PAGE 1 / 325

I

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	For Other Than An Auti	norized Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
UNITED WOMEN'S I	HEALTH ALLIANCE PA	AC	
ADDRESS (number and street)	2021 L ST NW STE 101-193	3	
Check if different than previously reported. (ACC)	WASHINGTON		DC 20036 -
2. FEC IDENTIFICATION I	NUMBER ▼ CIT	YA	STATE ▲ ZIP CODE ▲
C C00755694		S THIS NEW EPORT (N) OR	AMENDED (A)
4. TYPE OF REPORT (Choose One)  (a) Quarterly Reports:  April 15 Quarterly Report  July 15 Quarterly Report  October 15 Quarterly Report  January 31 Year-End Report  July 31 Mid-Year Report (Non-elect Year Only) (MY)  Termination Report (TER)	(Q1) (c) 12-Day PRE-Election Report for the:  (Q3) (YE) Election Report for the:  (d) 30-Day POST-Election Report for the:	General (30G)	(Non-Election Year Only)
	07 01 / 2021	through 12	31 2021
I certify that I have examined Type or Print Name of Treasu	MASTROIANNI, STEPHANI	my knowledge and belief it is IE, , ,	true, correct and complete.
Signature of Treasurer	ASTROIANNI, STEPHANIE, , ,	[Electronically Filed]	Date 09 / 19 / 2022
NOTE: Submission of false, erro	oneous, or incomplete information	n may subject the person signing	this Report to the penalties of 52 U.S.C. § 30109
Office Use			FEC FORM 3X Rev. 05/2016

#### **SUMMARY PAGE** OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)		Page <b>2</b>
Write or Type Committee Name		
UNITED WOMEN'S HEALTH ALLIA	ANCE PAC	
Report Covering the Period: From: 07		12 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2021		22856.27
(b) Cash on Hand at Beginning of Reporting Period	139548.30	
(c) Total Receipts (from Line 19)	1027362.90	1766517.05
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1166911.20	1789373.32
7. Total Disbursements (from Line 31)	1089222.49	1711684.61
Cash on Hand at Close of     Reporting Period     (subtract Line 7 from Line 6(d))	77688.71	77688.71
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
Debts and Obligations Owed BY     the Committee (Itemize all on     Schedule C and/or Schedule D)	35815.03	
This committee has qualified as a multicar	ndidate committee. (see FEC FORM 1M)	
F	or further information contact:	
	Federal Election Commission 999 E Street, NW	

Washington, DC 20463

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

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

#### UNITED WOMEN'S HEALTH ALLIANCE PAC

R	eport Covering the Period: From:	M / D D / Y Y Y Y Y TO:	12 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From:  (a) Individuals/Persons Other  Than Political Committees		
	(i) Itemized (use Schedule A)	33001.00	36543.00
	(ii) Unitemized(iii) TOTAL (add	994361.90	1729974.05
	Lines 11(a)(i) and (ii)	1027362.90	1766517.05
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
12	11(a)(iii), (b), and (c)) (Carry  Totals to Line 33, page 5)  Transfers From Affiliated/Other	1027362.90	1766517.05
12.	Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received  Offsets To Operating Expenditures	0.00	0.00
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made to Federal Candidates and Other	0.00	0.00
17	Political Committees	0.00	0.00
	Other Federal Receipts (Dividends, Interest, etc.)  Transfers from Non-Federal and Levin Funds	0.00	0.00
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	1027362.90	1766517.05
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	1027362.90	1766517.05

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Operating Expenditures: —— (a) Allocated Federal/Non-Federal		Care India to Pate
Activity (from Schedule H4)	0.00	0.00
(i) Federal Share	3.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating  Expenditures	1007784.42	1629071.54
(c) Total Operating Expenditures	1007794.40	1629071.54
(add 21(a)(i), (a)(ii), and (b))	1007784.42	1029071.34
Committees	0.00	0.00
Federal Candidates/Committees and Other Political Committees	0.00	0.00
Independent Expenditures	4 4	4 4 4
(use Schedule E)Coordinated Party Expenditures	79943.07	79943.07
(52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons other	4 4	
Than Political Committees	1495.00	2670.00
(b) Political Party Committees (c) Other Political Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds		4 4
(add Lines 28(a), (b), and (c))	1495.00	2670.00
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
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add	7 7 7	
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))	1089222.49	1711684.61
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	1089222.49	474460464
L	1003222.43	1711684.61

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	1027362.90	1766517.05
4. Total Contribution Refunds (from Line 28(d))	1495.00	2670.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1025867.90	1763847.05
66. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1007784.42	1629071.54
87. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
88. Net Operating Expenditures (subtract Line 37 from Line 36)	1007784.42	1629071.54

#### :97 `A = G79 @ @5 B9C IG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF` ±H9A ±N5 H±CB

Form/Schedule: F3XA
Transaction ID:

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

Form/Schedule: F3XA Transaction ID:

During this period, the PAC repaid \$13,000 of the Debt to "STEPHANIE MASTROIANNI". The invoices that are being reimbursed, are attached to this report as MEMO Schedule B21's, all dated 09-01-2021, with MEMO TEXT designating them part of the reimbursement. The invoices original date is included in the MEMO TEXT as well.

#### : 97 A = G7 9 @ G5 B9 CI G'H9 LHF9 @ 5 H98 'HC' 5 F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: F3XA
Transaction ID:

Any Schedule E that did not clear by close of books, has been marked MEMO, and carried on Schedule D into 2022.

Form/Schedule: F3XA Transaction ID:

This amendment is to correct a mistake on the dissemination date of 8 x Schedule E's attached, for the amounts of 1120.xx. The date has been corrected and is now in alignment with the F24. Also to be noted: This report has 8 x voided Schedule E's that were not included, in the amounts of 1140.xx on 11/10. The F24 reporting them has been amended to reflect accordingly.

#### : 97 A = G7 9 @ 5 B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCFHZ'G7 < 98 I @ 'CF' ± H9 A ± N5 H± CB

Form/Schedule: F3XA Transaction ID:

The purpose of this second amendment is to correct the Schedule D record for "Live Transfers", and correct the date on a few of Decembers Schedule B's and E's for the relevant invoices

Form/Schedule: F3XA Transaction ID:

The purpose of Amendment 3 is to correct an issue recently discovered with the RallyPay reports, regarding refunds and chargebacks. The caging company isn't being notified of the donors that were refunded/charged back through RallyPay, resulting in donors being reported that should not have been. This series of amendments will remove those donors, and recalculate Schedule A's, and adjust the opening/closing balance accordingly.

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	g the name and address of any political committee t	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	H ALLIANCE PAC	
Full Name of Individual (Last, First, Middle ALFORD, JAMES, , ,	e Initial) or Full Organization Name	Date of Receipt
Mailing Address 23442 EL TORO RD  APT W219		09 08 2021
City LAKE FOREST	State Zip Code CA 92630	Transaction ID : SA11AI-26404445  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	35.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  325.00	
Full Name of Individual (Last, First, Middle ALFORD, JAMES, , ,	e Initial) or Full Organization Name	Date of Receipt
Mailing Address 23442 EL TORO RD  APT W219  City	State Zip Code	09 30 2021 Transaction ID : SA11Al-26409125
LAKE FOREST  FEC ID number of contributing federal political committee.	CA 92630	Amount of Each Receipt this Period  35.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	
Full Name of Individual (Last, First, Middle ALFORD, JAMES, , ,  Mailing Address 23442 EL TORO RD	e Initial) or Full Organization Name	Date of Receipt
APT W219  City  LAKE FOREST	State Zip Code CA 92630	09 30 2021  Transaction ID : SA11AI-26409265  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼  325.00	
SUBTOTAL of Receipts This Page (optiona	I)	120.00
TOTAL This Period (last page this line num	aber only)	

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Any information copied from such Reports and St or for commercial purposes, other than using the					
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AI	LIANCE PAC				
/					
Full Name of Individual (Last, First, Middle Initi A. ALFORD, JAMES, , ,	al) or Full Organization Name	Date of Receipt			
Mailing Address 23442 EL TORO RD		M = M / D = D / Y = Y = Y			
APT W219 City	State Zip Code	10 05 2021			
LAKE FOREST	CA 92630	Transaction ID : SA11AI-26409915  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	35.00			
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item			
Retired Receipt For:	Retired				
Primary General	Aggregate Year-to-Date ▼				
Other (specify) ▼	325.00				
Full Name of Individual (Last, First, Middle Initial) 3. ALFORD, JAMES, , ,	al) or Full Organization Name	Date of Receipt			
Mailing Address 23442 EL TORO RD  APT W219		12 28 2021			
City	State Zip Code	Transaction ID : SA11AI-26425803			
LAKE FOREST	CA 92630	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	50.00			
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  325.00				
Full Name of Individual (Last, First, Middle Initi	al) or Full Organization Name	Date of Receipt			
Mailing Address 23442 EL TORO RD		M M / D D / Y Y Y Y			
APT W219		12 30 2021			
City  LAKE FOREST	State Zip Code CA 92630	Transaction ID : SA11AI-26426271			
	32000	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	50.00			
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item			
Receipt For:	Aggregate Year-to-Date ▼				
Primary General Other (specify)	325.00				
SUBTOTAL of Receipts This Page (optional)		135.00			
TOTAL This Period (last page this line number of	only)				

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	ports and Statements may not be sold or used by any pers in using the name and address of any political committee to					
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HE	ALTH ALLIANCE PAC					
ANASTASI, JOHN, , ,  Mailing Address 3180 N LAKE SHO	, Middle Initial) or Full Organization Name  DRE DR	Date of Receipt				
APT 22H City	State Zip Code	07 02 2021 Transaction ID : SA11AI-26391577				
CHICAGO	IL 60657	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	15.00				
Name of Employer (for Individual)	Occupation (for Individual) Retired	Memo Item				
Retired Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  540.00					
Full Name of Individual (Last, First ANASTASI, JOHN, , , Mailing Address 3180 N LAKE SHO	, Middle Initial) or Full Organization Name	Date of Receipt				
APT 22H	DKE DK	07 07 2021				
City	State Zip Code	Transaction ID : SA11AI-26392555				
CHICAGO	IL   60657	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	20.00				
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00					
Full Name of Individual (Last, First ANASTASI, JOHN, , ,	, Middle Initial) or Full Organization Name	Date of Receipt				
Mailing Address 3180 N LAKE SHO APT 22H City	ORE DR State Zip Code	07 14 2021  Transaction ID : SA11AI-26393661				
CHICAGO	IL 60657	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	20.00				
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item				
Receipt For:  Primary  General	Aggregate Year-to-Date ▼					
Other (specify)	540.00					
SUBTOTAL of Receipts This Page (	optional)	55.00				
TOTAL This Period (last page this lin	ne number only)					

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Any information copied from such Reports and sor for commercial purposes, other than using the	Statements may r e name and addr	not be sold or used by any pe ess of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	ALLIANCE P	AC	
Full Name of Individual (Last, First, Middle Ir ANASTASI, JOHN, , ,	nitial) or Full Orga	nization Name	Date of Receipt
Mailing Address 3180 N LAKE SHORE DR APT 22H			07 26 2021
City	State	Zip Code	Transaction ID : SA11AI-26395873
CHICAGO	IL	60657	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		35.00
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 540.00	
Full Name of Individual (Last, First, Middle Ir ANASTASI, JOHN, , ,	nitial) or Full Orga	nization Name	Date of Receipt
Mailing Address 3180 N LAKE SHORE DR APT 22H	04-4-	Tr. Oak	08 16 2021
City CHICAGO	State IL	Zip Code 60657	Transaction ID : SA11AI-26399787  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 540.00	
Full Name of Individual (Last, First, Middle Ir	nitial) or Full Orga	nization Name	Date of Receipt
Mailing Address 3180 N LAKE SHORE DR  APT 22H  City	State	Zip Code	08 25 2021 Transaction ID : SA11Al-26401677
CHICAGO	IL	60657	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 540.00	
SUBTOTAL of Receipts This Page (optional)		<b>•</b>	85.00
TOTAL This Period (last page this line number	onlv)		

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				on for the purpose of soliciting contributions solicit contributions from such committee.
\	OF COMMITTEE (In Full) ED WOMEN'S HEALTH AL	LIANCE F	PAC	
A. ANAS	me of Individual (Last, First, Middle Initia TASI, JOHN, , , Address 3180 N LAKE SHORE DR	al) or Full Orga	anization Name	Date of Receipt
0.7	APT 22H	01-1	Zin Onda	10 29 2021
City CHICA	GO	State IL	Zip Code 60657	Transaction ID : SA11AI-26414677
		1 -	00001	Amount of Each Receipt this Period
	number of contributing political committee.	C		100.00
Name o	of Employer (for Individual)	Occupa	ation (for Individual)	Memo Item
Retired		Retired	d	
	For: rimary	Aggregate Ye	ear-to-Date ▼ 540.00	
a. ANAS	me of Individual (Last, First, Middle Initia STASI, JOHN, , ,	al) or Full Orga	anization Name	Date of Receipt
Mailing	Address 3180 N LAKE SHORE DR APT 22H			11 16 2021
City	APT ZZII	State	Zip Code	Transaction ID : SA11AI-26417723
CHICA	GO	IL	60657	Amount of Each Receipt this Period
	number of contributing political committee.	С		35.00
Name of Retired	of Employer (for Individual)	Occupa Retired	ation (for Individual)	Memo Item
	For: rimary	Aggregate Ye	ear-to-Date ▼ 540.00	
	me of Individual (Last, First, Middle Initia	al) or Full Orga	anization Name	Date of Receipt
Mailing City	Address 3180 N LAKE SHORE DR APT 22H	State	Zip Code	11 18 2021 Transaction ID : SA11Al-26418189
CHICA	GO	IL	60657	Amount of Each Receipt this Period
	number of contributing political committee.	С		40.00
Retired	of Employer (for Individual)	Occupa Retired	ation (for Individual)	Memo Item
Receipt		Aggregate Ye	ear-to-Date ▼	
	rimary General ther (specify)	7	540.00	
SUBTOTA	AL of Receipts This Page (optional)		<b>&gt;</b>	175.00
TOTAL T	his Period (last page this line number or	nly)	<b>&gt;</b>	

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE F	PAC	
Full Name of Individual (Last, First, Middle II  ANDERSON, RICHARD, , ,  Mailing Address 6317 LOCH MOOR DR	nitial) or Full Orga	anization Name	Date of Receipt
			10 08 2021
City	State MN	Zip Code	Transaction ID : SA11AI-26410729
EDINA	IVIIN	55439	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer (for Individual) Best Efforts	Occupa Best E	ation (for Individual) fforts	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 230.00	
Full Name of Individual (Last, First, Middle II  ANDERSON, RICHARD, , ,	nitial) or Full Orga	anization Name	Date of Receipt
Mailing Address 6317 LOCH MOOR DR	lo		11 05 2021
City EDINA	State MN	Zip Code 55439	Transaction ID : SA11AI-26416013
FEC ID number of contributing federal political committee.	С	33703	Amount of Each Receipt this Period  200.00
Name of Employer (for Individual) Best Efforts	Occupa Best E	ation (for Individual)	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 230.00	
Full Name of Individual (Last, First, Middle In APICELLA, MYRA, , ,	nitial) or Full Orga	anization Name	Date of Receipt
Mailing Address 105 RUDDER RD			08 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City MILLSBORO	State DE	Zip Code 19966	Transaction ID : SA11Al-26397363  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		25.00
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Ye	ar-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional)		·····	255.00
TOTAL This Period (last page this line numbe	r only)		

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Any information copied from such Reports and or for commercial purposes, other than using t			
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC		
Full Name of Individual (Last, First, Middle APICELLA, MYRA, , ,  Mailing Address 105 RUDDER RD	nitial) or Full Organization Nam	ne	Date of Receipt
City	State Zip Code		08 13 2021
MILLSBORO	DE 19966	-	Transaction ID : SA11AI-26399327  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		35.00
Name of Employer (for Individual) Retired	Occupation (for Indiv	vidual)	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	300.00	
Full Name of Individual (Last, First, Middle  APICELLA, MYRA, , ,  Mailing Address 105 RUDDER RD	nitial) or Full Organization Nam	ne	Date of Receipt
City MILLSBORO	State Zip Code DE 19966		Transaction ID : SA11Al-26401389  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 19900		Amount of Each Receipt this Period
Name of Employer (for Individual) Retired	Occupation (for Indiv	vidual)	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	300.00	
Full Name of Individual (Last, First, Middle APICELLA, MYRA, , ,	Initial) or Full Organization Nam	ne	Date of Receipt
Mailing Address 105 RUDDER RD	0		10 21 2021
City MILLSBORO	State Zip Code 19966		Transaction ID : SA11AI-26413311  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer (for Individual) Retired	Occupation (for Indiv	vidual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	300.00	
SUBTOTAL of Receipts This Page (optional).		<b>&gt;</b>	80.00
TOTAL This Period (last page this line number	er only)		

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE P	AC	
Full Name of Individual (Last, First, Middle In APICELLA, MYRA, , ,  Mailing Address 105 RUDDER RD	nitial) or Full Orgar	nization Name	Date of Receipt
			11 16 2021
City MILLSBORO	State DE	Zip Code 19966	Transaction ID : SA11AI-26417607
	DE	19900	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00
Name of Employer (for Individual) Retired	Occupat Retired	tion (for Individual)	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 300.00	
Full Name of Individual (Last, First, Middle In APICELLA, MYRA, , , Mailing Address 105 RUDDER RD	nitial) or Full Organ	nization Name	Date of Receipt
			11 19 2021
City	State	Zip Code	Transaction ID : SA11AI-26418397
MILLSBORO	DE	19966	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer (for Individual) Retired	Occupati Retired	tion (for Individual)	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 300.00	
Full Name of Individual (Last, First, Middle I	nitial) or Full Orgar	nization Name	Date of Receipt
Mailing Address 112 RIVER HONDO RD			09 09 / 2021
City CLINT	State TX	Zip Code 79836	Transaction ID : SA11AI-26360555
	177	7 3030	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer (for Individual) Retired	Occupat Retired	tion (for Individual)	Memo Item
Receipt For:	Aggregate Yea	ır-to-Date ▼	
Primary General Other (specify)	7	225.00	
SUBTOTAL of Receipts This Page (optional)		<b>&gt;</b>	145.00
TOTAL This Period (last page this line numbe	r only)		

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NAME OF COMMITTEE (IN Full) UNITED WOMEN'S HEALTH	I ALLIANCE PAC	
Full Name of Individual (Last, First, Middle ARMAS, IGNACIO, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 112 RIVER HONDO RD		12 14 2021
City CLINT	State Zip Code TX 79836	Transaction ID : SA11AI-26422597
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  225.00	
Full Name of Individual (Last, First, Middle ARTZE, MARIA, , ,  Mailing Address 14811 SW 50TH TER	Initial) or Full Organization Name	Date of Receipt
City MIAMI FEC ID number of contributing	State Zip Code S13185	7 15 2021 Transaction ID: SA11Al-26345563 Amount of Each Receipt this Period 40.00
Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  220.00	
Full Name of Individual (Last, First, Middle ARTZE, MARIA, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 14811 SW 50TH TER		08 13 2021
City MIAMI	State Zip Code FL 33185	Transaction ID : SA11AI-26353465  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼  220.00	
SUBTOTAL of Receipts This Page (optional)	)	195.00
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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE P	PAC	
Full Name of Individual (Last, First, Middle I ARTZE, MARIA, , , Mailing Address 14811 SW 50TH TER	Initial) or Full Orga	nization Name	Date of Receipt  09 02 2021
City	State	Zip Code	Transaction ID : SA11AI-26358701
MIAMI	FL	33185	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 220.00	
Full Name of Individual (Last, First, Middle I ARTZE, MARIA, , ,  Mailing Address 14811 SW 50TH TER	Initial) or Full Orga	nization Name	Date of Receipt
City	State	Zip Code	09 16 2021
MIAMI	FL	33185	Transaction ID : SA11Al-26361321  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		40.00
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 220,00	
Full Name of Individual (Last, First, Middle I	Initial) or Full Orga	nization Name	Date of Receipt
Mailing Address 14811 SW 50TH TER	I e		11 18 2021
City MIAMI	State FL	Zip Code 33185	Transaction ID : SA11AI-26379039
FEC ID number of contributing federal political committee.	С	55105	Amount of Each Receipt this Period  50.00
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 220.00	
SUBTOTAL of Receipts This Page (optional)	<u>'</u>	<b>&gt;</b>	120.00
TOTAL This Period (last page this line number	er only)		

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Any information copied from such Reports and or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE F	PAC	
Full Name of Individual (Last, First, Middle In ARTZE, MARIA, , ,  Mailing Address 14811 SW 50TH TER	nitial) or Full Orga	anization Name	Date of Receipt
City	State	Zip Code	12 16 2021
MIAMI	FL	33185	Transaction ID : SA11AI-26385509  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual)	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 220.00	
Full Name of Individual (Last, First, Middle In BAKER, FAYE, , ,  Mailing Address 6527 SAPONY TRL	Date of Receipt		
City ELM CITY	State NC	Zip Code 27822	Transaction ID : SA11Al-26351473  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer (for Individual) Best Efforts	Occupa Workin	ation (for Individual)	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 205.00	
Full Name of Individual (Last, First, Middle In BAKER, FAYE, , ,	nitial) or Full Orga	anization Name	Date of Receipt
Mailing Address 6527 SAPONY TRL	0	7in Code	08 13 2021
City ELM CITY	State NC	Zip Code 27822	Transaction ID : SA11AI-26353841
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
Name of Employer (for Individual) Best Efforts	Occupa Working	ation (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Ye	ar-to-Date ▼ 205.00	
SUBTOTAL of Receipts This Page (optional)		<b>&gt;</b>	65.00
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	Statements may not be sold or used by any pers e name and address of any political committee to						
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	ALLIANCE PAC						
Full Name of Individual (Last, First, Middle Ir BAKER, FAYE, , ,  Mailing Address 6527 SAPONY TRL	nitial) or Full Organization Name	Date of Receipt					
		10 05 2021					
City ELM CITY	State Zip Code NC 27822	Transaction ID : SA11AI-26409953					
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  25.00					
Name of Employer (for Individual)  Best Efforts  Receipt For:	Occupation (for Individual)  Working	Memo Item					
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼  205.00						
Full Name of Individual (Last, First, Middle Ir BAKER, FAYE, , ,  Mailing Address 6527 SAPONY TRL	Date of Receipt						
City ELM CITY	State Zip Code NC 27822	10 28 2021  Transaction ID : SA11AI-26373439  Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	15.00						
Name of Employer (for Individual) Best Efforts	Occupation (for Individual) Working	Memo Item					
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  205.00						
Full Name of Individual (Last, First, Middle Ir	nitial) or Full Organization Name	Date of Receipt					
Mailing Address 6527 SAPONY TRL		12 09 2021					
City ELM CITY	State Zip Code NC 27822	Transaction ID : SA11AI-26384235  Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	20.00					
Name of Employer (for Individual) Best Efforts	Occupation (for Individual) Working	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼  205.00						
SUBTOTAL of Receipts This Page (optional)		60.00					
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Use separate schedule(s) for each category of the Detailed Summary Page

