: SS83300       Image: Set: SS83300         Full Name of Payse       Category/       Oppose       Office Sought:       New of Set: SS83300         LIVE TRANSFERS AND DONOR CREATION LLC       Image: Set: SS83300       Image: Set: SS83300       Image: Set: SS83300         Mailing Address       1607 Pronce de Leon ave       Suite GM8       Image: Set: SS83300       Image: Set: SS83300         City       Satate       X       Suite GM		NCE PAC		
Check If       24-hour report       New report       Amends report filed on         Full Name of Paysee LIVE TRANSFERS AND DONOR CREATION LLC       Date of Public Distribution/Dissemination         Mailing Address       1607 Ponce de Leon ave Suite GM8       Date of Public Distribution/Dissemination         Oly       State       2022         Amount       Transaction ID : SE-SS96330         Purpose of Expenditure Telephone Fundiating       Category/ UP are To-Date       06         Calendar Year-To-Date Purpose of Expenditure Telephone Fundrating       State       State         City       State       19321.01       Date of Public Distribution/Dissemination         Mailing Address Suite GM8       1607 Ponce de Leon ave Suite GM8       Transaction ID : SE-S936330         Category/ Purpose of Expenditure Telephone Fundrating       Date of Public Distribution/Dissemination         Mailing Address 1607 Ponce de Leon ave Suite GM8       Transaction ID : SE-S936332         City       State       Zip Code         SAN JUAN       PR       00909         Purpose of Expenditure Telephone Fundrating       Category/ Category/ Type       Date of Public Distribution/Dissemination         Mailing Address 1607 Ponce de Leon ave Suite GM8       State       Zip Code       Transaction ID : SE-S936332         Readdress 1607 Ponce of Expenditure Transaction ID : SE-S9				C C00755694
LIVE TRANSFERS AND DONOR CREATION LLC       Image: constraint of the second secon	Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on
Mailing Address       1607 Ponce de Leon ave Suite GM8       2022         City       State       Zip Code         Purpose of Expenditure Telephone Fundraising       Category/ Type       004         Name of Federal Candidate:       X Support         City       State       Opcose         Category/ TiLLIS, THOM, R., Sen,       Opcose         Category/ Per Election for Office Sought       19321.01         Pictor of President       X Support         City       State         Category/ Per Election for Office Sought       19321.01         Pictor of President       X Support         Other (specify) >       Category/ Category/         Full Name of Payee       Disbursement For:         LivE TRANSFERS AND DONOR CREATION LLC       Memo Item         Mailing Address       1607 Ponce de Leon ave Suite GM8         City       State         President       X Support         Mailing Address       1607 Ponce de Leon ave Suite GM8         ShaleEn, JAANNE, .,       Oppose         Purpose of Expenditure Telephone Fundraising       Category/ 004         Purpose of Expenditure Telephone Fundraising       Category/ 004         ShaleEn, JAANNE, .,       Oppose         President       X Support <td>Full Name of Payee</td> <td></td> <td>Memo</td> <td>Item Date of Public Distribution/Dissemination</td>	Full Name of Payee		Memo	Item Date of Public Distribution/Dissemination
Mailing Address       1607 Ponce de Leon ave         Suite GM8       Zip Code         City       SAN JUAN         Purpose of Expenditure       Category/         Telephone Fundraising       Category/         Name of Federal Candidate:       X Support         Calendar Year-To-Date       President X Senate         Per Election for Office Sought       19321.01         Part Transaction D: SE-S936330       Distortsement For:         Per Election for Office Sought       19321.01         Per Election for Office Sought       19321.01         Part Transaction D: SE-S936332       Other (specify) ▶         Full Name of Payee       Distortsement For:         LIVE TRANSFERS AND DONOR CREATION LLC       Mamount         Mailing Address       1607 Ponce de Leon ave         Suite GM8       City         SAN JUAN       PR         Outrop Fundraising       Category/         Purpose of Expenditure       Category/         Telephone Fundraising       Category/         Name of Federal Candidate:       X Support         SHAHEEN, JEANNE, .,       Oppose         Calendar Year-To-Date       President X Senate         Per Election for Office Sought       18 / 2022         Name of Federa	LIVE TRANSFERS AND DONOR CRI	EATION LLC		