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		person for the purpose of soliciting contributions tee to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC					
Full Name of Individual (Last, First, Middle BAKER, FAYE, , ,	Initial) or Full Organization Name	Date of Receipt				
Mailing Address 6527 SAPONY TRL		12 23 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City	State Zip Code	Transaction ID: SA11AI-26387129				
ELM CITY	NC 27822	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	ů ( ·					
Name of Employer (for Individual) Best Efforts	Occupation (for Individual) Working	Memo Item				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  205.00					
Full Name of Individual (Last, First, Middle BENSON, LILA, , , Mailing Address 1725 PARAGOULD DR	Initial) or Full Organization Name	Date of Receipt				
	07 02 2021					
City	State Zip Code	Transaction ID : SA11AI-26391579				
JONESBORO	AR 72405	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	25.00				
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00					
Full Name of Individual (Last, First, Middle	Initial) or Full Organization Name					
BENSON, GREGORY, , ,	·	Date of Receipt				
Mailing Address 2155 OLGA ST	State 7:n Cod-	08 17 2021				
City OXNARD	State Zip Code CA 93036	Transaction ID : SA11AI-26399967  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	15.00				
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item				
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼  205.00					
SUBTOTAL of Receipts This Page (optional)		55.00				
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	son for the purpose of soliciting contributions to solicit contributions from such committee.					
	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AL	LIANCE	PAC			
Α.	Full Name of Individual (Last, First, Middle Initial BENSON, GREGORY, , ,	al) or Full Org	ganization Name	Date of Receipt		
	Mailing Address 2155 OLGA ST			09 21 2021		
	City OXNARD	State CA	Zip Code 93036	Transaction ID : SA11AI-26407235		
		- CA	93036	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		20.00		
	Name of Employer (for Individual) Retired	Occup Retire	pation (for Individual) ed	Memo Item		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Y	'ear-to-Date ▼ 205.00			
В.	Full Name of Individual (Last, First, Middle Initial BENSON, GREGORY, , ,	al) or Full Orç	ganization Name	Date of Receipt		
	Mailing Address 2155 OLGA ST	10 22 2021				
	City	State	Zip Code	Transaction ID : SA11AI-26413483		
	OXNARD FEC ID number of contributing	C	93036	Amount of Each Receipt this Period  25.00		
	federal political committee.	al Committee.				
	Name of Employer (for Individual) Retired	Occu Retir	pation (for Individual) ed	Memo Item		
	Receipt For:  Primary General	Aggregate Y	'ear-to-Date ▼			
	Other (specify) ▼					
<u> </u>	Full Name of Individual (Last, First, Middle Initial BENSON, LILA, , ,	al) or Full Orç	ganization Name	Date of Receipt		
	Mailing Address 1725 PARAGOULD DR			11 27 2021		
	City JONESBORO	State AR	Zip Code 72405	Transaction ID : SA11AI-26419551  Amount of Each Receipt this Period		
	FEC ID number of contributing		<del></del>			
	federal political committee.	C		55.00		
	Name of Employer (for Individual) Retired	Occup Retire	oation (for Individual) ed	Memo Item		
	Receipt For:	Aggregate Y	'ear-to-Date ▼			
	Other (specify)  General					
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	the name and address of any political committee t	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle BENSON, GREGORY, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 2155 OLGA ST		12 08 2021
City	State Zip Code	Transaction ID : SA11AI-26421493
OXNARD	CA 93036	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Retired	Retired	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	205.00	
Full Name of Individual (Last, First, Middle BENSON, GREGORY, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 2155 OLGA ST		12 15 2021
City	State Zip Code	Transaction ID : SA11AI-26422877
OXNARD	CA 93036	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	205.00	
Full Name of Individual (Last, First, Middle BENSON, LILA, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 1725 PARAGOULD DR		12 20 2021
City	State Zip Code	Transaction ID : SA11AI-26423769
JONESBORO	AR 72405	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	105.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify)	330.00	
SUBTOTAL of Receipts This Page (optional)	) <u> </u>	155.00
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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE P.	AC	
Full Name of Individual (Last, First, Middle I BENSON, LILA, , , Mailing Address 1725 PARAGOULD DR	Initial) or Full Orgar	nization Name	Date of Receipt
			12 21 2021
City JONESBORO	State AR	Zip Code 72405	Transaction ID : SA11AI-26424123
FEC ID number of contributing federal political committee.	C	72403	Amount of Each Receipt this Period  50.00
Name of Employer (for Individual) Retired Receipt For:	Occupat Retired Aggregate Yea	ion (for Individual)	Memo Item
Primary General Other (specify) ▼	Aggregate rea	330.00	
Full Name of Individual (Last, First, Middle I BENSON, GREGORY, , , Mailing Address 2155 OLGA ST	Initial) or Full Orgar	nization Name	Date of Receipt
			12 21 2021
City	State	Zip Code	Transaction ID : SA11AI-26424271
OXNARD	CA	93036	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00
Name of Employer (for Individual) Retired	Occupat Retired	tion (for Individual)	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	ur-to-Date ▼ 205.00	
Full Name of Individual (Last, First, Middle I	Initial) or Full Orgar	nization Name	Date of Receipt
Mailing Address 1725 PARAGOULD DR	lo:		12 23 Y 2021
City JONESBORO	State AR	Zip Code 72405	Transaction ID : SA11AI-26424947  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		45.00
Name of Employer (for Individual) Retired	Occupat Retired	ion (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 330.00	
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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name BENSON, GREGORY, , , Date of Receipt Mailing Address 2155 OLGA ST 2021 City Zip Code State Transaction ID: SA11AI-26426181 CA **OXNARD** 93036 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 205.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** BEVERSDORF, TOM, , , Date of Receipt Mailing Address 8433 WATERTOWN DR 2021 City State Zip Code Transaction ID: SA11AI-26392999 **INDIANAPOLIS** IN 46216 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **DFAS** Information & Technology Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 850.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. BEVERSDORF, TOM, , , Date of Receipt Mailing Address 8433 WATERTOWN DR 22 2021 City Zip Code State Transaction ID: SA11AI-26395431 IN **INDIANAPOLIS** 46216 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **DFAS** Information & Technology Receipt For: Aggregate Year-to-Date ▼ Primary General 850.00 Other (specify) 125.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle Ir BEVERSDORF, TOM, , ,  Mailing Address 8433 WATERTOWN DR  City	State Zip Code	Date of Receipt    M
INDIANAPOLIS	IN 46216	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual)  DFAS  Receipt For:	Occupation (for Individual) Information & Technology	Memo Item
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00	
Full Name of Individual (Last, First, Middle Ir BEVERSDORF, TOM, , , Mailing Address 8433 WATERTOWN DR	nitial) or Full Organization Name	Date of Receipt
City	State Zip Code	08 26 2021
INDIANAPOLIS	IN 46216	Transaction ID : SA11AI-26402221  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	50.00
Name of Employer (for Individual) DFAS	Occupation (for Individual) Information & Technology	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  850.00	
Full Name of Individual (Last, First, Middle In BEVERSDORF, TOM, , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 8433 WATERTOWN DR		08 26 2021
City INDIANAPOLIS	State Zip Code IN 46216	Transaction ID : SA11AI-26402227  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer (for Individual) DFAS	Occupation (for Individual) Information & Technology	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼  850.00	
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	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AL	LIANCE F	PAC	
Α.	Full Name of Individual (Last, First, Middle Initi BEVERSDORF, TOM, , ,  Mailing Address 8433 WATERTOWN DR	al) or Full Orga	anization Name	Date of Receipt
				09 07 2021
	City INDIANAPOLIS	State IN	Zip Code 46216	Transaction ID : SA11AI-26404297
	FEC ID number of contributing federal political committee.	Amount of Each Receipt this Period  50.00		
	Name of Employer (for Individual) DFAS	l .	ation (for Individual) ation & Technology	Memo Item
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 850.00	
В.	Full Name of Individual (Last, First, Middle Initi BEVERSDORF, TOM, , ,	al) or Full Org	anization Name	Date of Receipt
	Mailing Address 8433 WATERTOWN DR	Ctata	7:n Code	09 07 2021
	City INDIANAPOLIS	State	Zip Code 46216	Transaction ID : SA11AI-26404299  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	10210	50.00
	Name of Employer (for Individual) DFAS		ation (for Individual) nation & Technology	Memo Item
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 850.00	
<u> </u>	Full Name of Individual (Last, First, Middle Initi BEVERSDORF, TOM, , ,	al) or Full Org	anization Name	Date of Receipt
	Mailing Address 8433 WATERTOWN DR			10 07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City INDIANAPOLIS	State IN	Zip Code 46216	Transaction ID : SA11AI-26410569  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer (for Individual) DFAS		ation (for Individual) ation & Technology	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 850.00	
H	SUBTOTAL of Receipts This Page (optional)			150.00

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	ALLIANCE	PAC	
Full Name of Individual (Last, First, Middle In BEVERSDORF, TOM, , , Mailing Address 8433 WATERTOWN DR	nitial) or Full Org	anization Name	Date of Receipt
			10 26 2021
City INDIANAPOLIS	State IN	Zip Code 46216	Transaction ID : SA11AI-26413867
	IIN	40210	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
Name of Employer (for Individual) DFAS		ation (for Individual) nation & Technology	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 850.00	
Full Name of Individual (Last, First, Middle In BEVERSDORF, TOM, , ,	nitial) or Full Org	panization Name	Date of Receipt
Mailing Address 8433 WATERTOWN DR			11 15 2021
City INDIANAPOLIS	State IN	Zip Code 46216	Transaction ID : SA11Al-26417439  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	70210	Amount of Each Receipt this Period
Name of Employer (for Individual) DFAS		pation (for Individual) nation & Technology	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 850.00	
Full Name of Individual (Last, First, Middle In BEVERSDORF, TOM, , ,	nitial) or Full Org	anization Name	Date of Receipt
Mailing Address 8433 WATERTOWN DR			12 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City INDIANAPOLIS	State IN	Zip Code 46216	Transaction ID : SA11AI-26425511
FEC ID number of contributing federal political committee.	C	10210	Amount of Each Receipt this Period  100.00
Name of Employer (for Individual) DFAS		pation (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	T '	ear-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)			300.00
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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle I BISGROVE, RICHARD, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 15091 FORD RD  APT 404		08 25 2021
City	State Zip Code	Transaction ID : SA11AI-26401897
DEARBORN	MI 48126	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	35.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Retired	Retired	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	265.00	
Full Name of Individual (Last, First, Middle IBISGROVE, RICHARD, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 15091 FORD RD		M = M / D = D / Y = Y = Y
APT 404	State Zin Code	09 09 2021
City	State Zip Code MI 48126	Transaction ID : SA11Al-26360693
DEARBORN	MI 48126	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	35.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	265.00	
Full Name of Individual (Last, First, Middle I	Initial) or Full Organization Name	Date of Receipt
Mailing Address 15091 FORD RD APT 404		11 23 2021
City	State Zip Code	Transaction ID : SA11AI-26418839
DEARBORN	MI 48126	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	35.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	00.0	
Other (specify)	265.00	
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Full Name of Individual (Last, First, Middle Ini BISGROVE, RICHARD, , ,  Mailing Address 15091 FORD RD  APT 404  City	State Zip Code	Date of Receipt  12 01 2021  Transaction ID : SA11AI-26420207
DEARBORN  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Retired  Receipt For:  Primary General  Other (specify) ▼	MI 48126  C  Occupation (for Individual) Retired  Aggregate Year-to-Date ▼  265.00	Amount of Each Receipt this Period  25.00  Memo Item
Full Name of Individual (Last, First, Middle Ini BISGROVE, RICHARD, , , Mailing Address 15091 FORD RD APT 404  City  DEARBORN  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Retired  Receipt For:  Primary General  Other (specify)   Other (specify)	State Zip Code MI 48126  C  Occupation (for Individual) Retired  Aggregate Year-to-Date   265.00	Date of Receipt  12 17 2021  Transaction ID: SA11Al-26423147  Amount of Each Receipt this Period  50.00  Memo Item
Full Name of Individual (Last, First, Middle Ini BLACK, ANTHONY, , ,  Mailing Address 1305 NORTHCLIFF AVE APT B13  City NORMAN  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Retired  Receipt For:  Primary General Other (specify)	State Zip Code OK 73071  C  Occupation (for Individual) Retired  Aggregate Year-to-Date  280.00	Date of Receipt  Mos
SUBTOTAL of Receipts This Page (optional)		110.00
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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	H ALLIANCE PAC	
Full Name of Individual (Last, First, Middl BLACK, ANTHONY, , ,		Date of Receipt
Mailing Address 1305 NORTHCLIFF AVE  APT B13		08 09 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI-26398407
NORMAN	OK 73071	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	35.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  280.00	
Full Name of Individual (Last, First, Middl BLACK, ANTHONY, , ,	· •	Date of Receipt
Mailing Address 1305 NORTHCLIFF AVE  APT B13  City	State Zip Code	12 08 2021
NORMAN	OK 73071	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	
Full Name of Individual (Last, First, Middle BLACK, ANTHONY, , ,	le Initial) or Full Organization Name	Date of Receipt
Mailing Address 1305 NORTHCLIFF AVE APT B13		12 17 2021
City NORMAN	State Zip Code 73071	Transaction ID : SA11AI-26423217  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	75.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 280.00	
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NAME OF COMMITTEE (IN Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle BOERBOOM, NEIL, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 415 N 1ST ST APT 502	07 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State Zip Code	Transaction ID : SA11AI-26392037
MINNEAPOLIS	MN 55401	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Retired	Retired	_
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	406.00	
Full Name of Individual (Last, First, Middle BOERBOOM, NEIL, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 415 N 1ST ST		M = M / D = D / Y = Y = Y
APT 502	Chate 72 C	12 01 2021
City	State Zip Code	Transaction ID : SA11AI-26420277
MINNEAPOLIS	MN 55401	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	153.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	406.00	
Full Name of Individual (Last, First, Middle BOERBOOM, NEIL, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 415 N 1ST ST APT 502		12 01 2021
City	State Zip Code	Transaction ID : SA11AI-26420395
MINNEAPOLIS	MN 55401	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	153.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify)	406.00	
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NAME OF COMMITTEE (IN Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC					
Full Name of Individual (Last, First, Middle BOOTH, ROBERT, , ,	Initial) or Full Organization Name	Date of Receipt				
Mailing Address 1660 GRANDLE CT	07 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City						
CINCINNATI	OH 45230	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	50.00				
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item				
Retired	Retired	_				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General	33 3					
Other (specify) ▼	250.00					
Full Name of Individual (Last, First, Middle BOOTH, ROBERT, , ,	Initial) or Full Organization Name	Date of Receipt				
Mailing Address 1660 GRANDLE CT		09 23 2021				
City	State Zip Code					
CINCINNATI	OH 45230	Amount of Each Receipt this Period				
FEC ID number of contributing		1				
federal political committee.	C	50.00				
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item				
Receipt For:	Aggregate Year-to-Date ▼	7				
Primary General Other (specify) ▼	250.00					
Full Name of Individual (Last, First, Middle BOOTH, ROBERT, , ,	Initial) or Full Organization Name	Date of Receipt				
Mailing Address 1660 GRANDLE CT		10 14 2021				
City	State Zip Code	Transaction ID : SA11AI-26369045				
CINCINNATI	OH 45230	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	50.00				
Name of Employer (for Individual)	Occupation (for Individual) Retired	Memo Item				
Receipt For:	Aggregate Year-to-Date ▼	†				
Primary General						
Other (specify)	250.00					
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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	H ALLIANCE PAC				
Full Name of Individual (Last, First, Middle BOOTH, ROBERT, , ,	e Initial) or Full Organization Name	Date of Receipt			
Mailing Address 1660 GRANDLE CT		11 26 2021			
CINCINNATI					
FEC ID number of contributing federal political committee.	C	100.00			
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00				
Full Name of Individual (Last, First, Middle BRADY, NANCY, , , Mailing Address 8808 OMEARA CT	e Initial) or Full Organization Name	Date of Receipt			
City BAKERSFIELD FEC ID number of contributing	State Zip Code CA 93311	07 15 2021  Transaction ID: SA11Al-26346091  Amount of Each Receipt this Period  35.00			
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  245.00				
Full Name of Individual (Last, First, Middle BRADY, NANCY, , ,	e Initial) or Full Organization Name	Date of Receipt			
Mailing Address 8808 OMEARA CT  City	State Zip Code	07 21 2021 Transaction ID : SA11AI-26395097			
BAKERSFIELD  FEC ID number of contributing federal political committee.	CA 93311	Amount of Each Receipt this Period  35.00			
Name of Employer (for Individual) Retired Receipt For:	Occupation (for Individual) Retired	Memo Item			
Primary General Other (specify)	Aggregate Year-to-Date ▼  245.00				
SUBTOTAL of Receipts This Page (optiona	I)	170.00			
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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE F	PAC						
Full Name of Individual (Last, First, Middle BRADY, NANCY, , ,  Mailing Address 8808 OMEARA CT	Initial) or Full Orga	anization Name	Date of Receipt					
City	State	Zip Code	09 28 2021					
BAKERSFIELD	CA	93311	Transaction ID : SA11AI-26408641					
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period  35.00					
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual) d	Memo Item					
Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 245.00						
Full Name of Individual (Last, First, Middle BRADY, NANCY, , , Mailing Address 8808 OMEARA CT	Initial) or Full Orga	anization Name	Date of Receipt  10 08 2021					
City	City State Zip Code							
BAKERSFIELD	CA	93311	Transaction ID : SA11AI-26410685  Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		35.00					
Name of Employer (for Individual) Retired	Occup. Retire	ation (for Individual) d	Memo Item					
Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 245.00						
Full Name of Individual (Last, First, Middle BRADY, NANCY, , ,	Initial) or Full Orga	anization Name	Date of Receipt					
Mailing Address 8808 OMEARA CT			12 24 2021					
City BAKERSFIELD	State CA	Zip Code 93311	Transaction ID : SA11AI-26424955					
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period  35.00					
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual)	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 245.00						
SUBTOTAL of Receipts This Page (optional).		<b>&gt;</b>	105.00					
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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	ALLIANCE PAC						
Full Name of Individual (Last, First, Middle In BRAVO, BONNIE, , ,	itial) or Full Organization Name	Date of Receipt					
Mailing Address 3660 VISTA CAMPANA N	Mailing Address 3660 VISTA CAMPANA N						
City OCEANSIDE	State Zip Code CA 92057	Transaction ID: SA11AI-26423913					
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 150.00					
Name of Employer (for Individual)  Best Efforts  Receipt For:	Occupation (for Individual)  Best Efforts	Memo Item					
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼  225.00						
Full Name of Individual (Last, First, Middle In BRICK, LARRY, , ,  Mailing Address 9071 W SHARON WAY	Date of Receipt						
City LA HABRA	State Zip Code CA 90631	07 01 2021  Transaction ID : SA11AI-26341303  Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C Comparison (for Individual)	50.00 Memo Item					
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Wello item					
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  260.00						
Full Name of Individual (Last, First, Middle In	itial) or Full Organization Name	Date of Receipt					
Mailing Address 9071 W SHARON WAY		08 13 2021					
City LA HABRA	State Zip Code CA 90631	Transaction ID : SA11AI-26353585  Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	50.00					
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 260.00						
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for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name BRICK, LARRY, , , Date of Receipt Mailing Address 9071 W SHARON WAY 2021 City Zip Code State Transaction ID: SA11AI-26367115 CA LA HABRA 90631 Amount of Each Receipt this Period FEC ID number of contributing C 35.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. BRICK, LARRY, , , Date of Receipt Mailing Address 9071 W SHARON WAY 2021 City State Zip Code Transaction ID: SA11AI-26382525 LA HABRA CA 90631 Amount of Each Receipt this Period FEC ID number of contributing 75.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 260.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. BROADWATER, WILMA, Date of Receipt Mailing Address 419 W MAIN ST 26 2021 City Zip Code State Transaction ID: SA11AI-26401975 IL OAKDALE 62268 Amount of Each Receipt this Period FEC ID number of contributing C 35.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 230.00 Other (specify) 145.00 SUBTOTAL of Receipts This Page (optional).....

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTI	H ALLIANCE PAC	
Full Name of Individual (Last, First, Middl BROADWATER, WILMA, , ,	le Initial) or Full Organization Name	Date of Receipt
Mailing Address 419 W MAIN ST		08 27 2021
City	State Zip Code	Transaction ID : SA11AI-26402307
OAKDALE	IL 62268	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Retired	Retired	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	202.22	
Other (specify) ▼	230.00	
Full Name of Individual (Last, First, Middl BROADWATER, WILMA, , ,	le Initial) or Full Organization Name	Date of Receipt
Mailing Address 419 W MAIN ST		09 17 2021
City	State Zip Code	Transaction ID : SA11Al-26406705
OAKDALE	IL 62268	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	]
Primary General  Other (specify) ▼	230.00	
Full Name of Individual (Last, First, Middl	le Initial) or Full Organization Name	Date of Receipt
Mailing Address 419 W MAIN ST		12 02 2021
City	State Zip Code	Transaction ID : SA11AI-26420553
OAKDALE	IL 62268	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify)	230.00	
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	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AL	LIANCE I	PAC	
Α.	Full Name of Individual (Last, First, Middle Initial BROADWATER, WILMA, , ,	al) or Full Org	anization Name	Date of Receipt
	Mailing Address 419 W MAIN ST			12 23 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID : SA11AI-26424833
	OAKDALE	IL	62268	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	50.00		
	Name of Employer (for Individual) Retired	Occup: Retired	ation (for Individual) d	Memo Item
	Receipt For:  Primary General  Other (specify) ▼			
В.	Full Name of Individual (Last, First, Middle Initial BROWN, CORNELIA, , ,	al) or Full Org	anization Name	Date of Receipt
	Mailing Address 1955 SAN PABLO AVE APT 220B			07 04 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City OAKLAND	State	Zip Code 94612	Transaction ID : SA11AI-26391735
	FEC ID number of contributing federal political committee.	C	94012	Amount of Each Receipt this Period  35.00
	Name of Employer (for Individual) Retired	Occup Retire	ation (for Individual)	Memo Item
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 345.00	
<del>-</del>	Full Name of Individual (Last, First, Middle Initial BROWN, CORNELIA, , ,	al) or Full Org	anization Name	Date of Receipt
	Mailing Address 1955 SAN PABLO AVE APT 220B			07 08 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City OAKLAND	State CA	Zip Code 94612	Transaction ID : SA11AI-26343701  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		35.00
	Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual) d	Memo Item
	Receipt For:	Aggregate Ye	ear-to-Date ▼	
	Other (specify)  General		345.00	
H	CUBTOTAL of Receipts This Page (optional)  OTAL This Period (last page this line number of			120.00

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle Ir BROWN, CORNELIA, , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 1955 SAN PABLO AVE APT 220B		07 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI-26392773
OAKLAND	CA 94612	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	35.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Retired	Retired	_
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	00.0	
Other (specify) ▼	345.00	
Full Name of Individual (Last, First, Middle Ir BROWN, CORNELIA, , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 1955 SAN PABLO AVE		M = M / D = D / Y = Y = Y = Y
APT 220B	State Zip Code	07 12 2021
City OAKLAND	CA 2ip Code 2ip Code 94612	Transaction ID : SA11Al-26393191
	34012	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	35.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	345.00	
Full Name of Individual (Last, First, Middle Ir BROWN, WILLIAM, , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 100 SECLUDED PL		08 10 2021
City	State Zip Code	Transaction ID : SA11AI-26398665
LAFAYETTE	CA 94549	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	75.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	55 5	
Other (specify)	320.00	
SUBTOTAL of Receipts This Page (optional)		145.00
TOTAL This Period (last page this line number	only)	

Primary

C.

Other (specify)

General

SUBTOTAL of Receipts This Page (optional).....

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

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

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

FOR LINE NUMBER:						PAGE	 11	OF	3	25	
	(check only one)										
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name BROWN, WILLIAM, , , Date of Receipt Mailing Address 100 SECLUDED PL 2021 City State Zip Code Transaction ID: SA11AI-26401157 CA LAFAYETTE 94549 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 320.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. BROWN, CORNELIA, , , Date of Receipt Mailing Address 1955 SAN PABLO AVE 80 2021 **APT 220B** City State Zip Code Transaction ID: SA11AI-26402257 **OAKLAND** CA 94612 Amount of Each Receipt this Period FEC ID number of contributing 35.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼

	-	4	
Full Name of Individual (Last, First, Middle In BROWN, CORNELIA, , ,	nitial) or Full Org	anization Name	Date of Receipt
Mailing Address 1955 SAN PABLO AVE APT 220B			09 01 2021
City	State	Zip Code	Transaction ID : SA11AI-26403319
OAKLAND	CA	94612	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		35.00
Name of Employer (for Individual)	Occup	ation (for Individual)	Memo Item
Retired	Retire	d	
Receipt For: Primary General Other (specify)	Aggregate Y	ear-to-Date ▼ 345.00	

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345.00

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	H ALLIANCE PAC	
Full Name of Individual (Last, First, Middl BROWN, CORNELIA, , ,	le Initial) or Full Organization Name	Date of Receipt
Mailing Address 1955 SAN PABLO AVE APT 220B	1	09 08 2021
City OAKLAND	State Zip Code CA 94612	Transaction ID : SA11AI-26404505  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	50.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  345.00	
Full Name of Individual (Last, First, Middl BROWN, CORNELIA, , ,	e Initial) or Full Organization Name	Date of Receipt
Mailing Address 1955 SAN PABLO AVE APT 220B	State Zip Code	09 21 2021
City OAKLAND	State Zip Code CA 94612	Transaction ID : SA11AI-26407229  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 345.00	
Full Name of Individual (Last, First, Middl	le Initial) or Full Organization Name	Date of Receipt
Mailing Address 100 SECLUDED PL		11 27 2021
City LAFAYETTE	State Zip Code CA 94549	Transaction ID : SA11AI-26419475  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	55.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼  320.00	
SUBTOTAL of Receipts This Page (optional	al)	155.00
TOTAL This Period (last page this line num	nber only)	

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	Statements may not be sold or used by any pers e name and address of any political committee to	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle In BUDDINGH, HENRY, , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 1689 JUNIPER ST		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City LIVERMORE	State Zip Code CA 94551	Transaction ID : SA11AI-26415027
·	34001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Retired	Retired	
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Other (specify) ▼	250.00	
Full Name of Individual (Last, First, Middle In BUDDINGH, HENRY, , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 1689 JUNIPER ST		11 22 2021
City	State Zip Code	Transaction ID : SA11AI-26418667
LIVERMORE	CA 94551	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	50.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name of Individual (Last, First, Middle In BUDDINGH, HENRY, , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 1689 JUNIPER ST		12 20 2021
City	State Zip Code	Transaction ID : SA11AI-26424037
LIVERMORE	CA 94551	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	250.00	
SUBTOTAL of Receipts This Page (optional)		150.00
TOTAL This Period (last page this line number	only)	

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	I Statements may not be sold or used by any pe the name and address of any political committee	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle BURROUGHS, ROBERT, , ,  Mailing Address 3315 33RD PL N  City BIRMINGHAM	Initial) or Full Organization Name  State Zip Code AL 35207	Date of Receipt    M M
FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Retired  Receipt For:  □ Primary □ General  Other (specify) ▼	Occupation (for Individual) Retired  Aggregate Year-to-Date   410.00	Memo Item
Full Name of Individual (Last, First, Middle BURROUGHS, ROBERT, , , Mailing Address 3315 33RD PL N  City BIRMINGHAM  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Retired  Receipt For:  Primary General Other (specify)	Initial) or Full Organization Name  State Zip Code AL 35207  C  Occupation (for Individual) Retired  Aggregate Year-to-Date ▼  410.00	Date of Receipt  M M M
Full Name of Individual (Last, First, Middle BURROUGHS, ROBERT, , , Mailing Address 3315 33RD PL N  City BIRMINGHAM  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Retired  Receipt For: Primary General Other (specify)	Initial) or Full Organization Name    State	Date of Receipt  10 08 2021  Transaction ID: SA11AI-26410757  Amount of Each Receipt this Period  75.00  Memo Item
SUBTOTAL of Receipts This Page (optional).	<b>&gt;</b>	175.00
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER: PAGE 45 OF 325 Use separate schedule(s) for each category of the Detailed Summary Page

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		person for the purpose of soliciting contributions tee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle BURROUGHS, ROBERT, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 3315 33RD PL N		12 17 2021
City	State Zip Code	Transaction ID : SA11AI-26423103
BIRMINGHAM	AL 35207	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 410.00	
Full Name of Individual (Last, First, Middle BURROUGHS, ROBERT, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 3315 33RD PL N	12 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City BIRMINGHAM	State Zip Code AL 35207	Transaction ID : SA11AI-26425501  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	35.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 410.00	
Full Name of Individual (Last, First, Middle CASSELBURY, SUSIE, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 25849 PA-29		07 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City HALLSTEAD	State Zip Code 18822	Transaction ID : SA11AI-26395919  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional).		160.00
TOTAL This Period (last page this line number	er only)	

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	Statements may not be sold or used by any persole name and address of any political committee to	
NAME OF COMMITTEE (In Full)  UNITED WOMEN'S HEALTH A	ALLIANCE DAC	
/ UNITED WOMENS HEALTH A	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle In CASSELBURY, SUSIE, , ,	itial) or Full Organization Name	Date of Receipt
Mailing Address 25849 PA-29		09 09 2021
City	State Zip Code	Transaction ID : SA11AI-26404893
HALLSTEAD	WI 18822	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Retired	Retired	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	250.00	
Full Name of Individual (Last, First, Middle In CASSELBURY, SUSIE, , ,	itial) or Full Organization Name	Date of Receipt
Mailing Address 25849 PA-29		11 10 2021 _
City	State Zip Code	Transaction ID : SA11AI-26416755
HALLSTEAD	WI 18822	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	40.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name of Individual (Last, First, Middle In	itial) or Full Organization Name	Date of Receipt
Mailing Address 25849 PA-29		11 23 2021
City	State Zip Code	Transaction ID : SA11AI-26418861
HALLSTEAD	WI 18822	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	40.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	250.00	
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	100.00
TOTAL This Period (last page this line number	only)	

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	Statements may not be sold or used by any perse name and address of any political committee to	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle In CASSELBURY, SUSIE, , ,  Mailing Address 25849 PA-29	itial) or Full Organization Name	Date of Receipt
City HALLSTEAD  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Retired Receipt For:  □ Primary □ General □ Other (specify) ▼	State WI Zip Code 18822  C  Occupation (for Individual) Retired  Aggregate Year-to-Date ▼  250.00	Transaction ID : SA11AI-26425563  Amount of Each Receipt this Period  30.00  Memo Item
Full Name of Individual (Last, First, Middle In COLLINS, BEN, , , Mailing Address 1225 RIVEROAKS DR  City COLONIAL HEIGHTS  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Retired  Receipt For:  Primary General Other (specify)	State Zip Code VA 23834  C  Occupation (for Individual) Retired  Aggregate Year-to-Date  205.00	Date of Receipt  M M J J J J J J J J J J J J J J J J J
Full Name of Individual (Last, First, Middle In COLLINS, BEN, , ,  Mailing Address 1225 RIVEROAKS DR  City COLONIAL HEIGHTS  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	State Zip Code VA 23834  C  Occupation (for Individual) Retired  Aggregate Year-to-Date  205.00	Date of Receipt  12 21 2021  Transaction ID: SA11AI-26424287  Amount of Each Receipt this Period  155.00  Memo Item
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	235.00
TOTAL This Period (last page this line number	only)	7 7 7

FOR LINE NUMBER:						PAGE	-	48	OF	;	325
(check only one)											
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Any information copied from such Reports and or for commercial purposes, other than using the	Statements may he name and add	not be sold or used by any perress of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE F	PAC	
Full Name of Individual (Last, First, Middle I CONNER, JOHN, , ,  Mailing Address 512 S MARKET ST	nitial) or Full Orga	anization Name	Date of Receipt
			07 05 2021
City WINAMAC	State	Zip Code 46996	Transaction ID : SA11AI-26391889
	IIV	40990	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		35.00
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual)	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 205.00	
Full Name of Individual (Last, First, Middle I  CONNER, JOHN, , ,  Mailing Address 512 S MARKET ST	nitial) or Full Orga	anization Name	Date of Receipt
ag / taa. eee 512 5 MARKET 51			08 31 2021
City	State	Zip Code	Transaction ID : SA11AI-26403167
WINAMAC	IN	46996	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		35.00
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual)	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 205.00	
Full Name of Individual (Last, First, Middle I	nitial) or Full Orga	anization Name	Date of Receipt
Mailing Address 512 S MARKET ST			09 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City WINAMAC	State	Zip Code 46996	Transaction ID : SA11AI-26409161
	114	+0330	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual)	Memo Item
Receipt For:			
Primary General Other (specify)	7	205.00	
SUBTOTAL of Receipts This Page (optional)		·····	120.00
TOTAL This Period (last page this line number	er only)		

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Any information copied from such Reports and or for commercial purposes, other than using the							
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE P	PAC					
Full Name of Individual (Last, First, Middle In CONNER, JOHN, , ,  Mailing Address 512 S MARKET ST	nitial) or Full Orga	nization Name	Date of Receipt				
			11 03 2021				
City	State	Zip Code	Transaction ID : SA11AI-26415569				
WINAMAC	IN	46996	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		35.00				
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 205.00					
Full Name of Individual (Last, First, Middle In CONNER, JOHN, , ,  Mailing Address 512 S MARKET ST	nitial) or Full Orga	nization Name	Date of Receipt				
	City Ctota Zin Coda						
City WINAMAC	State	Zip Code 46996	Transaction ID : SA11AI-26421799				
FEC ID number of contributing	С	40990	Amount of Each Receipt this Period  50.00				
federal political committee.	<u> </u>		55.50				
Name of Employer (for Individual) Retired	Occupa Retired	ition (for Individual)	Memo Item				
Receipt For:  Primary  General	Aggregate Yea	ar-to-Date ▼					
Other (specify) ▼	4	205.00					
Full Name of Individual (Last, First, Middle In COOPER, SANDRA, , ,	nitial) or Full Orga	nization Name	Date of Receipt				
Mailing Address 534 NITA DR			07 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City FULTON	State MS	Zip Code 38843	Transaction ID : SA11AI-26395525				
FEC ID number of contributing		300.0	Amount of Each Receipt this Period				
federal political committee.	C		75.00				
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item				
Receipt For:	Aggregate Yea	ar-to-Date ▼					
Primary General Other (specify)		340.00					
SUBTOTAL of Receipts This Page (optional)		<b>&gt;</b>	160.00				
TOTAL This Period (last page this line numbe	r only)						

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	Statements may not be sold or used by any per name and address of any political committee	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle In COOPER, SANDRA, , ,  Mailing Address 534 NITA DR  City FULTON  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Retired  Receipt For:  Primary General Other (specify)	Date of Receipt  08	
Full Name of Individual (Last, First, Middle In COOPER, SANDRA, , , , Mailing Address 534 NITA DR  City FULTON  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Retired  Receipt For:  Primary General Other (specify)	State Zip Code 38843  C  Occupation (for Individual) Retired  Aggregate Year-to-Date   340.00	Date of Receipt  M
Full Name of Individual (Last, First, Middle In COOPER, SANDRA, , ,  Mailing Address 534 NITA DR  City FULTON  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Retired  Receipt For:  Primary General Other (specify)	State Zip Code MS 38843  C  Occupation (for Individual) Retired  Aggregate Year-to-Date   340.00	Date of Receipt  10 05 2021  Transaction ID : SA11AI-26410155  Amount of Each Receipt this Period  35.00  Memo Item
SUBTOTAL of Receipts This Page (optional)	<b>_</b>	110.00
TOTAL This Period (last page this line number	r only)	

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Any information copied from such Reports and or for commercial purposes, other than using			
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAG		
Full Name of Individual (Last, First, Middle COOPER, SANDRA, , ,  Mailing Address 534 NITA DR	Initial) or Full Organiza	ation Name	Date of Receipt
Mailing Address 534 NITA DR		11 08 2021	
City		p Code	Transaction ID : SA11AI-26416287
FULTON	MS	38843	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		105.00
Name of Employer (for Individual) Retired	Occupation Retired	ı (for Individual)	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to	o-Date ▼ 340.00	
Full Name of Individual (Last, First, Middle COURTNEY, REBECCA, , ,	, ,	ation Name	Date of Receipt
Mailing Address 3656 LOWER SAXTOWN F	עט		09 27 2021
City		p Code	Transaction ID : SA11AI-26408381
WATERLOO	IL (	62298	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
Name of Employer (for Individual) Retired	Occupation Retired	n (for Individual)	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to	o-Date ▼ 240.00	
Full Name of Individual (Last, First, Middle COURTNEY, REBECCA, , ,	Initial) or Full Organiza	ation Name	Date of Receipt
Mailing Address 3656 LOWER SAXTOWN	RD		10 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City WATERLOO		p Code 52298	Transaction ID : SA11AI-26413709
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period  35.00
Name of Employer (for Individual) Retired	Occupation Retired	(for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to	o-Date ▼ 240.00	
SUBTOTAL of Receipts This Page (optional)		<b>&gt;</b>	240.00
TOTAL This Period (last page this line numb	er only)		

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	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.									
	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AL	LIANCE F	PAC							
Α.	Full Name of Individual (Last, First, Middle Initial COURTNEY, REBECCA, , , Mailing Address 3656 LOWER SAXTOWN RD	al) or Full Orga	anization Name	Date of Receipt						
	Widning Address 3656 LOWER SAXTOWN RD			12 05 2021						
	City	State IL	Zip Code 62298	Transaction ID : SA11AI-26420933						
	WATERLOO	IL	02290	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	70.00								
	Name of Employer (for Individual) Retired	Memo Item								
	Receipt For:  Primary General  Other (specify) ▼									
В.	Full Name of Individual (Last, First, Middle Initial CRADDOCK, KENNETH, , ,	al) or Full Orga	anization Name	Date of Receipt						
	Mailing Address 6073 HOLLOW HILL LN	To: .		07 01 / 2021						
	City SPRINGFIELD	State	Zip Code 22152	Transaction ID : SA11AI-26341289						
	FEC ID number of contributing federal political committee.	C	ZETOE	Amount of Each Receipt this Period  50.00						
	Name of Employer (for Individual) Retired	Occup Retire	ation (for Individual) d	Memo Item						
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 320.00							
<del>С</del> .	Full Name of Individual (Last, First, Middle Initial CRADDOCK, KENNETH, , ,	al) or Full Orga	anization Name	Date of Receipt						
	Mailing Address 6073 HOLLOW HILL LN			08 16 2021						
	City SPRINGFIELD	State VA	Zip Code 22152	Transaction ID : SA11AI-26399651  Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		50.00						
	Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual) d	Memo Item						
	Receipt For:  Primary  General	Aggregate Ye	ear-to-Date ▼							
	Other (specify)		320.00							
H	CUBTOTAL of Receipts This Page (optional)  OTAL This Period (last page this line number of		<u> </u>	170.00						

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	nd Statements may not be sold or used by any pers g the name and address of any political committee to	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	H ALLIANCE PAC	
Full Name of Individual (Last, First, Middle CRADDOCK, KENNETH, , ,	e Initial) or Full Organization Name	Date of Receipt
Mailing Address 6073 HOLLOW HILL LN		09
City	State Zip Code	Transaction ID : SA11AI-26358507
SPRINGFIELD	VA 22152	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	50.00	
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Retired	Retired	_
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	320.00	
Full Name of Individual (Last, First, Middle CUDDY, ROSEMARY, , ,	e Initial) or Full Organization Name	Date of Receipt
Mailing Address 599 GAITHER RD		08 25 2021
City	State Zip Code	Transaction ID : SA11AI-26401693
SYKESVILLE	MD 21784	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	]
Primary General Other (specify) ▼	230.00	
Full Name of Individual (Last, First, Middle CUDDY, ROSEMARY, , ,	e Initial) or Full Organization Name	Date of Receipt
Mailing Address 599 GAITHER RD		12 19 2021
City	State Zip Code	Transaction ID : SA11AI-26423615
SYKESVILLE	MD 21784	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify)	230.00	
SUBTOTAL of Receipts This Page (optional	1)	150.00
TOTAL This Period (lost need this line sure	her only)	
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Any information copied from such Reports and or for commercial purposes, other than using t					
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE P	AC			
Full Name of Individual (Last, First, Middle DARBY, JANICE, , ,  Mailing Address 918 WESTWINDS DR	Initial) or Full Orgai	nization Name	Date of Receipt		
011		7: 0 1	10 14 2021		
City COLUMBIA	State MO	Zip Code 65203	Transaction ID : SA11AI-26411963		
FEC ID number of contributing federal political committee.	Amount of Each Receipt this Period  50.00				
Name of Employer (for Individual)  Retired  Receipt For:	Retired	tion (for Individual)	Memo Item		
Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 205.00			
Full Name of Individual (Last, First, Middle DARBY, JANICE, , ,  Mailing Address 918 WESTWINDS DR	Initial) or Full Orgai	nization Name	Date of Receipt  11 22 2021		
City	State	Zip Code	Transaction ID : SA11AI-26418717		
COLUMBIA	MO	65203	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	ů l				
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 205.00			
Full Name of Individual (Last, First, Middle DAVIS, SALLY, , ,	Initial) or Full Orgai	nization Name	Date of Receipt		
Mailing Address 34554 MERION CT			10 04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City DADE CITY	State FL	Zip Code 33525	Transaction ID : SA11AI-26409659  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		35.00		
Name of Employer (for Individual) Retired	Occupat Retired	tion (for Individual)	Memo Item		
Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 280.00			
SUBTOTAL of Receipts This Page (optional).		•	145.00		
TOTAL This Period (last page this line number	er only)				

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(check only one)										
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	Statements may not be sold or used by any pene name and address of any political committee	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle II  A. DAVIS, SALLY, , ,  Mailing Address 34554 MERION CT  City DADE CITY  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Retired  Receipt For:  Primary General Other (specify)	Date of Receipt  11 03 2021  Transaction ID: SA11AI-26415361  Amount of Each Receipt this Period  45.00  Memo Item	
Full Name of Individual (Last, First, Middle II  DAVIS, SALLY, , ,  Mailing Address 34554 MERION CT  City  DADE CITY  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Retired  Receipt For:  Primary General  Other (specify)   Other (specify)	State Zip Code FL 33525  C  Occupation (for Individual) Retired  Aggregate Year-to-Date ▼  280.00	Date of Receipt  11 18 2021  Transaction ID: SA11Al-26418119  Amount of Each Receipt this Period  55.00  Memo Item
Full Name of Individual (Last, First, Middle II DAVIS, SALLY, , ,  Mailing Address 34554 MERION CT  City DADE CITY  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Retired  Receipt For: Primary General Other (specify)	State Zip Code FL 33525  C  Occupation (for Individual) Retired  Aggregate Year-to-Date ▼  280.00	Date of Receipt  12 07 2021  Transaction ID : SA11AI-26421239  Amount of Each Receipt this Period  60.00  Memo Item
SUBTOTAL of Receipts This Page (optional)		160.00
TOTAL This Period (last page this line numbe	r only)	

FOR LINE NUMBER:						PAGE		56	OF	;	325
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Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be ne name and address of	e sold or used by any pers of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC					
Full Name of Individual (Last, First, Middle In DELAMAR, EARNESTINE, , ,	nitial) or Full Organizati	on Name	Date of Receipt			
Mailing Address 3839 SAINT BARNABAS RI APT T3	)		07 15 2021			
City	Code	Transaction ID : SA11AI-26344873				
SUITLAND	MD 20	0746	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	g T					
Name of Employer (for Individual) Retired	of Employer (for Individual)  Retired					
Receipt For:  Primary General  Other (specify) ▼	Date ▼ 210.00					
Full Name of Individual (Last, First, Middle II  DELAMAR, EARNESTINE, , ,		on Name	Date of Receipt			
Mailing Address 3839 SAINT BARNABAS RE APT T3	Codo	08 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City SUITLAND						
FEC ID number of contributing federal political committee.	С		50.00			
Name of Employer (for Individual) Retired	Occupation ( Retired	for Individual)	Memo Item			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-I	Date ▼ 210.00				
Full Name of Individual (Last, First, Middle I	nitial) or Full Organizati	on Name	Date of Receipt			
Mailing Address 3839 SAINT BARNABAS RI APT T3 City		Codo	08 19 2021			
SUITLAND		Code 746	Transaction ID : SA11AI-26355551  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	FEC ID number of contributing					
Name of Employer (for Individual) Retired	Occupation (	for Individual)	Memo Item			
Receipt For: Primary General Other (specify)	Aggregate Year-to-I	Date ▼ 210.00				
SUBTOTAL of Receipts This Page (optional)		<b>&gt;</b>	150.00			
TOTAL This Period (last page this line numbe	r only)					

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	statements may not be sold or used by any persi- e name and address of any political committee to									
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC									
Full Name of Individual (Last, First, Middle In DELAMAR, EARNESTINE, , ,	·	Date of Receipt								
Mailing Address 3839 SAINT BARNABAS RD APT T3		09 22 2021								
City SUITLAND	State Zip Code MD 20746	Transaction ID : SA11AI-26407489								
FEC ID number of contributing federal political committee.	C 20746	Amount of Each Receipt this Period  35.00								
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item								
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00									
Full Name of Individual (Last, First, Middle In DELAMAR, EARNESTINE, , ,	itial) or Full Organization Name	Date of Receipt								
Mailing Address 3839 SAINT BARNABAS RD APT T3 City	State Zip Code	10 28 2021 Transaction ID : SA11Al-26414501								
SUITLAND FEC ID number of contributing federal political committee.	MD 20746	Amount of Each Receipt this Period 25.00								
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item								
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  210.00									
Full Name of Individual (Last, First, Middle In DESPO, NICHOLAS, , ,	itial) or Full Organization Name	Date of Receipt								
Mailing Address 7781 LAKE BLVD		09 23 2021								
City JAMESTOWN	State Zip Code PA 16134	Transaction ID : SA11AI-26363999  Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С	35.00								
Name of Employer (for Individual) Retired	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼  215.00									
SUBTOTAL of Receipts This Page (optional)		95.00								
TOTAL This Period (last page this line number	<u>^</u>									

FOR LINE NUMBER:						PAGE	: 5	58	OF	•	325
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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	LLIANCE PAC					
Full Name of Individual (Last, First, Middle Init DESPO, NICHOLAS, , ,  Mailing Address 7781 LAKE BLVD	ial) or Full Organization Name	Date of Receipt				
City	State Zip Code	11 03 2021 Transaction ID : SA11AI-26415521				
JAMESTOWN	PA 16134	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	60.00				
Name of Employer (for Individual) Retired	Memo Item					
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  215.00					
Full Name of Individual (Last, First, Middle Init  B. DEWOLF, MAXINE, , ,  Mailing Address 514 N JENNINGS RD	ial) or Full Organization Name	Date of Receipt				
	Laure Laure	07 08 2021				
City INDEPENDENCE	State Zip Code 64056	Transaction ID : SA11AI-26343117  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period				
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  265.00					
Full Name of Individual (Last, First, Middle Init	ial) or Full Organization Name	Date of Receipt				
Mailing Address 514 N JENNINGS RD		07 22 2021				
City INDEPENDENCE	State Zip Code MO 64056	Transaction ID : SA11AI-26346505  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	35.00				
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item				
Receipt For:    Primary   General	Aggregate Year-to-Date ▼					
Other (specify)	265.00					
SUBTOTAL of Receipts This Page (optional)	·····	130.00				
TOTAL This Period (last page this line number of	only)					