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Purpose of Expenditure Telephone Fundraising       Category/ Type       004       Date of Disbursement or Obligation         Name of Federal Candidate: TILLIS, THOM, R., Sen,       Oppose       President       Senate       State:       00         Calendar Year-To-Date Per Election for Office Sought       19321.01       Date of Public Distribution/Dissemination         LIVE TRANSFERS AND DONOR CREATION LLC       Memo Item       Date of Public Distribution/Dissemination         Live TRANSFERS AND DONOR CREATION LLC       Memo Item       Date of Disbursement or Obligation         Mailing Address       1607 Ponce de Leon ave Suite GMB       State       Zip Code         City SAN JUAN       PR       00909       Date of Disbursement or Obligation         Purpose of Expenditure Telephone Fundraising       Category/ 004       004       Tansaction ID : SE-S336332 Date of Disbursement or Obligation         Name of Federal Candidate:       X Support       Office Sought       House       District:       00         SHAHEEN, JEANNE, .,       Oppose       Office Sought       House       District:       00         Query parally of the independent Expenditures       X       Support       Office Sought       1128.14         (c) TOTAL Independent Expenditures       X       Y Primary       General         Query panally of perjury 1 certify th	City	State	Zip Code	564.07
Purpose of Expenditure Telephone Fundraising       Category/ Type       004       06       18       / 2022         Name of Federal Candidate:       Image: Support       Office Sought:       House       District:       00         TILLIS, THOM, R., Sen,       Oppose       President Image: Senate       State:       NC         Calendar Year-To-Date Per Election for Office Sought       19321.01       Disbursement For:       Image: President Image: Senate       State:       NC         Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC       Image: Memo Item       Date of Public Distribution/Dissemination         Mailing Address       1607 Ponce de Leon ave Suite GMB       State       Zip Code       Transaction ID: SE-S336332         Purpose of Expenditure Telephone Fundraising       Category/ Type       004       Image: President	SAN JUAN	PR	00909	
TILLIS, THOM, R., Sen,       Oppose       President       X Senate       State:       NC         Calendar Year-To-Date       President       X Senate       State:       NC         Per Election for Office Sought       19321.01       Disbursement For:       Y Primary       General         LIVE TRANSFERS AND DONOR CREATION LLC       Image: Memo Item       Date of Public Distribution/Dissemination       Image: Memo Item       Date of Public Distribution/Dissemination         Mailing Address       1807 Ponce de Leon ave       State       Zip Code       Odd       Transaction ID : SE-S936332       Date of Disbursement or Obligation         Purpose of Expenditure       Telephone Fundraising       Category/       Odd       Table       Y 2022         Name of Federal Candidate:       Support       Office Sought       House District:       O         SHAHEEN, JEANNE, .,       Oppose       President X Senate       State:       NH         Calendar Year-To-Date       President I Senate       State:       NH         Calendar Year-To-Date       Disbursement For:       Y Primary General         Per Election for Office Sought       19321.01       Disbursement For:       Y Primary General         (a) SUBTOTAL of Itemized Independent Expenditures        1128.14 <td< td=""><td></td><td></td><td></td><td></td></td<>				
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LIVE TRANSFERS AND DONOR CREATION LLC       Instruction         Mailing Address       1607 Ponce de Leon ave         Suite GM8       Zip Code         City       State         SAN JUAN       PR         Purpose of Expenditure       Category/         Telephone Fundraising       Category/         Purpose of Expenditure       Category/         Telephone Fundraising       Category/         Name of Federal Candidate:       X Support         SHAHEEN, JEANNE, . ,       Oppose         Calendar Year-To-Date       President         Per Election for Office Sought       19321.01         Other (specify) >	Per Election for Office Sought		19321.01	2026 Other (specify) ►