FOR LINE NUMBER:						PAGE	59	OF	325	
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	g the name and address of any political committee	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	H ALLIANCE PAC	
Full Name of Individual (Last, First, Middl DEWOLF, MAXINE, , ,	le Initial) or Full Organization Name	Date of Receipt
Mailing Address 514 N JENNINGS RD		07
City INDEPENDENCE	State Zip Code 64056	Transaction ID : SA11Al-26347785  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  265.00	
Full Name of Individual (Last, First, Middl DEWOLF, MAXINE, , , Mailing Address 514 N JENNINGS RD	le Initial) or Full Organization Name	Date of Receipt
City INDEPENDENCE FEC ID number of contributing	Transaction ID : SA11Al-26370397 Amount of Each Receipt this Period  50.00	
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  265.00	
Full Name of Individual (Last, First, Middl DEWOLF, MAXINE, , ,	le Initial) or Full Organization Name	Date of Receipt
Mailing Address 514 N JENNINGS RD		12 23 2021
City INDEPENDENCE	State Zip Code MO 64056	Transaction ID : SA11AI-26387971  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼  265.00	
SUBTOTAL of Receipts This Page (optional	al)	125.00
TOTAL This Period (last page this line num	nber only)	

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Any information copied from such Reports and S or for commercial purposes, other than using the								
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	ALLIANCE PA	4C						
Full Name of Individual (Last, First, Middle In DIETZ, KAY, , ,  Mailing Address 3851 DECLARATION AVE	itial) or Full Organi	ization Name	Date of Receipt					
	07 09 2021 Transaction ID : SA11AI-26392941							
City CALABASAS	City State Zip Code CALABASAS CA 91302							
	- J	91302	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		50.00					
Name of Employer (for Individual) Retired	Occupation Retired	on (for Individual)	Memo Item					
Receipt For:	Aggregate Year-	-to-Date ▼						
Primary General  Other (specify) ▼	7	415.00						
Full Name of Individual (Last, First, Middle In DIETZ, GREGORY, , ,	itial) or Full Organi	ization Name	Date of Receipt					
Mailing Address 53 CLIFF ST			09 07 2021					
City								
-	DAYTON OH 45405							
FEC ID number of contributing federal political committee.	C		35.00					
Name of Employer (for Individual) Retired	Occupation Retired	on (for Individual)	Memo Item					
Receipt For:	Aggregate Year-	-to-Date ▼						
Primary General  Other (specify) ▼	•	215.00						
Full Name of Individual (Last, First, Middle In	itial) or Full Organi	ization Name	Date of Receipt					
Mailing Address 3851 DECLARATION AVE			10 01 2021					
City		Zip Code	Transaction ID: SA11AI-26409585					
CALABASAS	CA	91302	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		50.00					
Name of Employer (for Individual) Retired	on (for Individual)	Memo Item						
Receipt For:	Retired Aggregate Year-	-to-Date ▼						
Primary General Other (specify)	7	415.00						
SUBTOTAL of Receipts This Page (optional)		····	135.00					
TOTAL This Period (last page this line number	only)							

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	ALLIANCE PAC						
DIETZ, KAY, , ,  Mailing Address 3851 DECLARATION AVE  City CALABASAS  FEC ID number of contributing	Mailing Address 3851 DECLARATION AVE  City State Zip Code CA 91302						
Name of Employer (for Individual)  Retired  Receipt For:  Primary General  Other (specify) ▼	Memo Item						
Full Name of Individual (Last, First, Middle In DIETZ, KAY, , ,  Mailing Address 3851 DECLARATION AVE  City CALABASAS  FEC ID number of contributing federal political committee.	Date of Receipt  10 28 2021  Transaction ID : SA11Al-26414523  Amount of Each Receipt this Period						
Name of Employer (for Individual) Retired  Receipt For:  Primary General Other (specify) ▼	Occupation (for Individual) Retired  Aggregate Year-to-Date ▼  415.00	Memo Item					
Full Name of Individual (Last, First, Middle In DIETZ, GREGORY, , , , Mailing Address 53 CLIFF ST  City DAYTON  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Retired  Receipt For: Primary General Other (specify)	State Zip Code OH 45405  C  Occupation (for Individual) Retired  Aggregate Year-to-Date ▼	Date of Receipt  11 04 2021  Transaction ID: SA11AI-26415795  Amount of Each Receipt this Period  35.00  Memo Item					
SUBTOTAL of Receipts This Page (optional)		> 210.00					
TOTAL This Period (last page this line number	only)						

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	Statements may not be sold or used by any pers e name and address of any political committee to					
NAME OF COMMITTEE (IN Full) UNITED WOMEN'S HEALTH A	ALLIANCE PAC					
Full Name of Individual (Last, First, Middle In	nitial) or Full Organization Name	Date of Receipt				
Mailing Address 53 CLIFF ST		11 27 2021				
City	State Zip Code	Transaction ID : SA11AI-26419437				
DAYTON	OH 45405	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	35.00				
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item				
Retired	Retired					
Receipt For:	Aggregate Year-to-Date ▼	]				
Primary General						
Other (specify) ▼	215.00					
Full Name of Individual (Last, First, Middle In DIETZ, GREGORY, , ,	nitial) or Full Organization Name	Date of Receipt				
Mailing Address 53 CLIFF ST		12 20 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City	State Zip Code	Transaction ID : SA11AI-26423785				
DAYTON	OH 45405	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	50.00				
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 215.00					
Full Name of Individual (Last, First, Middle In DIETZ, GREGORY, , ,	าเนลเ) or Full Organization Name	Date of Receipt				
Mailing Address 53 CLIFF ST		12 21 2021				
City	State Zip Code	Transaction ID : SA11AI-26424293				
DAYTON	OH 45405	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	25.00				
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item				
Receipt For:	Aggregate Year-to-Date ▼	1				
Primary General	55 0					
Other (specify)	215.00					
SUBTOTAL of Receipts This Page (optional)		110.00				
TOTAL This Period (last page this line number	only)					

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	d Statements may not be sold or used by any pers the name and address of any political committee t	
NAME OF COMMITTEE (IN Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle DIROSARIO, PATRICIA, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 87 LYMAN BARNES RD		09 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI-26403917
BRIMFIELD	MA 01010	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Retired	Retired	_
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	450.00	
Full Name of Individual (Last, First, Middle DIROSARIO, PATRICIA, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 87 LYMAN BARNES RD		10 15 2021
City	State Zip Code	Transaction ID : SA11AI-26412297
BRIMFIELD	MA 01010	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	50.00	
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	450.00	
Full Name of Individual (Last, First, Middle DIROSARIO, PATRICIA, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 87 LYMAN BARNES RD		12 17 2021
City	State Zip Code	Transaction ID : SA11AI-26423031
BRIMFIELD	MA 01010	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	65.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify)	450.00	
SUBTOTAL of Receipts This Page (optional).		165.00
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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE P	PAC	
Full Name of Individual (Last, First, Middle I DIROSARIO, PATRICIA, , ,  Mailing Address 87 LYMAN BARNES RD	Initial) or Full Orga	nization Name	Date of Receipt
City	State	Zip Code	12 28 2021
BRIMFIELD	MA	01010	Transaction ID : SA11AI-26425801
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period  250.00
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 450.00	
Full Name of Individual (Last, First, Middle I DIX, TOMMY, , ,  Mailing Address 221 OLD CARRIAGE WAY	Initial) or Full Orga	nization Name	Date of Receipt
0.1	04-1	7:- 0-1-	08 17 2021
City WILLIAMSBURG	State VA	Zip Code 23188	Transaction ID : SA11AI-26400049  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		35.00
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual)	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 275.00	
Full Name of Individual (Last, First, Middle IDIX, TOMMY, , ,	Initial) or Full Orga	nization Name	Date of Receipt
Mailing Address 221 OLD CARRIAGE WAY			09 / 24 / 2021
City WILLIAMSBURG	State VA	Zip Code 23188	Transaction ID : SA11AI-26408095
FEC ID number of contributing federal political committee.	C	20100	Amount of Each Receipt this Period  35.00
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 275.00	
SUBTOTAL of Receipts This Page (optional)		·····	320.00
TOTAL This Period (last page this line number	er only)		

FOR LINE NUMBER:					PAGE	(	65 OF	: ;	325
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Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any proper name and address of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle Ir DIX, TOMMY, , ,  Mailing Address 221 OLD CARRIAGE WAY  City WILLIAMSBURG  FEC ID number of contributing	State Zip Code VA 23188	Date of Receipt  12 01 2021  Transaction ID : SA11Al-26420373  Amount of Each Receipt this Period  50.00
Receipt For:  Primary  Other (specify) ▼	Occupation (for Individual) Retired  Aggregate Year-to-Date ▼  275.00	Memo Item
Full Name of Individual (Last, First, Middle In DOHERTY, BEATRICE, , , Mailing Address 38 INWOOD DR  City MILLTOWN FEC ID number of contributing federal political committee.  Name of Employer (for Individual)	State Zip Code NJ 08850  C Occupation (for Individual)	Date of Receipt  07 08 2021  Transaction ID : SA11AI-26342285  Amount of Each Receipt this Period  25.00  Memo Item
Retired  Receipt For:  Primary General  Other (specify) ▼	Retired  Aggregate Year-to-Date ▼  205.00	
Full Name of Individual (Last, First, Middle In DOHERTY, BEATRICE, , ,  Mailing Address 38 INWOOD DR  City MILLTOWN  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Retired  Receipt For:  Primary General Other (specify)	State Zip Code 08850  C  Occupation (for Individual) Retired  Aggregate Year-to-Date  205.00	Date of Receipt  M M M / 05 / 2021  Transaction ID : SA11Al-26351535  Amount of Each Receipt this Period  35.00  Memo Item
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	, 110.00
TOTAL This Period (last page this line number	r only)	

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	he name and address of any political committee t					
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC					
Full Name of Individual (Last, First, Middle I	Initial) or Full Organization Name	Date of Receipt				
Mailing Address 38 INWOOD DR		11 04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City	State Zip Code	Transaction ID: SA11AI-26376607				
MILLTOWN	NJ 08850	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	35.00				
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item				
Retired	Retired	-				
Receipt For:	Aggregate Year-to-Date ▼	1				
Primary General	00 0					
Other (specify) ▼	205.00					
Full Name of Individual (Last, First, Middle IDOHERTY, BEATRICE, , ,	Initial) or Full Organization Name	Date of Receipt				
Mailing Address 38 INWOOD DR		11 26 2021				
City	State Zip Code	Transaction ID : SA11AI-26381505				
MILLTOWN	NJ 08850	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	35.00				
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼					
Full Name of Individual (Last, First, Middle I	7 1 7					
DRASHER, CLAYTON, , ,		Date of Receipt				
Mailing Address 1008 HIDEBOUND RD		09 / 22 / 2021				
City	State Zip Code	Transaction ID : SA11AI-26407559				
BURNS	TN 37029	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	50.00				
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item				
Receipt For:	Aggregate Year-to-Date ▼	1				
Primary General	0.0					
Other (specify)	305.00					
SUBTOTAL of Receipts This Page (optional)		120.00				
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TOTAL This Period (last page this line number	er only)	95 1 45 1 45				

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Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	LLIANCE PAC	
Full Name of Individual (Last, First, Middle Initial DRASHER, CLAYTON, , ,  Mailing Address 1008 HIDEBOUND RD  City BURNS  FEC ID number of contributing federal political committee.	State Zip Code TN 37029	Date of Receipt  11 16 2021  Transaction ID: SA11AI-26417785  Amount of Each Receipt this Period  55.00
Name of Employer (for Individual)  Retired  Receipt For:  Primary General  Other (specify) ▼	Occupation (for Individual) Retired  Aggregate Year-to-Date ▼  305.00	Memo Item
Full Name of Individual (Last, First, Middle Initial DRASHER, CLAYTON, , ,  Mailing Address 1008 HIDEBOUND RD  City BURNS  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Retired  Receipt For:  Primary General Other (specify)   Other (specify)	State Zip Code TN 37029  C  Occupation (for Individual) Retired  Aggregate Year-to-Date  305.00	Date of Receipt  12 27 2021  Transaction ID : SA11Al-26425569  Amount of Each Receipt this Period  50.00  Memo Item
Full Name of Individual (Last, First, Middle Initial EDWARDS, DARRYL, , , ,  Mailing Address 100 MELROSE AVE E  APT 309  City  SEATTLE  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Retired  Receipt For:  Primary General  Other (specify)	State Zip Code WA 98102  C  Occupation (for Individual) Retired  Aggregate Year-to-Date   400.00	Date of Receipt  M M M / D D / 2021  Transaction ID : SA11AI-26360971  Amount of Each Receipt this Period  400.00  Memo Item
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	505.00
TOTAL This Period (last page this line number	only)	

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Any information copied from such Reports and or for commercial purposes, other than using the succession of the commercial purposes.			erson for the purpose of soliciting contributions to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PA	C				
Full Name of Individual (Last, First, Middle ERICKSON, ROBERT, , , ,  Mailing Address 644 WOODS AVE	Date of Receipt					
Mailing Address 644 WOODS AVE		07 14 2021				
City		Zip Code	Transaction ID : SA11AI-26393691			
FLEMINGTON	PA	17745	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		35.00			
Name of Employer (for Individual) Retired	Occupatio Retired	n (for Individual)	Memo Item			
Receipt For:  Primary General  Other (specify) ▼	Primary General Aggregate Year-to-Date ▼					
Full Name of Individual (Last, First, Middle ERICKSON, ROBERT, , , Mailing Address 644 WOODS AVE	Initial) or Full Organiz	zation Name	Date of Receipt			
Mailing Address 644 WOODS AVE			07 29 2021			
City	State Z	Zip Code	Transaction ID : SA11AI-26396587			
FLEMINGTON	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.						
Name of Employer (for Individual) Retired	Occupation Retired	on (for Individual)	Memo Item			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-	to-Date ▼ 240.00				
Full Name of Individual (Last, First, Middle ERICKSON, ROBERT, , ,	Initial) or Full Organiz	zation Name	Date of Receipt			
Mailing Address 644 WOODS AVE			10 28 2021			
City FLEMINGTON		Zip Code 17745	Transaction ID : SA11AI-26414503			
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period  30.00			
Name of Employer (for Individual) Retired	Occupatio Retired	n (for Individual)	Memo Item			
Receipt For: Primary General Other (specify)	Aggregate Year-	to-Date ▼ 240.00				
SUBTOTAL of Receipts This Page (optional).		<b>&gt;</b>	100.00			
TOTAL This Period (last page this line number	er only)					

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(check only one)											
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	I Statements may not be sold or used by any pers the name and address of any political committee t			
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC			
Full Name of Individual (Last, First, Middle RICKSON, ROBERT, , ,	Date of Receipt			
Mailing Address 644 WOODS AVE		11 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State Zip Code	Transaction ID : SA11AI-26415357		
FLEMINGTON	PA 17745	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С	35.00		
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item		
Retired	Retired	_		
Receipt For:	Aggregate Year-to-Date ▼	1		
Primary General				
Other (specify) ▼	240.00			
Full Name of Individual (Last, First, Middle FESSLER, DOUGIE, , ,	, <u> </u>	Date of Receipt		
Mailing Address 80 W SIERRA MADRE BLV	/D	11 23 2021		
City	State Zip Code	Transaction ID : SA11AI-26418799		
SIERRA MADRE	CA 91024	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	100.00		
Name of Employer (for Individual) Best Efforts	Occupation (for Individual) Best Efforts	Memo Item		
Receipt For: Primary General	Aggregate Year-to-Date ▼			
Other (specify) ▼	, 235.00			
Full Name of Individual (Last, First, Middle ESSLER, DOUGIE, , ,	Initial) or Full Organization Name	Date of Receipt		
Mailing Address 80 W SIERRA MADRE BLV	/D	12 09 2021		
City	State Zip Code	Transaction ID : SA11AI-26384895		
SIERRA MADRE	CA 91024	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	100.00		
Name of Employer (for Individual) Best Efforts	Occupation (for Individual) Best Efforts	Memo Item		
Receipt For:		-		
Primary General	Aggregate Year-to-Date ▼			
Other (specify)	235.00			
SUBTOTAL of Receipts This Page (optional).		235.00		
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TOTAL This Period (last page this line number	er only)	45 45 45		

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE P	PAC			
Full Name of Individual (Last, First, Middle In FETTERS, LINDA, , ,  Mailing Address 3718 ASPEN RD	Date of Receipt				
	1-	T= :	09 28 2021		
City MOOSE LAKE	State MN	Zip Code 55767	Transaction ID : SA11AI-26408657		
	10114	33767	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		75.00		
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item		
Receipt For:  Primary General  Other (specify) ▼	t For: Aggregate Year-to-Date ▼ Primary General				
Full Name of Individual (Last, First, Middle In FETTERS, LINDA, , ,  Mailing Address 3718 ASPEN RD	nitial) or Full Orga	nization Name	Date of Receipt		
Mailing Address 3718 ASPEN RD			12 30 2021		
City	State MN	Zip Code	Transaction ID : SA11AI-26426193		
MOOSE LAKE	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		75.00		
Name of Employer (for Individual) Retired	Occupa Retired	ition (for Individual) I	Memo Item		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 250.00			
Full Name of Individual (Last, First, Middle In	nitial) or Full Orga	nization Name	Date of Receipt		
Mailing Address 500 W JACKSON ST APT 203			09		
City SAINT PETER	State MN	Zip Code 56082	Transaction ID : SA11AI-26405851		
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period  50.00		
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item		
Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 300.00			
SUBTOTAL of Receipts This Page (optional)		<b>&gt;</b>	200.00		
TOTAL This Period (last page this line numbe	r only)				

FOR LINE NUMBER:					PAGE	7	71	OF	;	325	
(0	(check only one)										
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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	H ALLIANCE PAC	
Full Name of Individual (Last, First, Middl FIENEN, JOHN, , ,	e Initial) or Full Organization Name	Date of Receipt
Mailing Address 500 W JACKSON ST APT 203		09 16 2021
City SAINT PETER	State Zip Code MN 56082	Transaction ID : SA11AI-26406363
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  50.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name of Individual (Last, First, Middl FIENEN, JOHN, , ,	e Initial) or Full Organization Name	Date of Receipt
Mailing Address 500 W JACKSON ST  APT 203	State 7in Code	11 24 2021
City SAINT PETER	State Zip Code MN 56082	Transaction ID : SA11AI-26419029  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	35.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name of Individual (Last, First, Middl FIENEN, JOHN, , ,	le Initial) or Full Organization Name	Date of Receipt
Mailing Address 500 W JACKSON ST  APT 203	7.0.4	12 18 2021
City SAINT PETER	State Zip Code 56082	Transaction ID : SA11AI-26423495  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional	ıl)	185.00
TOTAL This Period (last page this line num	·	

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12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC В

Full Name of Individual (Last, First, Middle FINGER, JOHN, , ,	Date of Receipt			
Mailing Address 420 ANDREW DR	07 01 2021			
City	State Zip Code	Transaction ID : SA11AI-26391421		
DACONO	CO 80514	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С	50.00		
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 295.00			
Full Name of Individual (Last, First, Middle <b>3.</b> FINGER, JOHN, , ,	Initial) or Full Organization Name	Date of Receipt		
Mailing Address 420 ANDREW DR		07 14 2021		
City	State Zip Code	Transaction ID : SA11AI-26393689		
DACONO	CO 80514	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С	50.00		
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item		
Receipt For:	Aggregate Year-to-Date ▼			
Primary General  Other (specify) ▼	295.00			
Full Name of Individual (Last, First, Middle FINGER, JOHN, , ,	Initial) or Full Organization Name	Date of Receipt		
Mailing Address 420 ANDREW DR		09 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City DACONO	State Zip Code CO 80514	Transaction ID : SA11AI-26404947  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	35.00		
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item		
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼  295.00			
SUBTOTAL of Receipts This Page (optional).	<u> </u>	135.00		
TOTAL This Period (last page this line numb	er only)			

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Any information copied from such Reports and or for commercial purposes, other than using the	Statements may need the name and address	not be sold or used by any pe ess of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE P	AC	
Full Name of Individual (Last, First, Middle I FINGER, JOHN, , ,  Mailing Address 420 ANDREW DR	nitial) or Full Orga	nization Name	Date of Receipt
			09 24 2021
City	State	Zip Code	Transaction ID : SA11AI-26408033
DACONO	100	80514	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.00
Name of Employer (for Individual) Retired	Memo Item		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 295.00	
Full Name of Individual (Last, First, Middle I FINGER, JOHN, , ,  Mailing Address 420 ANDREW DR	nitial) or Full Orga	nization Name	Date of Receipt
Maning / Manoos 420 ANDICEW DIC			11 23 2021
City	State	Zip Code	Transaction ID : SA11AI-26418851
DACONO	СО	80514	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		60.00
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 295.00	
Full Name of Individual (Last, First, Middle I	nitial) or Full Orga	nization Name	Date of Receipt
Mailing Address 9198 WISTERIA ST			10 28 2021
City LADSON	State SC	Zip Code 29456	Transaction ID : SA11AI-26374487
	1 55	25450	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		350.00
Name of Employer (for Individual) Retired	Occupati Retired	tion (for Individual)	Memo Item
Receipt For:	Aggregate Yea	ar-to-Date ▼	
Primary General Other (specify)		350.00	
SUBTOTAL of Receipts This Page (optional)		<b>&gt;</b>	460.00
TOTAL This Period (last page this line numbe	er only)		

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	ny information copied from such Reports and Stator commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AL	LIANC	CE PAC	
Α.	Full Name of Individual (Last, First, Middle Initial FRANKLIN, MARK, , ,	al) or Full	Organization Name	Date of Receipt
	Mailing Address 1017 SHADOWLAWN DR			09 / 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID : SA11AI-26364243
	TOLEDO	OH	43609	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer (for Individual) Retired		ccupation (for Individual) etired	Memo Item
	Receipt For:  Primary General  Other (specify) ▼	Aggrega	te Year-to-Date ▼ 250.00	
В.	Full Name of Individual (Last, First, Middle Initia FREEMAN, KELMITH, , ,	al) or Full	Organization Name	Date of Receipt
	Mailing Address 1151 NW 92ND ST		l=: 0 .	08 17 2021
	City	State	Zip Code	Transaction ID : SA11AI-26399941
	OKLAHOMA CITY	OK	73114	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer (for Individual) Retired		ccupation (for Individual) Letired	Memo Item
	Receipt For:	Aggrega	te Year-to-Date ▼	
	Primary General  Other (specify) ▼		585.00	
<del>С</del> .	Full Name of Individual (Last, First, Middle Initial FREEMAN, JANICE, , ,	al) or Full	Organization Name	Date of Receipt
	Mailing Address 2613 TEABERRY DR			08
	City NORTH CHESTERFIELD	State VA	Zip Code 23236	Transaction ID : SA11AI-26401445
		1	20200	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer (for Individual) Retired		ccupation (for Individual) etired	Memo Item
	Receipt For:	Addreda	te Year-to-Date ▼	1
	Primary General Other (specify)	riggrogu	220.00	
H	SUBTOTAL of Receipts This Page (optional)		<u> </u>	350.00

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Any information copied from such Reports and or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE P	AC	
Full Name of Individual (Last, First, Middle In FREEMAN, KELMITH, , ,  Mailing Address 1151 NW 92ND ST	nitial) or Full Orga	nization Name	Date of Receipt
Mailing Address 1151 NW 92ND 51			09 01 2021
City	State	Zip Code	Transaction ID : SA11AI-26403413
OKLAHOMA CITY	OK	73114	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
Name of Employer (for Individual) Retired	Memo Item		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 585.00	
Full Name of Individual (Last, First, Middle In FREEMAN, KELMITH, , ,  Mailing Address 1151 NW 92ND ST	nitial) or Full Orga	nization Name	Date of Receipt
Maning Address 1121 MM 35MD 21			11 23 2021
City	State	Zip Code	Transaction ID : SA11AI-26418779
OKLAHOMA CITY	OK	73114	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		25.00
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 585.00	
Full Name of Individual (Last, First, Middle I	nitial) or Full Orga	nization Name	Date of Receipt
Mailing Address 1151 NW 92ND ST			11 23 / 2021
City OKLAHOMA CITY	State OK	Zip Code 73114	Transaction ID : SA11AI-26418843
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
Name of Employer (for Individual) Retired	Occupati Retired	tion (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 585.00	
SUBTOTAL of Receipts This Page (optional)		·····	230.00
TOTAL This Period (last page this line numbe	r only)		

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Any information copied from such Reports and or for commercial purposes, other than using the			person for the purpose of soliciting contributions are to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE P	AC	
Full Name of Individual (Last, First, Middle In FREEMAN, JANICE, , ,  Mailing Address 2613 TEABERRY DR	nitial) or Full Orgar	nization Name	Date of Receipt  12 01 2021
City	State	Zip Code	Transaction ID : SA11AI-26420247
NORTH CHESTERFIELD	VA	23236	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00
Name of Employer (for Individual) Retired	Occupat Retired	ion (for Individual)	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	ur-to-Date ▼ 220.00	
Full Name of Individual (Last, First, Middle In FREEMAN, KELMITH, , ,	nitial) or Full Orgar	nization Name	Date of Receipt
Mailing Address 1151 NW 92ND ST			12 10 2021
City	State OK	Zip Code	Transaction ID : SA11Al-26421953
OKLAHOMA CITY  FEC ID number of contributing	OK	73114	Amount of Each Receipt this Period
federal political committee.	C		150.00
Name of Employer (for Individual) Retired	Occupat Retired	tion (for Individual)	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	r-to-Date ▼ 585.00	
Full Name of Individual (Last, First, Middle In FREEMAN, JANICE, , ,	nitial) or Full Orgar	nization Name	Date of Receipt
Mailing Address 2613 TEABERRY DR			12 21 2021
City NORTH CHESTERFIELD	State VA	Zip Code 23236	Transaction ID : SA11AI-26424289  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer (for Individual) Retired	Occupat Retired	ion (for Individual)	Memo Item
Receipt For:  Primary  General	Aggregate Yea	ır-to-Date ▼	_
Other (specify)	4	220.00	
SUBTOTAL of Receipts This Page (optional)			205.00
TOTAL This Period (last page this line numbe	r only)		45 1 45 1 46 1

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Any information copied from such Reports and or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE P	PAC	
Full Name of Individual (Last, First, Middle In FREEMAN, KELMITH, , ,	nitial) or Full Orga	nization Name	Date of Receipt
Mailing Address 1151 NW 92ND ST			12 22 2021
City	State	Zip Code	Transaction ID : SA11AI-26424573
OKLAHOMA CITY	OK	73114	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		120.00
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 585.00	
Full Name of Individual (Last, First, Middle In GARRAHAN-MASTERS, MARY, ,		nization Name	Date of Receipt
Mailing Address 501 HARRIET LN	I-	T	08 13 2021
City HAVERTOWN	State PA	Zip Code 19083	Transaction ID : SA11AI-26399363  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	1,0000	50.00
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 895.00	
Full Name of Individual (Last, First, Middle In GARRAHAN-MASTERS, MARY)		nization Name	Date of Receipt
Mailing Address 501 HARRIET LN	, , ,		08 19 2021
City HAVERTOWN	State PA	Zip Code 19083	Transaction ID : SA11AI-26400413  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		200.00
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 895.00	
SUBTOTAL of Receipts This Page (optional)		<b>&gt;</b>	370.00
TOTAL This Period (last page this line numbe	r only)		

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	Statements may not be sold or used by any person e name and address of any political committee to	
NAME OF COMMITTEE (In Full)  UNITED WOMEN'S HEALTH A		
/		
Full Name of Individual (Last, First, Middle In GARRAHAN-MASTERS, MARY, , ,	itial) or Full Organization Name	Date of Receipt
Mailing Address 501 HARRIET LN		11 04 2021
City	State Zip Code	Transaction ID : SA11AI-26415827
HAVERTOWN	PA 19083	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	105.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Retired	Retired	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	895.00	
Full Name of Individual (Last, First, Middle In GARRAHAN-MASTERS, MARY, , ,		Date of Receipt
Mailing Address 501 HARRIET LN		11 18 2021
City	State Zip Code	Transaction ID : SA11AI-26418185
HAVERTOWN	PA 19083	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	310.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name of Individual (Last, First, Middle In CATTI, GEORGE, , ,	itial) or Full Organization Name	Date of Receipt
Mailing Address 310 W 4TH ST		07 01 2021
City	State Zip Code	Transaction ID : SA11AI-26391491
SAN DIMAS	CA 91773	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	35.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	205.00	
SUBTOTAL of Receipts This Page (optional)		450.00
TOTAL This Period (last page this line number	only)	

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Any information copied from such Reports and or for commercial purposes, other than using the		person for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle II A. GATTI, GEORGE, , ,  Mailing Address 310 W 4TH ST  City SAN DIMAS  FEC ID number of contributing	State Zip Code CA 91773	Date of Receipt    M M
Receipt For:  Primary  Other (specify) ▼  Rederal political committee.  Receipt For:  General  Other (specify) ▼	Occupation (for Individual) Retired  Aggregate Year-to-Date ▼  205.00	Memo Item
Full Name of Individual (Last, First, Middle II  GAYDEN, BRIGETTE, , ,  Mailing Address 4808 CRESTFIELD RD  City  MILLINGTON  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Best Efforts  Receipt For:  Primary  Other (specify)   General	State Zip Code TN 38053  C  Occupation (for Individual) DIRECTOR  Aggregate Year-to-Date ▼  250.00	Date of Receipt  12 16 2021  Transaction ID : SA11Al-26386875  Amount of Each Receipt this Period  250.00  Memo Item
Full Name of Individual (Last, First, Middle In GEPHARK, ANN, , , )  Mailing Address 337 GRACE VILLAGE DR  City WINONA LAKE  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Retired  Receipt For: Primary General Other (specify)	State Zip Code IN 46590  C  Occupation (for Individual) Retired  Aggregate Year-to-Date  210.00	Date of Receipt  M M M / 07 / 2021  Transaction ID : SA11AI-26398177  Amount of Each Receipt this Period  35.00  Memo Item
SUBTOTAL of Receipts This Page (optional)		320.00
TOTAL This Period (last page this line number	r only)	

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle In GEPHARK, ANN, , ,  Mailing Address 337 GRACE VILLAGE DR  City WINONA LAKE  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Retired  Receipt For:  Primary General Other (specify)	State   Zip Code   46590   C     Occupation (for Individual)   Retired   Aggregate Year-to-Date   210.00	Date of Receipt  11 01 2021  Transaction ID: SA11Al-26414909  Amount of Each Receipt this Period  35.00  Memo Item
Full Name of Individual (Last, First, Middle In GEPHARK, ANN, , ,  Mailing Address 337 GRACE VILLAGE DR  City WINONA LAKE  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Retired  Receipt For:  Primary General Other (specify)   Full Name of Individual (Last, First, Middle In	State   Zip Code   46590   C   Occupation (for Individual)   Retired   Aggregate Year-to-Date   210.00	Date of Receipt  11 30 2021  Transaction ID: SA11Al-26420123  Amount of Each Receipt this Period  50.00  Memo Item
City WINONA LAKE  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Retired  Receipt For: Primary Other (specify)	State   Zip Code   46590   C     Occupation (for Individual)   Retired     Aggregate Year-to-Date   ▼	Date of Receipt  12
SUBTOTAL of Receipts This Page (optional)	<u> </u>	125.00
TOTAL This Period (last page this line number	only)	

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	Statements may not be sold or used by any person e name and address of any political committee to				
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	ALLIANCE PAC				
Full Name of Individual (Last, First, Middle In GEPHARK, ANN, , ,  Mailing Address 337 GRACE VILLAGE DR	itial) or Full Organization Name	Date of Receipt			
		12 17 2021			
City WINONA LAKE	State Zip Code IN 46590	Transaction ID : SA11AI-26423357  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	25.00			
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item			
Receipt For:  Primary General  Other (specify) ▼					
Full Name of Individual (Last, First, Middle In GEPHARK, ANN, , ,  Mailing Address 337 GRACE VILLAGE DR	Date of Receipt				
City WINONA LAKE	State Zip Code IN 46590	Transaction ID : SA11Al-26425443  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	25.00			
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00				
Full Name of Individual (Last, First, Middle In GRAHAM, WEST, , ,	itial) or Full Organization Name	Date of Receipt			
Mailing Address 4635 BORDER VILLAGE RD APT 6-2 City	State Zip Code	08 23 2021 Transaction ID : SA11Al-26401063			
SAN YSIDRO  FEC ID number of contributing federal political committee.	CA 92173	Amount of Each Receipt this Period 50.00			
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item			
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼  290.00				
SUBTOTAL of Receipts This Page (optional)		100.00			
TOTAL This Period (last page this line number	only)				

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle GRAHAM, WEST, , ,		Date of Receipt
Mailing Address 4635 BORDER VILLAGE R APT 6-2	RD	08 24 2021
City SAN YSIDRO	State Zip Code CA 92173	Transaction ID : SA11Al-26401413
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  50.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00	
Full Name of Individual (Last, First, Middle GRAHAM, WEST, , ,  Mailing Address 4635 BORDER VILLAGE R	Date of Receipt	
APT 6-2 City	State Zip Code CA 92173	11 24 2021  Transaction ID : SA11AI-26419021
SAN YSIDRO  FEC ID number of contributing federal political committee.	Amount of Each Receipt this Period  105.00	
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  290.00	
Full Name of Individual (Last, First, Middle GRAHAM, WEST, , ,  Mailing Address 4635 BORDER VILLAGE R		Date of Receipt
APT 6-2 City SAN YSIDRO	State Zip Code CA 92173	11 26 2021  Transaction ID : SA11AI-26419175  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	85.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼  290.00	
SUBTOTAL of Receipts This Page (optional).	· • • • • • • • • • • • • • • • • • • •	240.00
TOTAL This Period (last page this line number	er only)	

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE F	PAC				
Full Name of Individual (Last, First, Middle I GRAY, DORIS, , ,  Mailing Address 16319 122ND AVE E	nitial) or Full Orga	anization Name	Date of Receipt			
City	Stata	Zin Codo	08 11 2021			
City PUYALLUP	State WA	Zip Code 98374	Transaction ID : SA11AI-26398783			
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period  35.00			
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual)	Memo Item			
Receipt For:  Primary General  Other (specify) ▼	Primary General Aggregate Teal-to-Date V					
Full Name of Individual (Last, First, Middle I GRAY, DORIS, , ,  Mailing Address 16319 122ND AVE E	nitial) or Full Orga	anization Name	Date of Receipt			
City	State	Zip Code	08 13 2021  Transaction ID : SA11Al-26399451			
PUYALLUP FEC ID number of contributing federal political committee.	C	98374	Amount of Each Receipt this Period  35.00			
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual)	Memo Item			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 295.00				
Full Name of Individual (Last, First, Middle I GRAY, DORIS, , ,	nitial) or Full Orga	anization Name	Date of Receipt			
Mailing Address 16319 122ND AVE E			12 17 2021			
City PUYALLUP	State WA	Zip Code 98374	Transaction ID : SA11AI-26423253			
FEC ID number of contributing federal political committee.	C	30017	Amount of Each Receipt this Period  70.00			
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual)	Memo Item			
Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 295.00				
SUBTOTAL of Receipts This Page (optional)			140.00			
TOTAL This Period (last page this line numbe	er only)					

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	Statements may not be sold or used by any person e name and address of any political committee to	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	LLIANCE PAC	
Full Name of Individual (Last, First, Middle Ini	tial) or Full Organization Name	Date of Receipt
Mailing Address 5886 DE ZAVALA RD		08 25 Y Y Y Y Y Y Y
City SAN ANTONIO	State Zip Code TX 78249	Transaction ID : SA11AI-26401691
	10245	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	75.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Retired	Retired	
Receipt For:  Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	655.00	
Full Name of Individual (Last, First, Middle Ini	itial) or Full Organization Name	Date of Receipt
Mailing Address 5886 DE ZAVALA RD		09 03 2021
City	State Zip Code	Transaction ID : SA11AI-26403845
SAN ANTONIO	TX 78249	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	35.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 655.00	
Full Name of Individual (Last, First, Middle Ini	tial) or Full Organization Name	Date of Receipt
Mailing Address 5886 DE ZAVALA RD		10 18 2021
City	State Zip Code	Transaction ID : SA11AI-26412525
SAN ANTONIO	TX 78249	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	655.00	
SUBTOTAL of Receipts This Page (optional)		210.00
TOTAL This Period (last page this line number	only)	

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	Statements may not be sold or used by any person e name and address of any political committee to	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	LLIANCE PAC	
Full Name of Individual (Last, First, Middle Ini GREENE, BETTY, , ,	tial) or Full Organization Name	Date of Receipt
Mailing Address 5886 DE ZAVALA RD		10 28 2021
City	State Zip Code	Transaction ID: SA11AI-26414507
SAN ANTONIO	TX 78249	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Retired	Retired	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	255.00	
Other (specify) ▼	655.00	
Full Name of Individual (Last, First, Middle Ini GREENE, BETTY, , ,	tial) or Full Organization Name	Date of Receipt
Mailing Address 5886 DE ZAVALA RD		M M / D D / Y Y Y Y Y Y 11 12 2021
City	State Zip Code	Transaction ID : SA11AI-26417101
SAN ANTONIO	TX 78249	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	105.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 655.00	
Full Name of Individual (Last, First, Middle Ini	tial) or Full Organization Name	Date of Receipt
Mailing Address 5886 DE ZAVALA RD		M M M / D D / Y Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1
City	State Zip Code	Transaction ID : SA11AI-26418761
SAN ANTONIO	TX 78249	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	655.00	
SUBTOTAL of Receipts This Page (optional)		205.00
TOTAL This Period (last page this line number	only)	

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Any information copied from such Reports and or for commercial purposes, other than using the						
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	ALLIANCE PAC					
Full Name of Individual (Last, First, Middle Ir GREENE, BETTY, , ,  Mailing Address 5886 DE ZAVALA RD	nitial) or Full Organization Name	Date of Receipt				
City SAN ANTONIO	State Zip Code TX 78249	Transaction ID : SA11AI-26424557				
FEC ID number of contributing federal political committee.	C 78249	Amount of Each Receipt this Period  60.00				
Name of Employer (for Individual)  Retired  Receipt For:	Occupation (for Individual) Retired	Memo Item				
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 655.00					
Full Name of Individual (Last, First, Middle Ir GUENTHER, JUDITH, , , Mailing Address 6841 W FOND DU LAC AVE		Date of Receipt  07 01 2021				
City MILWAUKEE	City State Zip Code					
FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period  25.00				
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  255.00					
Full Name of Individual (Last, First, Middle Ir GUENTHER, JUDITH, , ,	nitial) or Full Organization Name	Date of Receipt				
Mailing Address 6841 W FOND DU LAC AVE		07 16 2021				
City MILWAUKEE	State Zip Code WI 53218	Transaction ID : SA11AI-26394121  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	50.00				
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item				
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼  255.00					
SUBTOTAL of Receipts This Page (optional)		135.00				
TOTAL This Period (last page this line number	r only)					

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

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FOR LINE NUMBER:						PAGE		37 (	ЭF	;	325
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Any information copied from such Reports and or for commercial purposes, other than using the				
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	ALLIANCE F	PAC		
Full Name of Individual (Last, First, Middle Ir GUENTHER, JUDITH, , ,  Mailing Address 6841 W FOND DU LAC AVE		nization Name	Date of Receipt	
Maning Address 6641 W FOND DO LAC AVE	•		11 29 2021	
City	State	Zip Code	Transaction ID : SA11AI-26419655	
MILWAUKEE	WI	53218	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	30.00		
Name of Employer (for Individual) Retired	Occupa Retired	Memo Item		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 255.00		
Full Name of Individual (Last, First, Middle In HAGER, THOMAS, , ,  Mailing Address 695 SUMMER LN	nitial) or Full Orga	nization Name	Date of Receipt	
Otto	04-4-	7:. 0 - 1 -	07 07 2021	
City WHITE SALMON	State WA	Zip Code 98672	Transaction ID : SA11AI-26392575  Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C ID number of contributing			
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual)	Memo Item	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 230.00		
Full Name of Individual (Last, First, Middle In HAGER, THOMAS, , ,	nitial) or Full Orga	nization Name	Date of Receipt	
Mailing Address 695 SUMMER LN			12 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City WHITE SALMON	State WA	Zip Code 98672	Transaction ID : SA11AI-26384519  Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		100.00	
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item	
Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 230.00		
SUBTOTAL of Receipts This Page (optional)		<b>&gt;</b>	180.00	
TOTAL This Period (last page this line number	only)			

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	the name and address of any political committee	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	I ALLIANCE PAC	
Full Name of Individual (Last, First, Middle HAM, LEWIS, , ,	lnitial) or Full Organization Name	Date of Receipt
Mailing Address 5500 CALLE REAL  APT C-226		08 07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City SANTA BARBARA	State Zip Code CA 93111	Transaction ID : SA11AI-26398157  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 385.00	
Full Name of Individual (Last, First, Middle HAM, LEWIS, , ,	e Initial) or Full Organization Name	Date of Receipt
Mailing Address 5500 CALLE REAL  APT C-226  City	State Zip Code	12 02 2021 Transaction ID : SA11Al-26420555
SANTA BARBARA  FEC ID number of contributing federal political committee.	CA 93111	Amount of Each Receipt this Period
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 385.00	
Full Name of Individual (Last, First, Middle HAM, LEWIS, , ,  Mailing Address 5500 CALLE REAL APT C-226	e Initial) or Full Organization Name	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City SANTA BARBARA	State Zip Code CA 93111	Transaction ID : SA11AI-26424403  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	75.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼  385.00	
SUBTOTAL of Receipts This Page (optional)	)	275.00
TOTAL This Period (last page this line numb	per only)	

FOR LINE NUMBER:						PAGE	: 8	39	OF	•	325	
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	g the name and address of any political committee	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	H ALLIANCE PAC	
Full Name of Individual (Last, First, Middl HAM, LEWIS, , ,	le Initial) or Full Organization Name	Date of Receipt
Mailing Address 5500 CALLE REAL APT C-226		12 22 2021
City SANTA BARBARA	State Zip Code CA 93111	Transaction ID : SA11AI-26424623  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	110.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  385.00	
Full Name of Individual (Last, First, Middl HAMMELL, SUSAN, , , Mailing Address 817 SUMMIT AVE	le Initial) or Full Organization Name	Date of Receipt
City WESTFIELD FEC ID number of contributing	State Zip Code 07090	08 05 2021  Transaction ID : SA11Al-26350373  Amount of Each Receipt this Period  75.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  375.00	
Full Name of Individual (Last, First, Middle HAMMELL, SUSAN, , ,	le Initial) or Full Organization Name	Date of Receipt
Mailing Address 817 SUMMIT AVE  City WESTFIELD	State Zip Code NJ 07090	Transaction ID : SA11AI-26359579  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	75.00
Name of Employer (for Individual) Retired Receipt For:	Occupation (for Individual) Retired	Memo Item
Primary General Other (specify)	Aggregate Year-to-Date ▼ 375.00	
SUBTOTAL of Receipts This Page (optional	al)	260.00
TOTAL This Period (last page this line num	nber only)	

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Any information copied from such Reports and or for commercial purposes, other than using the						
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	ALLIANCE F	PAC				
Full Name of Individual (Last, First, Middle In HAMMELL, SUSAN, , ,  Mailing Address 817 SUMMIT AVE	nitial) or Full Orga	nization Name	Date of Receipt			
			11 26 2021			
City	State NJ	Zip Code	Transaction ID : SA11AI-26382195			
WESTFIELD	INU	07090	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		50.00			
Name of Employer (for Individual) Retired						
Receipt For:  Primary General  Other (specify) ▼	Receipt For:  Primary General  Aggregate Year-to-Date ▼					
Full Name of Individual (Last, First, Middle In HAMMELL, SUSAN, , ,  Mailing Address 817 SUMMIT AVE	nitial) or Full Orga	nization Name	Date of Receipt			
City	State	Zip Code	12 09 2021			
WESTFIELD	NJ	07090	Transaction ID : SA11Al-26384769  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	EC ID number of contributing					
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual)	Memo Item			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 375.00				
Full Name of Individual (Last, First, Middle In HEINOLD, RICHARD, , ,	nitial) or Full Orga	nization Name	Date of Receipt			
Mailing Address 142 WATCH HILL RD			07 15 2021			
City WESTERLY	State RI	Zip Code 02891	Transaction ID : SA11AI-26346205			
FEC ID number of contributing		02001	Amount of Each Receipt this Period			
federal political committee.	C		50.00			
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual)	Memo Item			
Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 230.00				
SUBTOTAL of Receipts This Page (optional)		<b>&gt;</b>	175.00			
TOTAL This Period (last page this line number	r only)					

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE F	PAC	
Full Name of Individual (Last, First, Middle HEINOLD, RICHARD, , ,  Mailing Address 142 WATCH HILL RD	Initial) or Full Orga	anization Name	Date of Receipt
maming stationed 142 WATOTT INCE IND			09 28 2021
City	State	Zip Code	Transaction ID : SA11AI-26408653
WESTERLY	RI	02891	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	50.00		
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual)	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 230.00	
Full Name of Individual (Last, First, Middle HEINOLD, RICHARD, , ,  Mailing Address 142 WATCH HILL RD	Initial) or Full Orga	anization Name	Date of Receipt
			12 20 2021
City	State	Zip Code	Transaction ID : SA11AI-26423685
WESTERLY	02891	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		110.00
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual) d	Memo Item
Receipt For:  Primary  General	Aggregate Ye	ar-to-Date ▼	
Other (specify) ▼		230.00	
Full Name of Individual (Last, First, Middle Local HOLMES, GAYLE, , ,	Initial) or Full Orga	anization Name	Date of Receipt
Mailing Address 8545 CARMEL VALLEY RD			10 08 2021
City CARMEL	State CA	Zip Code 93923	Transaction ID : SA11AI-26410775  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual)	Memo Item
Receipt For:	Aggregate Ye	ar-to-Date ▼	
Primary General Other (specify)	7	205.00	
SUBTOTAL of Receipts This Page (optional).		<b>&gt;</b>	210.00
TOTAL This Period (last page this line number	er only)		

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE F	PAC	
Full Name of Individual (Last, First, Middle HOLMES, GAYLE, , ,  Mailing Address 8545 CARMEL VALLEY RE		anization Name	Date of Receipt
Mailing Address 8545 CARMEL VALLET RE	,		10 28 2021
City	State	Zip Code	Transaction ID : SA11AI-26414379
CARMEL	CA	93923	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	25.00		
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual)	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 205.00	
Full Name of Individual (Last, First, Middle HOLMES, GAYLE, , , Mailing Address 8545 CARMEL VALLEY RE		anization Name	Date of Receipt
			11 30 2021
City	State	Zip Code	Transaction ID : SA11AI-26419941
CARMEL	CA	93923	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		35.00
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual)	Memo Item
Receipt For:	Aggregate Ye	ar-to-Date ▼	
Primary General  Other (specify) ▼		205.00	
Full Name of Individual (Last, First, Middle C. HOLMES, GAYLE, , ,	Initial) or Full Orga	anization Name	Date of Receipt
Mailing Address 8545 CARMEL VALLEY RI	)		12 01 2021
City CARMEL	State CA	Zip Code 93923	Transaction ID : SA11AI-26420329
FEC ID number of contributing		33020	Amount of Each Receipt this Period
federal political committee.	C		35.00
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual)	Memo Item
Receipt For:  Primary  General	Aggregate Ye	ar-to-Date ▼	
Other (specify)	4	205.00	
SUBTOTAL of Receipts This Page (optional).		<b>&gt;</b>	95.00
TOTAL This Period (last page this line number	er only)		