Mailing Address       1607 Ponce de Leon ave Suite GM8         City       State       Zip Code         Purpose of Expenditure       PR       00909         Purpose of Expenditure       Category/ Type       004         Name of Federal Candidate:       X Support       Office Sought         SHAHEEN, JEANNE,       Oppose       President X Senate         Calendar Year-To-Date Per Election for Office Sought       19321.01       Disbursement For:       Y Primary         Galendar Year-To-Date Per Election for Office Sought       19321.01       Disbursement For:       Y Primary       General         (a) SUBTOTAL of Itemized Independent Expenditures       Independent Expenditures       Intervention, or concert         (c) TOTAL Independent Expenditures       Independent expenditures reported herein were not made in cooperation, consultation, or concert         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				Item Date of Public Distribution/Dissemination
Mailing Address       1607 Ponce de Leon ave         Suite GM8       State       Zip Code         City       State       Zip Code         SAN JUAN       PR       00909         Purpose of Expenditure       Transaction ID : SE-S936332         Tate of Disbursement or Obligation         Name of Federal Candidate:       X Support         SHAHEEN, JEANNE, , ,       Oppose         Category/       Oppose         President X Senate       State:         Catendar Year-To-Date       Disbursement For:         Per Election for Office Sought       19321.01         Other (specify) >	LIVE TRANSFERS AND DONOR (	REATION LL		
Suite GM8       City       State       Zip Code       564.07         SAN JUAN       PR       00909       Transaction ID : SE-S936332       Date of Disbursement or Obligation         Purpose of Expenditure       Category/       004       005       18       2022         Name of Federal Candidate:       Image: Support       Office Sought:       House       District:       00         SHAHEEN, JEANNE, , ,       Oppose       President       X Senate       State:       NH         Calendar Year-To-Date       President       Y Senate       State:       NH         Per Election for Office Sought       19321.01       Disbursement For:       Primary       General         (a) SUBTOTAL of Itemized Independent Expenditures        1128.14           (b) SUBTOTAL of Unitemized Independent Expenditures        1128.14          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	Mailing Address 1607 Ponce de Leon ave			
SAN JUAN       PR       00909       Transaction ID : SE-S936332         Purpose of Expenditure Telephone Fundraising       Category/ Type       004       05       18       2022         Name of Federal Candidate:       X Support       Office Sought:       House       District:       00         SHAHEEN, JEANNE, . ,       Oppose       President       X Senate       State:       NH         Calendar Year-To-Date Per Election for Office Sought       19321.01       Disbursement For:       Y Primary       General 2026         (a) SUBTOTAL of Itemized Independent Expenditures       Intermixed Independent Expenditures       Intermixed Independent Expenditures       Intermixed 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	Suite GM8			Amount
President	City	State	Zip Code	564.07
Purpose of Expenditure Telephone Fundraising       Category/ Type       004       04       05       18       2022         Name of Federal Candidate:       Image: Support       Office Sought:       House       District:       00         SHAHEEN, JEANNE, , ,       Oppose       President       Senate       State:       NH         Calendar Year-To-Date Per Election for Office Sought       19321.01       Disbursement For:       Image: Primary       General         (a) SUBTOTAL of Itemized Independent Expenditures       Image: Primary       Image: Primary       Image: Primary       Image: Primary       Image: Primary         (c) TOTAL Independent Expenditures       Image: Primary	SAN JUAN	PR	00909	