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Any information copied from such Reports and or for commercial purposes, other than using	d Statements may not the name and address	ot be sold or used by any peess of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE P.	AC	
Full Name of Individual (Last, First, Middle HOLMES, GAYLE, , ,		nization Name	Date of Receipt
Mailing Address 8545 CARMEL VALLEY R	D		12 06 2021
City	State	Zip Code	Transaction ID : SA11AI-26421041
CARMEL	CA	93923	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	25.00		
Name of Employer (for Individual) Retired	Memo Item		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	ur-to-Date ▼ 205.00	
Full Name of Individual (Last, First, Middle HOOD, LLOYD, , , Mailing Address 7830 CAMINO REAL	Initial) or Full Organ	nization Name	Date of Receipt
APT 409			08 07 2021
City	State	Zip Code	Transaction ID : SA11AI-26398161
MIAMI	FL	33143	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00
Name of Employer (for Individual) Retired	Occupat Retired	tion (for Individual)	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	r-to-Date ▼ 215.00	
Full Name of Individual (Last, First, Middle HOOD, LLOYD, , ,	Initial) or Full Organ	nization Name	Date of Receipt
Mailing Address 7830 CAMINO REAL APT 409			09 / 16 / 2021
City MIAMI	State	Zip Code 33143	Transaction ID : SA11AI-26406577
FEC ID number of contributing federal political committee.	C	30140	Amount of Each Receipt this Period  50.00
Name of Employer (for Individual)		ion (for Individual)	Memo Item
Retired Receipt For:	Retired	o to Doto W	_
Primary General Other (specify)	Aggregate Yea	r-to-Date ▼ 215.00	
SUBTOTAL of Receipts This Page (optional)			100.00
TOTAL This Period (last page this line numb	er only)		

FOR LINE NUMBER:							PAGE	94	OF	•	325
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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	I ALLIANCE PAC	
Full Name of Individual (Last, First, Middle HOOD, LLOYD, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 7830 CAMINO REAL APT 409		10 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City MIAMI	State Zip Code FL 33143	Transaction ID : SA11AI-26412191
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  35.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 215.00	
Full Name of Individual (Last, First, Middle HOOD, LLOYD, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 7830 CAMINO REAL  APT 409  City	State Zip Code	10 22 2021
MIAMI	FL 33143	Transaction ID : SA11AI-26413411  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	45.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  215.00	
Full Name of Individual (Last, First, Middle HOOD, LLOYD, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 7830 CAMINO REAL  APT 409  City	State Zip Code	12 / 01 / 2021 Transaction ID : SA11Al-26420245
MIAMI	FL 33143	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	35.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼  215.00	
SUBTOTAL of Receipts This Page (optional)	····	115.00
TOTAL This Period (last page this line numb	per only)	

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	Statements may not be sold or used by any person e name and address of any political committee to	
NAME OF COMMITTEE (IN FUII) UNITED WOMEN'S HEALTH A	LLIANCE PAC	
Full Name of Individual (Last, First, Middle Ini HUDSON, JODIE, , , Mailing Address PO BOX 692	itial) or Full Organization Name	Date of Receipt
City LAKE ARTHUR	State Zip Code LA 70549	7 01 2021  Transaction ID : SA11Al-26391477  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	35.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  295.00	
Full Name of Individual (Last, First, Middle Ini HUDSON, JODIE, , , Mailing Address PO BOX 692	itial) or Full Organization Name	Date of Receipt
City LAKE ARTHUR	State Zip Code LA 70549	Transaction ID : SA11Al-26392703  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	35.00
Name of Employer (for Individual) Retired Receipt For:	Occupation (for Individual) Retired	Memo Item
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼  295.00	
Full Name of Individual (Last, First, Middle Ini	itial) or Full Organization Name	Date of Receipt
Mailing Address PO BOX 692  City	State Zip Code	07 20 2021
LAKE ARTHUR	LA 70549	Transaction ID: SA11AI-26394663  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	35.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼  295.00	
SUBTOTAL of Receipts This Page (optional)	····	105.00
TOTAL This Period (last page this line number	only)	

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Any information copied from such Reports are or for commercial purposes, other than using			rson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	H ALLIANCE	PAC	
Full Name of Individual (Last, First, Middle A. HUDSON, JODIE, , ,	e Initial) or Full Org	anization Name	Date of Receipt
Mailing Address PO BOX 692		_	09 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID : SA11AI-26408427
LAKE ARTHUR	LA	70549	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		35.00
Name of Employer (for Individual) Retired	Occup Retire	ation (for Individual) d	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 295.00	
Full Name of Individual (Last, First, Middle HUDSON, JODIE, , ,	e Initial) or Full Org	anization Name	Date of Receipt
Mailing Address PO BOX 692			10 05 2021
City	State	Zip Code	<del>-</del>
LAKE ARTHUR	LA	70549	Transaction ID : SA11AI-26409959  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.00
Name of Employer (for Individual) Retired	Occup Retire	pation (for Individual)	Memo Item
Receipt For:	Aggregate Ye	ear-to-Date ▼	
Primary General Other (specify) ▼		295.00	
Full Name of Individual (Last, First, Middle C. IGLESIAS, SHIRLEY, , ,	e Initial) or Full Org	anization Name	Date of Receipt
Mailing Address 1802 TULPEHOCKEN RI APT 279			08
City READING	State PA	Zip Code 19610	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.00
Name of Employer (for Individual)		ation (for Individual)	Memo Item
Retired Receipt For:	Retire		_
Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 205.00	
SUBTOTAL of Receipts This Page (optional		<b>&gt;</b>	135.00

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

FO	R LINE	NUMBER	: PAGE	97 OF	325	
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or for commercial purposes, other than using the	ne name and add	dress of any political committee	to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE I	PAC					
Full Name of Individual (Last, First, Middle II JOCHER, RONALD, , ,  Mailing Address 5513 N GARELOCH AVE	Mailing Address 5513 N GARELOCH AVE						
City AZUSA	State CA	Zip Code 91702	Transaction ID : SA11AI-26391891  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.  Name of Employer (for Individual)	C	ation (for Individual)	35.00 Memo Item				
Retired  Receipt For:	Retire	d	Monto nem				
Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 275.00					
Full Name of Individual (Last, First, Middle II  JOCHER, RONALD, , ,  Mailing Address 5513 N GARELOCH AVE							
City AZUSA	State CA	Zip Code 91702	Transaction ID : SA11Al-26399861 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	otion (first transfer	35.00				
Name of Employer (for Individual) Retired Receipt For:	Retire		Memo Item				
Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 275.00					
Full Name of Individual (Last, First, Middle II JOCHER, RONALD, , ,	nitial) or Full Org	anization Name	Date of Receipt				
Mailing Address 5513 N GARELOCH AVE	Ctota	Zin Code	10 14 2021				
City AZUSA	State CA	Zip Code 91702	Transaction ID : SA11AI-26411865  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		60.00				
Name of Employer (for Individual) Retired	Retired		Memo Item				
Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 275.00					
SUBTOTAL of Receipts This Page (optional)		<b>&gt;</b>	130.00				
TOTAL This Period (last page this line number	r only)						

FOR LINE NUMBER:					PAGE		98	OF	: ;	325	
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Any information copied from such Reports and or for commercial purposes, other than using the	Statements may r ne name and addr	not be sold or used by any pe ess of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE P	PAC			
Full Name of Individual (Last, First, Middle I	nitial) or Full Orga	nization Name	Date of Receipt		
Mailing Address 5513 N GARELOCH AVE			11 16 2021		
City	State	Zip Code	Transaction ID : SA11AI-26417727		
AZUSA	CA	91702	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	ů – – – – – – – – – – – – – – – – – – –				
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item		
Receipt For:  Primary General  Other (specify) ▼	Primary General Aggregate Year-to-Date ▼				
Full Name of Individual (Last, First, Middle II  JOCHER, RONALD, , ,  Mailing Address 5513 N GARELOCH AVE	nitial) or Full Orga	nization Name	Date of Receipt		
ag / taa.955 3515 N GARLLOCH AVE	12 20 2021				
City	State	Zip Code	Transaction ID : SA11AI-26423693		
AZUSA	CA	91702	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		55.00		
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 275.00			
Full Name of Individual (Last, First, Middle II	nitial) or Full Orga	nization Name	Date of Receipt		
Mailing Address 2950 KIRKBRIDE WAY APT 212	10: :		07 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City INDIANAPOLIS	State IN	Zip Code 46222	Transaction ID : SA11Al-26391481		
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period  20.00		
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item		
Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 235.00			
SUBTOTAL of Receipts This Page (optional)		<b>&gt;</b>	95.00		
TOTAL This Period (last page this line numbe	r only)				

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	Statements may not be sold or used by any persite name and address of any political committee to					
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	ALLIANCE PAC					
Full Name of Individual (Last, First, Middle Ir JOHNSON, HENRY, , ,	nitial) or Full Organization Name	Date of Receipt				
Mailing Address 2950 KIRKBRIDE WAY APT 212		08 24 2021				
City	State Zip Code	Transaction ID : SA11AI-26401595				
INDIANAPOLIS	IN 46222	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	20.00				
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item				
Retired	Retired	_				
Receipt For:	Aggregate Year-to-Date ▼	1				
Primary General	.999-10 .00. 10 54.0 /					
Other (specify) ▼	235.00					
Full Name of Individual (Last, First, Middle Ir JOHNSON, HENRY, , ,	nitial) or Full Organization Name	Date of Receipt				
Mailing Address 2950 KIRKBRIDE WAY		M = M / D = D / Y = Y = Y				
APT 212	State 7th Code	09 09 2021				
City	State Zip Code	Transaction ID : SA11AI-26404991				
INDIANAPOLIS	IN 46222	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	ů .					
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	235.00					
Full Name of Individual (Last, First, Middle Ir JOHNSON, HENRY, , ,	nitial) or Full Organization Name	Date of Receipt				
Mailing Address 2950 KIRKBRIDE WAY APT 212		09 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City	State Zip Code	Transaction ID : SA11AI-26409267				
INDIANAPOLIS	IN 46222	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	25.00				
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item				
Receipt For:	Aggregate Year-to-Date ▼	1				
Primary General	0.0					
Other (specify)	235.00					
SUBTOTAL of Receipts This Page (optional)		70.00				
TOTAL This Period (last page this line number	· only)					

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	ALLIANCE PAC				
Full Name of Individual (Last, First, Middle Ir JOHNSON, HENRY, , ,	nitial) or Full Organization Name	Date of Receipt			
Mailing Address 2950 KIRKBRIDE WAY		12 14 2021			
APT 212 City	State Zip Code	Transaction ID : SA11AI-26422599			
INDIANAPOLIS	IN 46222	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	25.00			
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item			
Receipt For:  Primary General  Other (specify) ▼	eipt For:  Aggregate Year-to-Date ▼  Primary General				
Full Name of Individual (Last, First, Middle Ir JOHNSON, HENRY, , ,	Date of Receipt				
Mailing Address 2950 KIRKBRIDE WAY  APT 212  City	12 22 2021  Transaction ID : SA11Al-26424669				
INDIANAPOLIS	'				
FEC ID number of contributing federal political committee.	C	25.00			
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  235.00				
Full Name of Individual (Last, First, Middle Ir	nitial) or Full Organization Name	Date of Receipt			
Mailing Address 2550 KENSINGTON GARDN UNIT 205		07 08 2021			
City ELLICOTT CITY	State Zip Code MD 21043	Transaction ID : SA11AI-26392775  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	25.00			
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item			
Receipt For:  Primary  General	Aggregate Year-to-Date ▼				
Primary General Other (specify)	240.00				
SUBTOTAL of Receipts This Page (optional)		75.00			
TOTAL This Period (last page this line number	r only)				

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	statements may not be sold or used by any person name and address of any political committee to	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	LLIANCE PAC	
Full Name of Individual (Last, First, Middle Ini JONES, CAROLE, , ,	tial) or Full Organization Name	Date of Receipt
Mailing Address 2550 KENSINGTON GARDN UNIT 205	ES	09 13 2021
City	State Zip Code	Transaction ID : SA11AI-26405549
ELLICOTT CITY	MD 21043	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Retired	Retired	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	240.00	
Full Name of Individual (Last, First, Middle Ini	Date of Receipt	
Mailing Address 2550 KENSINGTON GARDNI UNIT 205	11 15 2021	
City	State Zip Code	
ELLICOTT CITY	MD 21043	Transaction ID : SA11AI-26417373  Amount of Each Receipt this Period
	2.0.0	Amount of Each freeeight this Feriod
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	240.00	
Full Name of Individual (Last, First, Middle Ini	tial) or Full Organization Name	Date of Receipt
Mailing Address 2550 KENSINGTON GARDN UNIT 205	ES	12 18 2021
City	State Zip Code	Transaction ID : SA11AI-26423395
ELLICOTT CITY	MD 21043	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	35.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:		
Primary General Other (specify)	Aggregate Year-to-Date ▼  240.00	
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	110.00
TOTAL This Period (last page this line number	only)	

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	Statements may not be sold or used by any per the name and address of any political committee	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle I JORJORIAN, ELEANOR, , , Mailing Address 232 FAIRFAX DR  City WARWICK  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Retired Receipt For:  Primary General Other (specify)	Date of Receipt  M M J 2021  Transaction ID : SA11Al-26344603  Amount of Each Receipt this Period  20.00  Memo Item	
Full Name of Individual (Last, First, Middle I JORJORIAN, ELEANOR, , , , Mailing Address 232 FAIRFAX DR  City WARWICK FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Retired  Receipt For:  Primary General Other (specify)	State Zip Code RI 02888  C  Occupation (for Individual) Retired  Aggregate Year-to-Date   225.00	Date of Receipt  Man / Dan / Yanga Y
Full Name of Individual (Last, First, Middle I JORJORIAN, ELEANOR, , , Mailing Address 232 FAIRFAX DR  City WARWICK  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Retired  Receipt For:  Primary General Other (specify)	State Zip Code 02888  C  Occupation (for Individual) Retired  Aggregate Year-to-Date  225.00	Date of Receipt  10 05 2021  Transaction ID: SA11AI-26409975  Amount of Each Receipt this Period  15.00  Memo Item
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	55.00
TOTAL This Period (last page this line number	er only)	

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE F	PAC			
Full Name of Individual (Last, First, Middle I JORJORIAN, ELEANOR, , ,  Mailing Address 232 FAIRFAX DR	Date of Receipt				
			10 08 2021		
City	State	Zip Code	Transaction ID : SA11AI-26410751		
WARWICK	RI	02888	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		15.00		
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item		
Receipt For:  Primary General  Other (specify) ▼	Receipt For:  Primary General  Aggregate Year-to-Date ▼				
Full Name of Individual (Last, First, Middle I JORJORIAN, ELEANOR, , ,	nitial) or Full Orga	nization Name	Date of Receipt		
Address 232 FAIRFAX DR	Mailing Address 232 FAIRFAX DR				
City	State	Zip Code	Transaction ID : SA11AI-26415249		
WARWICK	RI	02888	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		20.00		
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual)	Memo Item		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 225.00			
Full Name of Individual (Last, First, Middle I )	nitial) or Full Orga	nization Name	Date of Receipt		
Mailing Address 232 FAIRFAX DR			11 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City WARWICK	State RI	Zip Code 02888	Transaction ID : SA11AI-26415915  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		20.00		
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item		
Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 225.00			
SUBTOTAL of Receipts This Page (optional)		·····	55.00		
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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC					
Full Name of Individual (Last, First, Middle I JORJORIAN, ELEANOR, , ,  Mailing Address 232 FAIRFAX DR	Date of Receipt  12 03 2021					
City	State Zip (	Code	Transaction ID : SA11AI-26420813			
WARWICK	RI 02	888	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		20.00			
Name of Employer (for Individual) Retired	Occupation (for Retired	or Individual)	Memo Item			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-D	225.00				
Full Name of Individual (Last, First, Middle I JORJORIAN, ELEANOR, , ,	nitial) or Full Organizatio	n Name	Date of Receipt			
Mailing Address 232 FAIRFAX DR			12 21 2021			
City	1 '	Code	Transaction ID : SA11AI-26424213			
WARWICK	RI   028	388	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		20.00			
Name of Employer (for Individual) Retired	Occupation (f	or Individual)	Memo Item			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-D	225.00				
Full Name of Individual (Last, First, Middle I	nitial) or Full Organizatio	n Name	Date of Receipt			
Mailing Address 1241 ISLAND DR APT 101	10: 1		08 26 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City ANN ARBOR	State Zip (		Transaction ID : SA11AI-26356133  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		300.00			
Name of Employer (for Individual) Retired	Occupation (for Retired	or Individual)	Memo Item			
Receipt For:	Aggregate Year-to-D	Pate ▼				
Primary General Other (specify)	4	700.00				
SUBTOTAL of Receipts This Page (optional)		<b>&gt;</b>	340.00			
TOTAL This Period (last page this line number	er only)					

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325

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name KARRISH, GEORGE, , , Date of Receipt Mailing Address 1042 NEUMARK AVE 2021 City Zip Code State Transaction ID: SA11AI-26365495 NJ **PLEASANTVILLE** 08232 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 230.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** KARRISH, GEORGE, , , Date of Receipt Mailing Address 1042 NEUMARK AVE 2021 City State Zip Code Transaction ID: SA11AI-26365725 **PLEASANTVILLE** NJ 08232 Amount of Each Receipt this Period FEC ID number of contributing 35.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 230.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. KARRISH, GEORGE, , , Date of Receipt Mailing Address 1042 NEUMARK AVE 2021 City Zip Code State Transaction ID: SA11AI-26370733 NJ **PLEASANTVILLE** 08232 Amount of Each Receipt this Period FEC ID number of contributing C 60.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 230.00 Other (specify) 145.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 - - -

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	nd Statements may not be sold or used by any pers g the name and address of any political committee to					
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	H ALLIANCE PAC					
Full Name of Individual (Last, First, Middl	Date of Receipt					
Mailing Address 1042 NEUMARK AVE	Mailing Address 1042 NEUMARK AVE					
City PLEASANTVILLE	State Zip Code NJ 08232	Transaction ID : SA11AI-26376735  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	35.00				
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  230.00					
Full Name of Individual (Last, First, Middl KEENAN, WILLIAM, , ,	e Initial) or Full Organization Name	Date of Receipt				
Mailing Address 5100 SHARON RD  UNIT 1201  City  CHARLOTTE	State Zip Code NC 28210	07 05 2021  Transaction ID : SA11Al-26391875  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C 20210	Amount of Each Receipt this Period  35.00				
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  385.00					
Full Name of Individual (Last, First, Middle KEENAN, WILLIAM, , ,	e Initial) or Full Organization Name	Date of Receipt				
Mailing Address 5100 SHARON RD  UNIT 1201  City  CHARLOTTE	State Zip Code NC 28210	10 15 2021  Transaction ID : SA11AI-26412105  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	200.00				
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item				
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼  385.00					
SUBTOTAL of Receipts This Page (optional	ıl) <b>&gt;</b>	270.00				
TOTAL This Period (last page this line num	nber only)					

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	I ALLIANCE PAC				
Full Name of Individual (Last, First, Middle  A. KELLIHER, ANNE, , ,  Mailing Address 32 GRANT AVE	Date of Receipt				
Mailing Address 32 GRANT AVE	07 01 2021				
City NORWOOD	Transaction ID : SA11AI-26340813				
FEC ID number of contributing federal political committee.	MA 02062 C	Amount of Each Receipt this Period  25.00			
Name of Employer (for Individual)  Retired  Receipt For:	Occupation (for Individual) Retired	Memo Item			
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼  230.00				
Full Name of Individual (Last, First, Middle KELLIHER, ANNE, , , Mailing Address 32 GRANT AVE	Initial) or Full Organization Name	Date of Receipt  08 18 2021			
City NORWOOD	State Zip Code MA 02062	Transaction ID : SA11AI-26400219			
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  50.00			
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  230.00				
Full Name of Individual (Last, First, Middle C. KELLIHER, ANNE, , ,	Initial) or Full Organization Name	Date of Receipt			
Mailing Address 32 GRANT AVE		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City NORWOOD	State Zip Code MA 02062	Transaction ID : SA11AI-26406361  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	35.00			
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item			
Receipt For:  Primary General Other (specify)	Aggregate Year-to-Date ▼  230.00				
SUBTOTAL of Receipts This Page (optional)	) <b>&gt;</b>	110.00			
TOTAL This Period (last page this line numb	per only)				

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle KELLIHER, ANNE, , ,  Mailing Address 32 GRANT AVE  City NORWOOD  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Retired  Receipt For:  Primary General Other (specify)   Other (specify)	Initial) or Full Organization Name  State Zip Code 02062  C  Occupation (for Individual) Retired  Aggregate Year-to-Date ▼	Date of Receipt  M M M / 22 2021  Transaction ID: SA11AI-26407619  Amount of Each Receipt this Period  35.00  Memo Item
Full Name of Individual (Last, First, Middle KELLIHER, ANNE, , , Mailing Address 32 GRANT AVE  City  NORWOOD  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Retired  Receipt For:  Primary  General  Other (specify)	State Zip Code MA 02062  C  Occupation (for Individual) Retired  Aggregate Year-to-Date   230.00	Date of Receipt  10 14 2021  Transaction ID: SA11Al-26368883  Amount of Each Receipt this Period  35.00  Memo Item
Full Name of Individual (Last, First, Middle KELLIHER, ANNE, , ,  Mailing Address 32 GRANT AVE  City NORWOOD  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Retired Receipt For:  Primary General Other (specify)	Initial) or Full Organization Name    State	Date of Receipt  12 17 2021  Transaction ID : SA11AI-26423349  Amount of Each Receipt this Period  50.00  Memo Item
SUBTOTAL of Receipts This Page (optional).		120.00
TOTAL This Period (last page this line number	er only)	

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	Statements may not be sold or used by any per e name and address of any political committee	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle In KELLY, ROSALEEN, , ,  Mailing Address 54 HACIENDA CIR  City ORINDA  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	State Zip Code 94563  C  Occupation (for Individual) Retired  Aggregate Year-to-Date   300.00	Date of Receipt  07
Full Name of Individual (Last, First, Middle In KELLY, ROSALEEN, , , Mailing Address 54 HACIENDA CIR  City ORINDA  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Retired  Receipt For: Primary Other (specify)   General	State Zip Code CA 94563  C  Occupation (for Individual) Retired  Aggregate Year-to-Date   300.00	Date of Receipt  99 27 2021  Transaction ID: SA11Al-26408343  Amount of Each Receipt this Period  50.00  Memo Item
Full Name of Individual (Last, First, Middle In KENT, PHILIP, , ,  Mailing Address 1601 W GILFORD RD  City CARO  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Retired Receipt For:  Primary General Other (specify)	State Zip Code MI 48723  C  Occupation (for Individual) Retired  Aggregate Year-to-Date  260.00	Date of Receipt  08
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	300.00
TOTAL This Period (last page this line number	r only)	

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	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AI	LIANCE	PAC	
Α.	Full Name of Individual (Last, First, Middle InitiAKENT, PHILIP, , ,	ial) or Full Org	ganization Name	Date of Receipt
	Mailing Address 1601 W GILFORD RD			09 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID : SA11AI-26404225
	CARO	MI	48723	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer (for Individual) Retired	Occup Retire	pation (for Individual) ed	Memo Item
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 260.00	
В.	Full Name of Individual (Last, First, Middle Initi	ial) or Full Org	ganization Name	Date of Receipt
	Mailing Address 1601 W GILFORD RD			12 23 2021
	City	State	Zip Code	Transaction ID: SA11AI-26424797
	CARO	MI	48723	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		60.00
	Name of Employer (for Individual) Retired	Occup Retire	pation (for Individual) ed	Memo Item
	Receipt For:	Aggregate Y	ear-to-Date ▼	
	Primary General Other (specify) ▼	4	260.00	
<u>с</u> .	Full Name of Individual (Last, First, Middle Initi KING, EARL, , ,	ial) or Full Org	ganization Name	Date of Receipt
	Mailing Address 20815 ADELINE DR			08 11 2021
	City	State	Zip Code	Transaction ID : SA11AI-26399057
	COLFAX	CA	95713	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		25.00
	Name of Employer (for Individual) Retired	Occup Retire	pation (for Individual)	Memo Item
	Receipt For:	Aggregate V	ear-to-Date ▼	_
	Primary General	Aggregate	ear-to-Date v	
	Other (specify)		250.00	
S	SUBTOTAL of Receipts This Page (optional)		····	135.00
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	Statements may not be sold or used by any person e name and address of any political committee to	
NAME OF COMMITTEE (IN FUII) UNITED WOMEN'S HEALTH A	LLIANCE PAC	
Full Name of Individual (Last, First, Middle Ini KING, EARL, , , , Mailing Address 20815 ADELINE DR	tial) or Full Organization Name	Date of Receipt
City	State Zip Code	09 02 2021  Transaction ID : SA11AI-26403695
COLFAX	CA 95713	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name of Individual (Last, First, Middle Ini  KING, EARL, , ,  Mailing Address 20815 ADELINE DR	tial) or Full Organization Name	Date of Receipt
	Otata 7% Octo	11 03 2021
City COLFAX	State Zip Code CA 95713	Transaction ID : SA11Al-26415409  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	35.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name of Individual (Last, First, Middle Ini	tial) or Full Organization Name	Date of Receipt
Mailing Address 20815 ADELINE DR		11 18 2021
City COLFAX	State Zip Code CA 95713	Transaction ID : SA11AI-26418251  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Other (specify)	250.00	
SUBTOTAL of Receipts This Page (optional)	····	85.00
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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE F	PAC	
Full Name of Individual (Last, First, Middle In KOCHISS, JOHN, , ,  Mailing Address 88 EAGER RD	nitial) or Full Orga	anization Name	Date of Receipt
			08 26 2021
City NORTH FRANKLIN	State CT	Zip Code	Transaction ID : SA11AI-26355931
		06254	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		35.00
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual) I	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 240.00	
Full Name of Individual (Last, First, Middle III)  KOCHISS, JOHN, , ,	nitial) or Full Orga	anization Name	Date of Receipt
Mailing Address 88 EAGER RD	10 07 2021		
City NORTH FRANKLIN	State	Zip Code 06254	Transaction ID : SA11AI-26367351  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	00254	35.00
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual)	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 240.00	
Full Name of Individual (Last, First, Middle In KOCHISS, JOHN, , ,	nitial) or Full Orga	anization Name	Date of Receipt
Mailing Address 88 EAGER RD			10 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City NORTH FRANKLIN	State CT	Zip Code 06254	Transaction ID : SA11AI-26370737  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		35.00
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Ye	ar-to-Date ▼ 240.00	
SUBTOTAL of Receipts This Page (optional)			105.00
TOTAL This Period (last page this line numbe	r only)		

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325

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name KOCHISS, JOHN, , , Date of Receipt Mailing Address 88 EAGER RD 2021 City Zip Code State Transaction ID: SA11AI-26371215 CT **NORTH FRANKLIN** 06254 Amount of Each Receipt this Period FEC ID number of contributing C 35.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. KOCHISS, JOHN, , , Date of Receipt Mailing Address 88 EAGER RD 16 2021 City State Zip Code Transaction ID: SA11AI-26385621 **NORTH FRANKLIN** CT 06254 Amount of Each Receipt this Period FEC ID number of contributing 35.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 240.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. KULE, NANCY, , , Date of Receipt Mailing Address 74 FOX TRACE LN 2021 City Zip Code State Transaction ID: SA11AI-26398109 OH HUDSON 44236 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 245.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

FOR LINE NUMBER:					PAGE	1	14 OF	;	325		
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	the name and address of any political committee t	
NAME OF COMMITTEE (IN Full) UNITED WOMEN'S HEALTH	I ALLIANCE PAC	
Full Name of Individual (Last, First, Middle	Initial) or Full Organization Name	Date of Receipt
Mailing Address 74 FOX TRACE LN		11 03 / Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI-26415515
HUDSON	OH 44236	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	55.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Retired	Retired	_
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	245.00	
Full Name of Individual (Last, First, Middle KULE, NANCY, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 74 FOX TRACE LN		12 09 2021
City	State Zip Code	Transaction ID : SA11AI-26421691
HUDSON	OH 44236	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	140.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	245.00	
Full Name of Individual (Last, First, Middle	Initial) or Full Organization Name	Date of Receipt
Mailing Address 2101 BIRCH TRACE DR		07 27 2021
City	State Zip Code	Transaction ID : SA11AI-26396121
AUSTINTOWN	OH 44515	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	75.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify)	445.00	
SUBTOTAL of Receipts This Page (optional)	)	270.00
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TOTAL THIS Period (last page this line numb	per only)	1 4 1 4 1 4 1

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		used by any person for the purpose of soliciting contributions itical committee to solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	ALLIANCE PAC			
Full Name of Individual (Last, First, Middle Ir KULIK, MICHELE, , ,  Mailing Address 2101 BIRCH TRACE DR	nitial) or Full Organization Name	Date of Receipt		
City	01-1-1 7th 0-1	08 18 2021		
City AUSTINTOWN	State Zip Code OH 44515	Transaction ID : SA11AI-26400385		
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  35.00		
Name of Employer (for Individual) Retired				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	445.00		
Full Name of Individual (Last, First, Middle Ir KULIK, MICHELE, , , Mailing Address 2101 BIRCH TRACE DR	nitial) or Full Organization Name	Date of Receipt		
City AUSTINTOWN	State Zip Code OH 44515	08 25 2021  Transaction ID : SA11AI-26401761  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	35.00		
Name of Employer (for Individual) Retired	Occupation (for Individ	dual) Memo Item		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	445.00		
Full Name of Individual (Last, First, Middle Ir LABELLE, ROBERT, , ,	nitial) or Full Organization Name	Date of Receipt		
Mailing Address 182 W 126TH AVE	State 7:- O-d-	09 24 2021		
City CROWN POINT	State Zip Code 46307	Transaction ID : SA11AI-26407971  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	50.00		
Name of Employer (for Individual) Retired	Occupation (for Individ	dual) Memo Item		
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	215.00		
SUBTOTAL of Receipts This Page (optional)		120.00		
TOTAL This Period (last page this line number	only)			

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Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any penhe name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC					
Full Name of Individual (Last, First, Middle II LABELLE, ROBERT, , , Mailing Address 182 W 126TH AVE  City CROWN POINT  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Retired  Receipt For: Primary General Other (specify)	Date of Receipt  10 06 2021  Transaction ID: SA11AI-26410279  Amount of Each Receipt this Period  35.00  Memo Item					
Full Name of Individual (Last, First, Middle II  LABELLE, ROBERT, , ,  Mailing Address 182 W 126TH AVE  City CROWN POINT  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Retired  Receipt For:  Primary General Other (specify)   Entire Middle II	State Zip Code IN 46307  C  Occupation (for Individual) Retired  Aggregate Year-to-Date   215,00	Date of Receipt  12 14 2021  Transaction ID : SA11Al-26422601  Amount of Each Receipt this Period  35.00  Memo Item				
Full Name of Individual (Last, First, Middle II LABELLE, ROBERT, , ,  Mailing Address 182 W 126TH AVE  City CROWN POINT  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Retired  Receipt For: Primary General Other (specify)	State   Zip Code   IN   46307	Date of Receipt  12 20 2021  Transaction ID : SA11AI-26423777  Amount of Each Receipt this Period  70.00  Memo Item				
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	140.00				
TOTAL This Period (last page this line numbe	er only)					

FOR LINE NUMBER:					PAGE	1	17 OF		325	
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Any information copied from such Reports and or for commercial purposes, other than using the					
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE P	PAC			
Full Name of Individual (Last, First, Middle I LEBLANC, WADE, , ,  Mailing Address 4862 KEITHDALE LN	Date of Receipt				
O'th :	07 19 2021 Transaction ID : SA11Al-26394487				
BLOOMFIELD TWP	City State Zip Code BLOOMFIELD TWP MI 48302				
FEC ID number of contributing federal political committee.	FEC ID number of contributing				
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item		
Primary General  Other (specify) ▼					
Full Name of Individual (Last, First, Middle I  LEBLANC, WADE, , ,  Mailing Address 4862 KEITHDALE LN	nization Name	Date of Receipt			
City	State	Zip Code	08 26 2021		
BLOOMFIELD TWP	MI	48302	Transaction ID : SA11AI-26402213  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		50.00		
Name of Employer (for Individual) Retired	Occupa Retired	ition (for Individual)	Memo Item		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 215,00			
Full Name of Individual (Last, First, Middle I	nitial) or Full Orga	nization Name	Date of Receipt		
Mailing Address 4862 KEITHDALE LN	10: .		08 27 2021		
City BLOOMFIELD TWP	State MI	Zip Code 48302	Transaction ID : SA11Al-26402523  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		35.00		
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item		
Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 215.00			
SUBTOTAL of Receipts This Page (optional)		<b>&gt;</b>	120.00		
TOTAL This Period (last page this line number	er only)				

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325

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name LEE, JANE, , , Date of Receipt Mailing Address 1640 CORTE DE MEDEA 2021 City Zip Code State Transaction ID: SA11AI-26349139 CA SAN JOSE 95124 Amount of Each Receipt this Period FEC ID number of contributing C 35.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. LEE, JANE, , , Date of Receipt Mailing Address 1640 CORTE DE MEDEA 2021 City State Zip Code Transaction ID: SA11AI-26366027 SAN JOSE CA 95124 Amount of Each Receipt this Period FEC ID number of contributing 35.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 210.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. LEE, LOIS, , , Date of Receipt Mailing Address 4705 RANGER LN 30 2021 City Zip Code State Transaction ID: SA11AI-26409271 TN **CHATTANOOGA** 37416 Amount of Each Receipt this Period FEC ID number of contributing C 75.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 275.00 Other (specify) 145.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 - - 7

FO	PAGE	: 1	19 OF	;	325			
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Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any pene name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle In LEE, JANE, , , )  Mailing Address 1640 CORTE DE MEDEA  City SAN JOSE  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Retired Receipt For:	State Zip Code CA 95124  C  Occupation (for Individual) Retired  Aggregate Year-to-Date ▼	Date of Receipt  11 18 2021  Transaction ID: SA11AI-26379893  Amount of Each Receipt this Period  35.00  Memo Item
Primary General Other (specify) ▼	210.00	
Full Name of Individual (Last, First, Middle Ir LEE, LOIS, , , Mailing Address 4705 RANGER LN  City CHATTANOOGA	State Zip Code TN 37416	Date of Receipt  11 22 2021  Transaction ID : SA11Al-26418599  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer (for Individual)	Occupation (for Individual)	100.00 Memo Item
Retired  Receipt For:  Primary General  Other (specify) ▼	Retired  Aggregate Year-to-Date ▼  275.00	
Full Name of Individual (Last, First, Middle Ir LEE, JANE, , ,  Mailing Address 1640 CORTE DE MEDEA		Date of Receipt  M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City SAN JOSE  FEC ID number of contributing federal political committee.	State Zip Code CA 95124  C	Amount of Each Receipt this Period  35.00  Memo Item
Name of Employer (for Individual)  Retired  Receipt For:  Primary  Other (specify)	Occupation (for Individual) Retired  Aggregate Year-to-Date ▼  210.00	Wello Relli
SUBTOTAL of Receipts This Page (optional)	• • • • • • • • • • • • • • • • • • •	170.00
TOTAL This Period (last page this line number	r only)	

FOR LINE NUMBER:					PAGE	1	20 OF		325	
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Any information copied from such Reports and or for commercial purposes, other than using the						
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	ALLIANCE F	PAC				
Full Name of Individual (Last, First, Middle In LEUBE, JENNIFER, , , Mailing Address 6 ORCHARDCREST DR	Date of Receipt					
		T=: 0 .	08 02 2021			
City OROVILLE	State CA	Zip Code 95965	Transaction ID : SA11AI-26397093			
		Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	ů l					
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual) d	Memo Item			
Receipt For:  Primary General  Other (specify) ▼	Receipt For:  ☐ Primary ☐ General  Aggregate Year-to-Date ▼					
Full Name of Individual (Last, First, Middle In LEUBE, JENNIFER, , ,  Mailing Address 6 ORCHARDCREST DR	nitial) or Full Orga	anization Name	Date of Receipt			
City	State	Zip Code	Transaction ID : SA11AI-26371469			
OROVILLE	CA	95965	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		25.00			
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual) d	Memo Item			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 225.00				
Full Name of Individual (Last, First, Middle In LEUBE, JENNIFER, , ,	nitial) or Full Orga	anization Name	Date of Receipt			
Mailing Address 6 ORCHARDCREST DR			12 08 2021			
City OROVILLE	State CA	Zip Code 95965	Transaction ID : SA11AI-26421503			
		90900	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		50.00			
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual) I	Memo Item			
Receipt For:						
Primary General Other (specify)		225.00				
SUBTOTAL of Receipts This Page (optional)		<b>&gt;</b>	125.00			
TOTAL This Period (last page this line number	r only)					

FOR LINE NUMBER:						PAGE	: 1	21 OF	;	325
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	Statements may not be sold or used by any pers				
or for commercial purposes, other than using the	e name and address of any political committee to	o solicit contributions from such committee.			
NAME OF COMMITTEE (IN FUII) UNITED WOMEN'S HEALTH A	ALLIANCE PAC				
Full Name of Individual (Last, First, Middle In LEWIS, LANA, , ,  Mailing Address 7801 JOYCE DR	itial) or Full Organization Name	Date of Receipt			
		07 01 2021			
City	State Zip Code	Transaction ID : SA11AI-26391397			
SEBASTOPOL	CA 95472	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	200.00			
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00				
Full Name of Individual (Last, First, Middle In LEWIS, LANA, , ,	itial) or Full Organization Name	Date of Receipt			
Mailing Address 7801 JOYCE DR	07 19 2021				
City	State Zip Code	Transaction ID : SA11Al-26394535			
SEBASTOPOL	CA 95472	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	50.00				
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00				
Full Name of Individual (Last, First, Middle In	itial) or Full Organization Name	Date of Receipt			
Mailing Address 214 LAKEVIEW ST		07 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City MILFORD	State Zip Code KS 66514	Transaction ID : SA11AI-26396907			
FEC ID number of contributing		Amount of Each Receipt this Period			
federal political committee.	C	50.00			
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item			
Receipt For: Primary General	Aggregate Year-to-Date ▼				
Other (specify)					
SUBTOTAL of Receipts This Page (optional)		300.00			
TOTAL This Period (last page this line number	only)				

					PAGE	: 1	22 OF	;	325	
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	Statements may not be sold or used by any per name and address of any political committee	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle II LEWIS, ROY, , , Mailing Address 214 LAKEVIEW ST  City MILFORD  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Retired Receipt For:	Date of Receipt  08	
Primary General Other (specify) ▼	320.00	
Full Name of Individual (Last, First, Middle In LEWIS, ROY, , ,  Mailing Address 214 LAKEVIEW ST  City  MILFORD	State Zip Code  KS 66514	Date of Receipt    Mark
FEC ID number of contributing federal political committee.	C Convention (for Individual)	50.00 Memo Item
Name of Employer (for Individual) Retired  Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation (for Individual) Retired  Aggregate Year-to-Date ▼  320.00	Wielilo Itelii
Full Name of Individual (Last, First, Middle II  LEWIS, ROY, , ,  Mailing Address 214 LAKEVIEW ST	nitial) or Full Organization Name	Date of Receipt  12 27 2021
City MILFORD  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Retired Receipt For:  Primary General Other (specify)	State   Zip Code   66514	Transaction ID : SA11AI-26425427  Amount of Each Receipt this Period  50.00  Memo Item
SUBTOTAL of Receipts This Page (optional)	<b>•</b>	135.00
TOTAL This Period (last page this line number	r only)	

FOR LINE NUMBER:					PAGE	1	23 OF	;	325	
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or for commercial purposes, other than using	g the name and address of any political committee			
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	H ALLIANCE PAC			
Full Name of Individual (Last, First, Middl LITTLE, GILBERT, , ,	e Initial) or Full Organization Name	Date of Receipt		
Mailing Address 405 AVENIDA DR		07 01 2021		
City HAUGHTON	State Zip Code LA 71037	Transaction ID : SA11AI-26340855  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	100.00		
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00			
Full Name of Individual (Last, First, Middl LITTLE, GILBERT, , , Mailing Address 405 AVENIDA DR	e Initial) or Full Organization Name	Date of Receipt		
City HAUGHTON  FEC ID number of contributing federal political committee.	State Zip Code LA 71037  D number of contributing			
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00			
Full Name of Individual (Last, First, Middl LITTLE, GILBERT, , , Mailing Address 405 AVENIDA DR	le Initial) or Full Organization Name	Date of Receipt		
City HAUGHTON  FEC ID number of contributing federal political committee.	State Zip Code LA 71037	Transaction ID : SA11Al-26415139  Amount of Each Receipt this Period		
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item		
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 400.00			
SUBTOTAL of Receipts This Page (optional	ıl)	300.00		
TOTAL This Period (last page this line num	nher only)			

FOR LINE NUMBER:					PAGE	1	24 OF	;	325		
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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE P	AC					
Full Name of Individual (Last, First, Middle I LOPEZ, MARY LOU, , ,	nitial) or Full Orgar	nization Name	Date of Receipt				
Mailing Address 380 WALNUT LN			11 18 2021				
City	State	Zip Code	Transaction ID: SA11AI-26418085				
GILROY	GILROY CA 95020						
FEC ID number of contributing federal political committee.	ů –						
Name of Employer (for Individual) Retired	Memo Item						
Receipt For:  Primary General  Other (specify) ▼	Receipt For:  Primary  General  Aggregate Year-to-Date ▼						
Full Name of Individual (Last, First, Middle I LOPEZ, MARY LOU, , , Mailing Address 380 WALNUT LN	nitial) or Full Orgar	nization Name	Date of Receipt				
	12 12 2021						
City	Transaction ID: SA11AI-26422129						
GILROY	CA	95020	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	FEC ID number of contributing federal political committee.						
Name of Employer (for Individual) Retired	Occupati Retired	tion (for Individual)	Memo Item				
Receipt For: Primary General	Aggregate Yea						
Other (specify) ▼		205.00					
Full Name of Individual (Last, First, Middle I LYNCH, LOUISE, , ,	nitial) or Full Orgar	nization Name	Date of Receipt				
Mailing Address 2529 ZINFANDEL DR	lo:		07 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City RANCHO CORDOVA	State CA	Zip Code 95670	Transaction ID : SA11AI-26391489  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		15.00				
Name of Employer (for Individual) Retired	Memo Item						
Receipt For:							
Primary General Other (specify)		265.00					
SUBTOTAL of Receipts This Page (optional)		<b>&gt;</b>	85.00				
TOTAL This Period (last page this line numbe	er only)						

FOR LINE NUMBER:					PAGE	1	25 OF		325	
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	Statements may not be sold or used by any per- le name and address of any political committee to	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle Ir LYNCH, LOUISE, , ,  Mailing Address 2529 ZINFANDEL DR  City RANCHO CORDOVA	State Zip Code CA 95670	Date of Receipt    M
FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Retired  Receipt For:  □ Primary □ General □ Other (specify) ▼	Memo Item	
Full Name of Individual (Last, First, Middle In LYNCH, LOUISE, , , Mailing Address 2529 ZINFANDEL DR  City RANCHO CORDOVA  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Retired  Receipt For:  Primary General Other (specify)	Date of Receipt  10 04 2021  Transaction ID: SA11AI-26409891  Amount of Each Receipt this Period  75.00  Memo Item	
Full Name of Individual (Last, First, Middle In MANUAL, SHIRLEY, , , Mailing Address 916 SANTIAGO AVE  City LONG BEACH  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Retired  Receipt For: Primary General Other (specify)	State Zip Code CA 90804  C  Occupation (for Individual) Retired  Aggregate Year-to-Date  215.00	Date of Receipt  O7 22 2021  Transaction ID: SA11AI-26395321  Amount of Each Receipt this Period  50.00  Memo Item
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	225.00
TOTAL This Period (last page this line number	r only)	

FOR LINE NUMBER:					PAGE	: 1	26 OF		325	
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Any information copied from such Reports and or for commercial purposes, other than using the					
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE F	PAC			
Full Name of Individual (Last, First, Middle In MANUAL, SHIRLEY, , ,	nitial) or Full Orga	anization Name	Date of Receipt		
Mailing Address 916 SANTIAGO AVE			11 17 2021		
City	State CA	Zip Code	Transaction ID : SA11AI-26417895		
LONG BEACH	CA	90804	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.					
Name of Employer (for Individual) Retired	Memo Item				
Receipt For:  Primary General  Other (specify) ▼	Receipt For:  Primary General  Aggregate Year-to-Date ▼				
Full Name of Individual (Last, First, Middle In MATSUTANI, WENDY, , ,		anization Name	Date of Receipt		
Mailing Address 609 W SIERRA MADRE BLV APT 8	08 29 2021				
City SIERRA MADRE	State Zip Code MADRE CA 91024				
FEC ID number of contributing federal political committee.	С		35.00		
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual)	Memo Item		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 205.00			
Full Name of Individual (Last, First, Middle In MATSUTANI, WENDY, , ,	nitial) or Full Orga	anization Name	Date of Receipt		
Mailing Address 609 W SIERRA MADRE BLV APT 8 City	/D State	Zip Code	10 14 2021 Transaction ID : SA11Al-26412071		
SIERRA MADRE	CA	91024	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		50.00		
Name of Employer (for Individual) Retired	Memo Item				
Receipt For: Primary General Other (specify)	Aggregate Ye	ar-to-Date ▼ 205.00			
SUBTOTAL of Receipts This Page (optional)			120.00		
TOTAL This Period (last page this line number	only)				