Name of Federal Candidate:       Image: Conditional integration of the independent expenditures in 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 independent is political independent in the independent expenditure in the inde		<b>I</b>	Category/	M M / D D / Y Y Y
SHAHEEN, JEANNE, , ,       Oppose       President       Number of the sought.       Induse       District.       Induse       NH         Calendar Year-To-Date       President       X Senate       State:       NH         Per Election for Office Sought       19321.01       Disbursement For:       X Primary       General         2026       Other (specify)			Type 004	
Calendar Year-To-Date Per Election for Office Sought       19321.01       Disbursement For: Primary General 2026         (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	Name of Federal Candidate:		X Support	Office Sought: House District: 00
Per Election for Office Sought       19321.01       2026       Other (specify) >         (a) SUBTOTAL of Itemized Independent Expenditures       >       1128.14         (b) SUBTOTAL of Unitemized Independent Expenditures       >       1128.14         (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	SHAHEEN, JEANNE, , ,		Oppose	President X Senate State: NH
(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			10221.01	
(b) SUBTOTAL of Unitemized Independent Expenditures	Per Election for Office Sought	7 7	19321.01	2026 Other (specify) ►
(c) TOTAL Independent Expenditures	(a) SUBTOTAL of Itemized Independent Expenditur	′es		1128.14
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	(b) SUBTOTAL of Unitemized Independent Expend	itures		
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	(c) TOTAL Independent Expenditures			
	with, or at the request or suggestion of, any cand	lidate or authorized		
MASTROIANNI, STEPHANIE, , ,       [Electronically Filed]       Date       05       11       2022	MASTROIANNI, STEPHANIE, , ,	[Electronically Fi	led]	
Signature	Signature			

ITEMIZED INDEPENDENT EXPENDITURES				PAGE 46 OF 49
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
UNITED WOMEN'S HEALTH ALLIAN	ICE PAC			FEC IDENTIFICATION NUMBER ▼
				C C00755694
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	M / D D / Y Y Y Y Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	Memo		Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave			C	25 2022
Suite GM8	1 -			
City	State	Zip Code		642.90
SAN JUAN	PR	00909		ction ID : SE-S936350 Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		05 / D D / Y Y Y Y 26 / 2022
Name of Federal Candidate:		X Support	Office Sought:	House District: <u>14</u>
LAWRENCE, BRENDA, LULENAR, ,		Oppose	Presider	nt Senate State: <u>MI</u>
Calendar Year-To-Date Per Election for Office Sought		20599.98	Disbursement	For: <b>x</b> Primary General her (specify) ►
Full Name of Payee		Memo		Public Distribution/Dissemination
LIVE TRANSFERS AND DONOR CF	REATION LL		М	)5 25 2022
Mailing Address 1607 Ponce de Leon ave				25 2022
Suite GM8			Amount	
City	State	Zip Code		642.90
SAN JUAN	PR	00909		ction ID : SE-S936352 Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising	I	Category/	M	M / D D / Y Y Y
		Type 004		26 2022
Name of Federal Candidate:		<b>x</b> Support	Office Sought:	House District: 08
LESKO, DEBBIE, , ,		Oppose	Presider	nt Senate State: <u>AZ</u>
Calendar Year-To-Date Per Election for Office Sought		20599.96	Disbursement	
	7 7		Otł	ner (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	3		•	1285.80
(b) SUBTOTAL of Unitemized Independent Expenditu	res			
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
	[Electronically Fil	led] Date	05	25 / Y Y Y Y Y 26
Signature				

ITEMIZED INDEPENDENT EXPENDITURES				PAGE 47 OF 49
NAME OF COMMITTEE (In Full)			E	FOR LINE 24 OF FORM 3X
UNITED WOMEN'S HEALTH ALLIAN	ICE PAC			C IDENTIFICATION NUMBER ▼
				C00755694
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	
Full Name of Payee		Memo	tem Date of F	Public Distribution/Dissemination
LIVE TRANŚFERS AND DONOR CREA	ATION LLC		M 05	
Mailing Address 1607 Ponce de Leon ave				
Suite GM8			Amount	
City	State	Zip Code		642.90
SAN JUAN	PR	00909		tion ID : SE-S936354 Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising	1	Category/ Type 004		M / D D / Y Y Y Y
Name of Federal Candidate:		X Support	Office Sought:	House District:00
BLUNT, ROY, , ,		Oppose	President	
Calendar Year-To-Date			Disbursement F	
Per Election for Office Sought	7 7	20599.94	2022 Othe	er (specify)
Full Name of Payee		Memo	tem Date of F	Public Distribution/Dissemination
LIVE TRANSFERS AND DONOR CF	REATION LL	.C	M 05	
Mailing Address 1607 Ponce de Leon ave				25 2022
Suite GM8			Amount	
City	State	Zip Code		642.90
SAN JUAN	PR	00909		tion ID : SE-S936356 Disbursement or Obligation
Purpose of Expenditure		Category/	М	M / D D / Y Y Y
Telephone Fundraising		Type 004	05	26 2022
Name of Federal Candidate:		X Support	Office Sought:	House District: 00
MURRAY, PATTY, , ,		Oppose	President	Senate State: WA
Calendar Year-To-Date		20500.05	Disbursement F	or: 🗶 Primary 🗌 General
Per Election for Office Sought	7 7	20599.95	2022 Othe	er (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	3		•	1285.80
(b) SUBTOTAL of Unitemized Independent Expenditu	res		•	7
(c) TOTAL Independent Expenditures			•	л
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
	[Electronically Fil	led] Date		25 / Y Y Y Y 2022
Signature				

ITEMIZED INDEPENDENT EXPENDITURES				PAGE 48 OF 49
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
UNITED WOMEN'S HEALTH ALLIAN	ICE PAC		F	EC IDENTIFICATION NUMBER ▼
				C C00755694
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	M / D D / Y Y Y Y Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	Memo		Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave			0	5 25 2022
Suite GM8	1 -			
City	State	Zip Code		642.90
SAN JUAN	PR	00909		ction ID : SE-S936358 Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		05 / 26 / Y Y Y Y 2022
Name of Federal Candidate:		X Support	Office Sought:	House District: 00
VAN HOLLEN, CHRIS, , ,		Oppose	Presider	nt 🗴 Senate State: MD
Calendar Year-To-Date Per Election for Office Sought	1 1 1 1	20599.95	Disbursement	For:
Full Name of Payee		Memo		Public Distribution/Dissemination
LIVE TRANSFERS AND DONOR CF	REATION LL		M	
Mailing Address 1607 Ponce de Leon ave				25 2022
Suite GM8			Amount	
City	State	Zip Code		642.90
SAN JUAN	PR	00909		ction ID : SE-S936360 Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising	1	Category/	М	M / D D / Y Y Y
		Type 004		26 2022
Name of Federal Candidate:		<b>x</b> Support	Office Sought:	House District: 00
CORNYN, JOHN, , Sen,		Oppose	Presider	nt 🗶 Senate State: <u>TX</u>
Calendar Year-To-Date Per Election for Office Sought		20599.95	Disbursement	
	1 1		Oth	ner (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	3		•	1285.80
(b) SUBTOTAL of Uniternized Independent Expenditu	res		•	· · · · · · · · · ·
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
	[Electronically Fil	led] Date		25 2022
Signature				

ITEMIZED INDEPENDENT EXPENDITURE	S		PAGE 49 OF 49
			FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIA			FEC IDENTIFICATION NUMBER ▼
			C C00755694
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on
Full Name of Payee LIVE TRANSFERS AND DONOR CRE	EATION LLC	Memo	M M / D D / Y Y Y Y
Mailing Address 1607 Ponce de Leon ave			05 25 2022 Amount
Suite GM8	01-1-	Zia Os da	
City	State	Zip Code	642.91
SAN JUAN	PR	00909	Transaction ID : SE-S936362 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	4 05 / D D / Y Y Y Y 2022
Name of Federal Candidate:		X Support	Office Sought: House District: 00
TILLIS, THOM, R., Sen,		Oppose	President X Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	20599.96	Disbursement For:       ▼       Primary       General         2026       Other (specify) ▶
Full Name of Payee		Memo	Item Date of Public Distribution/Dissemination
LIVE TRANSFERS AND DONOR C	REATION LL	_C	Marm / Dar / Y Y Y Y
Mailing Address			05 25 2022
1607 Ponce de Leon ave Suite GM8			Amount
City	State	Zip Code	642.90
SAN JUAN	PR	00909	Transaction ID : SE-S936364 Date of Disbursement or Obligation
Purpose of Expenditure		Category/	M M / D D / Y Y Y
Telephone Fundraising		Type 004	05 26 2022
Name of Federal Candidate:		<b>x</b> Support	Office Sought: House District: 00
SHAHEEN, JEANNE, , ,		Oppose	President X Senate State: NH
Calendar Year-To-Date Per Election for Office Sought		20599.96	Disbursement For: X Primary General
			Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditur	es		
(b) SUBTOTAL of Unitemized Independent Expend	itures		•
(c) TOTAL Independent Expenditures			• • 22914.58
	idate or authorized		e not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
MASTROIANNI, STEPHANIE, , ,	[Electronically Fi	led] Date	e 05 25 2022
Signature			