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC				
Full Name of Individual (Last, First, Middle MATSUTANI, WENDY, , ,		Date of Receipt			
Mailing Address 609 W SIERRA MADRE B APT 8		M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y			
City	State Zip Code	Transaction ID : SA11AI-26416175			
SIERRA MADRE	CA 91024	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	35.00			
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item			
Retired	Retired	_			
Receipt For:	Aggregate Year-to-Date ▼	]			
Primary General	30.0				
Other (specify) ▼	205.00				
Full Name of Individual (Last, First, Middle MATSUTANI, WENDY, , ,		Date of Receipt			
Mailing Address 609 W SIERRA MADRE B	LVD	M = M / D = D / Y = Y = Y			
APT 8	State Zip Code	12 01 2021			
City SIERRA MADRE	Transaction ID : SA11AI-26420321				
SIERRA MADRE	CA 91024	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	ů – – – – – – – – – – – – – – – – – – –				
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item			
Receipt For:	Aggregate Year-to-Date ▼	]			
Primary General Other (specify) ▼	205.00				
Full Name of Individual (Last, First, Middle MATSUTANI, WENDY, , ,	Initial) or Full Organization Name	Date of Receipt			
Mailing Address 609 W SIERRA MADRE B APT 8	LVD	12 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City	State Zip Code	Transaction ID : SA11AI-26423821			
SIERRA MADRE	CA 91024	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	35.00			
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item			
Receipt For:	Aggregate Year-to-Date ▼	1			
Primary General					
Other (specify)	205.00				
SUBTOTAL of Receipts This Page (optional)	·	120.00			
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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC						
Full Name of Individual (Last, First, Middle In MCCARTHY, ROBERT, , ,	nitial) or Full Organization Name	Date of Receipt					
Mailing Address 4 TAMARACK RD		07 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City	State Zip Code	Transaction ID: SA11AI-26341347					
NATICK	MA 01760	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	25.00					
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item					
Retired	Retired	_					
Receipt For:	Aggregate Year-to-Date ▼	1					
Primary General							
Other (specify) ▼	230.00						
Full Name of Individual (Last, First, Middle In MCCARTHY, ROBERT, , ,	nitial) or Full Organization Name	Date of Receipt					
Mailing Address 4 TAMARACK RD	07 22 2021						
City	Transaction ID : SA11AI-26347151						
NATICK	MA 01760	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	ů – – – – – – – – – – – – – – – – – – –						
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item					
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼						
Full Name of Individual (Last, First, Middle In MCCARTHY, ROBERT, , ,	nitial) or Full Organization Name	Date of Receipt					
Mailing Address 4 TAMARACK RD		08 05 2021					
City	State Zip Code	Transaction ID : SA11AI-26351133					
NATICK	MA 01760	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С	35.00					
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item					
Receipt For:	Receipt For: Aggregate Year-to-Date ▼						
Primary General							
Other (specify)	230.00						
SUBTOTAL of Receipts This Page (optional)		75.00					
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	tatements may not be sold or used by any personance name and address of any political committee to				
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	LLIANCE PAC				
Full Name of Individual (Last, First, Middle Ini MCCARTHY, ROBERT, , ,  Mailing Address 4 TAMARACK RD		Date of Receipt  11 11 2021			
City	State Zip Code	Transaction ID : SA11AI-26377401			
NATICK	MA 01760	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	50.00			
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item			
Retired	Retired	_			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  230.00				
Full Name of Individual (Last, First, Middle Ini  MCCARTHY, ROBERT, , ,  Mailing Address 4 TAMARACK RD	Date of Receipt				
	12 09 2021				
City	State Zip Code	Transaction ID : SA11AI-26384851			
NATICK	MA 01760	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С	15.00			
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  230.00				
Full Name of Individual (Last, First, Middle Ini  MCNAIRY, BOBBIE, , ,	tial) or Full Organization Name	Date of Receipt			
Mailing Address 2 GALESVILLE CT		09 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City	State Zip Code	Transaction ID : SA11AI-26403445			
GAITHERSBURG	MD 20878	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	35.00			
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item			
Receipt For:	Receipt For:  Aggregate Year-to-Date ▼				
Primary General Other (specify)	295.00				
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	100.00			
TOTAL This Period (last page this line number	only)				

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle In MCNAIRY, BOBBIE, , , )  Mailing Address 2 GALESVILLE CT  City GAITHERSBURG  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Retired  Receipt For: Primary General Other (specify)	State Zip Code MD 20878  C Occupation (for Individual) Retired  Aggregate Year-to-Date  295.00	Date of Receipt  11 15 2021  Transaction ID: SA11AI-26417401  Amount of Each Receipt this Period  40.00  Memo Item
Full Name of Individual (Last, First, Middle In MCNAIRY, BOBBIE, , ,  Mailing Address 2 GALESVILLE CT  City GAITHERSBURG  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Retired  Receipt For: Primary General Other (specify)   Other (specify)	State Zip Code MD 20878  C  Occupation (for Individual) Retired  Aggregate Year-to-Date ▼  295,00	Date of Receipt  12 14 2021  Transaction ID: SA11Al-26422595  Amount of Each Receipt this Period  80.00  Memo Item
Full Name of Individual (Last, First, Middle In MCNAIRY, BOBBIE, , , Mailing Address 2 GALESVILLE CT  City GAITHERSBURG  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	State Zip Code MD 20878  C Occupation (for Individual) Retired  Aggregate Year-to-Date ▼	Date of Receipt  12 14 2021  Transaction ID: SA11AI-26422739  Amount of Each Receipt this Period  105.00  Memo Item
SUBTOTAL of Receipts This Page (optional)	<u>\</u>	225.00
TOTAL This Period (last page this line numbe	r only)	

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PA	С			
Full Name of Individual (Last, First, Middle I MELVILLE, TERESA, , ,  Mailing Address 1564 N KING ST	nitial) or Full Organiz	ation Name	Date of Receipt		
APT 1C			07 08 2021		
City		ip Code	Transaction ID : SA11AI-26343935		
HAMPTON	VA	23669	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		35.00		
Name of Employer (for Individual) Retired	Occupation Retired	n (for Individual)	Memo Item		
Receipt For:  Primary General  Other (specify) ▼	Primary General Aggregate real-to-bate •				
Full Name of Individual (Last, First, Middle I  MELVILLE, TERESA, , ,	nitial) or Full Organiz	ation Name	Date of Receipt		
Mailing Address 1564 N KING ST  APT 1C  City	10 01 2021				
HAMPTON		ip Code 23669	Transaction ID : SA11AI-26409435  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		60.00		
Name of Employer (for Individual) Retired	Occupatio Retired	n (for Individual)	Memo Item		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-t	o-Date ▼ 260.00			
Full Name of Individual (Last, First, Middle I	nitial) or Full Organiz	ation Name	Date of Receipt		
Mailing Address 119 PUESTA DEL SOL			07 14 2021		
City LOS GATOS		ip Code 95032	Transaction ID : SA11AI-26393763		
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period  100.00		
Name of Employer (for Individual) Retired	Occupation Retired	n (for Individual)	Memo Item		
Receipt For: Primary General Other (specify)	Aggregate Year-t	o-Date ▼ 250.00			
SUBTOTAL of Receipts This Page (optional)		<b>&gt;</b>	195.00		
TOTAL This Period (last page this line numbe	er only)				

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	ALLIANCE PAC				
Full Name of Individual (Last, First, Middle In MILLER, JOAN, , ,  Mailing Address 119 PUESTA DEL SOL	itial) or Full Organization Name	Date of Receipt			
City	State Zip Code	12 10 2021  Transaction ID : SA11Al-26421899			
LOS GATOS	CA 95032	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	50.00			
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00				
Full Name of Individual (Last, First, Middle In MILLS, NORMA, , ,	Date of Receipt				
Mailing Address 2725 S NELLIS BLVD  UNIT 2004  City					
LAS VEGAS	NV 89121	Transaction ID: SA11AI-26393581 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	35.00				
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  235.00				
Full Name of Individual (Last, First, Middle In MILLS, NORMA, , ,	itial) or Full Organization Name	Date of Receipt			
Mailing Address 2725 S NELLIS BLVD  UNIT 2004  City	State Zip Code	09 16 2021  Transaction ID : SA11Al-26406351			
LAS VEGAS	NV 89121	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	35.00			
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item			
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼  235.00				
SUBTOTAL of Receipts This Page (optional)	····	120.00			
TOTAL This Period (last page this line number	only)				

FOR LINE NUMBER:				PAGE	1	33 OF	 325		
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		y any person for the purpose of soliciting contributions ommittee to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC				
Full Name of Individual (Last, First, Middle In MILLS, LANYCE, , ,  Mailing Address 1845 QUAIL DR	nitial) or Full Organization Name	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City	State Zip Code	Transaction ID : SA11Al-26408125			
SAN LUIS OBISPO	CA 93405	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	100.00			
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  235.	00			
Full Name of Individual (Last, First, Middle II  MILLS, NORMA, , ,  Mailing Address 2725 S NELLIS BLVD	nitial) or Full Organization Name	Date of Receipt			
Mailing Address 2725 S NELLIS BLVD  UNIT 2004  City	UNIT 2004				
LAS VEGAS	NV 89121	Transaction ID : SA11AI-26414297  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	35.00			
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  235	.00			
Full Name of Individual (Last, First, Middle I	nitial) or Full Organization Name	Date of Receipt			
Mailing Address 2725 S NELLIS BLVD UNIT 2004		12 03 2021			
City LAS VEGAS	State Zip Code NV 89121	Transaction ID : SA11AI-26420809			
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  35.00			
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item			
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼  235	.00			
SUBTOTAL of Receipts This Page (optional)		170.00			
TOTAL This Period (last page this line numbe	r only)				

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325

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name MILLS, NORMA, , , Date of Receipt Mailing Address 2725 S NELLIS BLVD **UNIT 2004** 2021 City Zip Code State Transaction ID: SA11AI-26424421 NV LAS VEGAS 89121 Amount of Each Receipt this Period FEC ID number of contributing C 35.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 235.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** MOORE, BRADLEY, , , Date of Receipt Mailing Address 25 DIVISION ST 2021 APT 1 City State Zip Code Transaction ID: SA11AI-26391573 **SOMERVILLE** NJ 08876 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 205.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. MOORE, BRADLEY, , , Date of Receipt Mailing Address 25 DIVISION ST 12 2021 APT 1 City State Zip Code Transaction ID: SA11AI-26393201 NJ SOMERVILLE 08876 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 205.00 Other (specify) 75.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	LLIANCE PAC	
Full Name of Individual (Last, First, Middle Ini MOORE, DAVID, , ,  Mailing Address 17 GORDON AVE  APT 17  City  NEWMARKET  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Retired  Receipt For:  Primary General  Other (specify)   Other (specify)	State NH Zip Code 03857  C  Occupation (for Individual) Retired  Aggregate Year-to-Date   330.00	Date of Receipt  13 2021  Transaction ID: SA11AI-26352559  Amount of Each Receipt this Period  50.00  Memo Item
Full Name of Individual (Last, First, Middle Ini MOORE, BRADLEY, , ,  Mailing Address 25 DIVISION ST  APT 1  City  SOMERVILLE  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Retired  Receipt For:  Primary  General  Other (specify)	State Zip Code 08876  C  Occupation (for Individual) Retired  Aggregate Year-to-Date  205.00	Date of Receipt  M 09
Full Name of Individual (Last, First, Middle Ini MOORE, BRADLEY, , ,  Mailing Address 25 DIVISION ST  APT 1  City SOMERVILLE  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Retired  Receipt For:  Primary General Other (specify)	State   Zip Code   08876	Date of Receipt  109 29 2021  Transaction ID: SA11AI-26408905  Amount of Each Receipt this Period  20.00  Memo Item
SUBTOTAL of Receipts This Page (optional)	<u> </u>	90.00
TOTAL This Period (last page this line number	only)	

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE P	PAC				
Full Name of Individual (Last, First, Middle I MOORE, DAVID, , ,  Mailing Address 17 GORDON AVE	nitial) or Full Orga	nization Name	Date of Receipt			
APT 17			09 30 2021			
City	State	Zip Code	Transaction ID : SA11AI-26365579			
NEWMARKET	NH	03857	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		50.00			
Name of Employer (for Individual) Retired	Memo Item					
Receipt For:  Primary General  Other (specify) ▼	ot For:  Aggregate Year-to-Date ▼  Primary General					
Full Name of Individual (Last, First, Middle I MOORE, BRADLEY, , ,	nitial) or Full Orga	nization Name	Date of Receipt			
Mailing Address 25 DIVISION ST  APT 1  City	10 07 2021					
SOMERVILLE	Transaction ID : SA11AI-26410463  Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		20.00			
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual)	Memo Item			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 205.00				
Full Name of Individual (Last, First, Middle I	nitial) or Full Orga	nization Name	Date of Receipt			
Mailing Address 17 GORDON AVE APT 17			10 21 2021			
City NEWMARKET	State NH	Zip Code 03857	Transaction ID : SA11AI-26371725  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		70.00			
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item			
Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 330.00				
SUBTOTAL of Receipts This Page (optional)		·····	140.00			
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	tatements may not be sold or used by any personance name and address of any political committee to	
NAME OF COMMITTEE (In Full)  UNITED WOMEN'S HEALTH A	LLIANCE PAC	
Full Name of Individual (Last, First, Middle Ini MOORE, BRADLEY, , ,  Mailing Address 25 DIVISION ST  APT 1  City  SOMERVILLE  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Retired  Receipt For:  Primary General  Other (specify)   Call Dividual (Last, First, Middle Ini Middle)  APT 1  City  SOMERVILLE  FEC ID number of contributing federal political committee.	State Zip Code NJ 08876  C  Occupation (for Individual) Retired  Aggregate Year-to-Date ▼  205.00	Date of Receipt  10 29 2021  Transaction ID: SA11Al-26414621  Amount of Each Receipt this Period  20.00  Memo Item
Full Name of Individual (Last, First, Middle Ini MOORE, DAVID, , ,  Mailing Address 17 GORDON AVE  APT 17  City  NEWMARKET  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Retired  Receipt For:  Primary  General  Other (specify)	State Zip Code NH 03857  C  Occupation (for Individual) Retired  Aggregate Year-to-Date   330.00	Date of Receipt  11 18 2021  Transaction ID : SA11Al-26379903  Amount of Each Receipt this Period  75.00  Memo Item
Full Name of Individual (Last, First, Middle Ini MOORE, BRADLEY, , ,  Mailing Address 25 DIVISION ST  APT 1  City SOMERVILLE  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Retired  Receipt For:  Primary General Other (specify)	State Zip Code NJ 08876  C Occupation (for Individual) Retired  Aggregate Year-to-Date  205.00	Date of Receipt  12 22 2021  Transaction ID: SA11Al-26424571  Amount of Each Receipt this Period  25.00  Memo Item
SUBTOTAL of Receipts This Page (optional)	<u> </u>	120.00
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FOR LINE NUMBER: PAGE 138 OF 325

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	ALLIANCE F	PAC	
Full Name of Individual (Last, First, Middle In MYERS, STEPHEN, , ,  Mailing Address 12413 LICK RUN RD	nitial) or Full Orga	anization Name	Date of Receipt
	T a.	T	10 01 2021
City NEWCOMERSTOWN	State OH	Zip Code 43832	Transaction ID : SA11AI-26409535
FEC ID number of contributing federal political committee.	С	1002	Amount of Each Receipt this Period  35.00
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual)	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 220.00	
Full Name of Individual (Last, First, Middle In MYERS, STEPHEN, , ,  Mailing Address 12413 LICK RUN RD	nitial) or Full Orga	anization Name	Date of Receipt
City	State OH	Zip Code	10 19 2021  Transaction ID : SA11Al-26412709
NEWCOMERSTOWN  FEC ID number of contributing federal political committee.	С	43832	Amount of Each Receipt this Period  35.00
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual)	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 220,00	
Full Name of Individual (Last, First, Middle In MYERS, STEPHEN, , ,	nitial) or Full Orga	anization Name	Date of Receipt
Mailing Address 12413 LICK RUN RD			11 10 / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City NEWCOMERSTOWN	State OH	Zip Code 43832	Transaction ID : SA11AI-26416831
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period  35.00
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 220.00	
SUBTOTAL of Receipts This Page (optional)		<b>&gt;</b>	105.00
TOTAL This Period (last page this line number	r only)		

FOR LINE NUMBER: PAGE 139 OF (check only one) **X** 11a 11b 11c 12

325 Use separate schedule(s) for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name MYERS, STEPHEN, , , Date of Receipt Mailing Address 12413 LICK RUN RD 2021 City Zip Code State Transaction ID: SA11AI-26417125 NEWCOMERSTOWN OH 43832 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. NATHAN, BARBARA, , , Date of Receipt Mailing Address 350 DEMOTT LN 15 2021 **APT 202** City State Zip Code Transaction ID: SA11AI-26346111 SOMERSET NJ 08873 Amount of Each Receipt this Period FEC ID number of contributing 35.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 255.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. NATHAN, BARBARA, , , Date of Receipt Mailing Address 350 DEMOTT LN 30 2021 **APT 202** City Zip Code State Transaction ID: SA11AI-26388921 NJ SOMERSET 08873 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 255.00 Other (specify) 165.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	d Statements may not be sold or used by any p the name and address of any political committee						
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC						
Full Name of Individual (Last, First, Middle NEWTON, GEORGE, , , Mailing Address 42 BLACKBERRY LN	Initial) or Full Organization Name	Date of Receipt					
Mailing Address 42 BLACKBERRY LIN		12 23 2021					
City	State Zip Code	Transaction ID : SA11AI-26387101					
WEST DOVER	VT 05356	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	250.00					
Name of Employer (for Individual) Best Efforts	Occupation (for Individual)  Best Efforts	Memo Item					
Receipt For:  Primary General  Other (specify) ▼	Peipt For:  Aggregate Year-to-Date ▼  Primary General						
Full Name of Individual (Last, First, Middle 3. NGUYEN, THUY, , ,	Initial) or Full Organization Name	Date of Receipt					
Mailing Address 8325 W SAHARA AVE APT 2072	09 30 7 2021						
City LAS VEGAS	Transaction ID : SA11Al-26366755  Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С	200.00					
Name of Employer (for Individual) Best Efforts	Occupation (for Individual) Best Efforts	Memo Item					
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00						
Full Name of Individual (Last, First, Middle ). NGUYEN, THANH THUY, , ,	Initial) or Full Organization Name	Date of Receipt					
Mailing Address 3823 RAINIER AVE S		10 14 2021					
City SEATTLE	State Zip Code WA 98118	Transaction ID : SA11AI-26369921					
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  250.00					
Name of Employer (for Individual) Best Efforts	Occupation (for Individual) Best Efforts	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼  250.00						
SUBTOTAL of Receipts This Page (optional).		700.00					
TOTAL This Period (last page this line number	er only)						

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	he name and address of any political committee t					
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC					
Full Name of Individual (Last, First, Middle I OAS, RICHARD, , ,	Initial) or Full Organization Name	Date of Receipt				
Mailing Address 106 10TH ST NE APT 124		08 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City	State Zip Code	Transaction ID : SA11AI-26390021				
AUBURN	WA 98002	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	25.00				
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item				
Best Efforts	Best Efforts	_				
Receipt For:	Aggregate Year-to-Date ▼	1				
Primary General						
Other (specify) ▼	226.00					
Full Name of Individual (Last, First, Middle IOCONNOR, JUDITH, , ,	Initial) or Full Organization Name	Date of Receipt				
Mailing Address 3321		M = M / D = D / Y = Y = Y				
STEEPLE HL	State 7:- 0-4-	07 23 2021				
City	State Zip Code	Transaction ID : SA11AI-26395603				
SAINT CHARLES	MO 63301	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	ÿ					
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	270.00					
Full Name of Individual (Last, First, Middle IOCONNOR, JUDITH, , ,	Initial) or Full Organization Name	Date of Receipt				
Mailing Address 3321 STEEPLE HL		08				
City	State Zip Code	Transaction ID : SA11AI-26397869				
SAINT CHARLES	MO 63301	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	35.00				
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item				
Receipt For:	Aggregate Year-to-Date ▼	1				
Primary General						
Other (specify)	270.00					
SUBTOTAL of Receipts This Page (optional)	<b>•</b>	95.00				
TOTAL This Period (last page this line number	er only)					

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	Statements may not be sold or used by any persite name and address of any political committee to					
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	ALLIANCE PAC					
Full Name of Individual (Last, First, Middle Ir OCONNOR, JUDITH, , ,	nitial) or Full Organization Name	Date of Receipt				
Mailing Address 3321 STEEPLE HL		08 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City	State Zip Code	Transaction ID : SA11AI-26399361				
SAINT CHARLES	MO 63301	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	30.00				
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item				
Retired	Retired					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General						
Other (specify) ▼	270.00					
Full Name of Individual (Last, First, Middle Ir OCONNOR, JUDITH, , ,	nitial) or Full Organization Name	Date of Receipt				
Mailing Address 3321		M = M / D = D / Y = Y = Y				
STEEPLE HL	State 7th Cod-	09 15 2021				
City	State Zip Code MO 63301	Transaction ID : SA11AI-26406075				
SAINT CHARLES	MO 63301	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	, and the second					
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	270.00					
Full Name of Individual (Last, First, Middle Ir OCONNOR, JUDITH, , ,	nitial) or Full Organization Name	Date of Receipt				
Mailing Address 3321 STEEPLE HL		10 26 2021				
City	State Zip Code	Transaction ID : SA11Al-26413951				
SAINT CHARLES	MO 63301	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	35.00				
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item				
Receipt For:	Aggregate Year-to-Date ▼	1				
Primary General						
Other (specify)	270.00					
SUBTOTAL of Receipts This Page (optional)		90.00				
TOTAL This Period (last page this line number	· only)					

FOR LINE NUMBER:				PAGE	1	43 OF	325		
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Any information copied from such Reports and or for commercial purposes, other than using t							
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE P	AC					
Full Name of Individual (Last, First, Middle OLIVER, PAUL, , ,	Date of Receipt						
Mailing Address 71192 DUNDEE ST	09 08 2021						
City	State	Zip Code	Transaction ID : SA11AI-26404733				
ABITA SPRINGS	LA	70420	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		15.00				
Name of Employer (for Individual) Retired	Occupat Retired	ion (for Individual)	Memo Item				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	ur-to-Date ▼ 230.00					
Full Name of Individual (Last, First, Middle OLIVER, PAUL, , , Mailing Address 71192 DUNDEE ST							
City	Transaction ID : SA11AI-26415473						
ABITA SPRINGS	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	25.00						
Name of Employer (for Individual) Retired	Occupat Retired	tion (for Individual)	Memo Item				
Receipt For:  Primary  General	Aggregate Yea	ır-to-Date ▼					
Other (specify) ▼	4	230.00					
Full Name of Individual (Last, First, Middle OLIVER, PAUL, , ,	Date of Receipt						
Mailing Address 71192 DUNDEE ST	11 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
City ABITA SPRINGS	State LA	Zip Code 70420	Transaction ID : SA11AI-26417257				
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period				
	Memo Item						
Name of Employer (for Individual) Retired	Occupat Retired	ion (for Individual)	Memo item				
Receipt For:	Aggregate Yea	ur-to-Date ▼					
Primary General Other (specify)		230.00					
SUBTOTAL of Receipts This Page (optional).		<b>&gt;</b>	55.00				
TOTAL This Period (last page this line number	er only)						

FOR LINE NUMBER:				PAGE	: 1	44 OF	;	325	
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	Statements may not be sold or used by any pers he name and address of any political committee to					
NAME OF COMMITTEE (In Full)  UNITED WOMEN'S HEALTH ALLIANCE PAC						
Full Name of Individual (Last, First, Middle PANNABECKER, BETTY, , ,  Mailing Address 16623 N WEST POINT PKY	Date of Receipt					
APT 227						
City	State Zip Code	Transaction ID : SA11AI-26393169				
SURPRISE	AZ 85374	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	50.00 Memo Item				
Name of Employer (for Individual)	Occupation (for Individual)					
Retired	Retired	_				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  225.00					
Full Name of Individual (Last, First, Middle PANNABECKER, BETTY, , ,	Date of Receipt					
Mailing Address 16623 N WEST POINT PK	VY	07 21 2021				
APT 227 City	State Zip Code					
SURPRISE	AZ 85374	Transaction ID : SA11AI-26395055  Amount of Each Receipt this Period				
FEC ID number of contributing						
federal political committee.	C	50.00				
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  225.00					
Full Name of Individual (Last, First, Middle PANNABECKER, BETTY, , ,	Initial) or Full Organization Name	Date of Receipt				
Mailing Address 16623 N WEST POINT PK	NY State Zip Code	07 21 2021  Transaction ID : SA11AI-26395099  Amount of Each Receipt this Period				
SURPRISE	AZ 85374					
FEC ID number of contributing federal political committee.	C	50.00				
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify)	225.00					
SUBTOTAL of Receipts This Page (optional).	<b>•</b>	150.00				
TOTAL This Period (last page this line number	er only)					

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

FOR LINE NUMBER:						PAGE	1	45 OF	;	325
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

	ig the name and address of any political committee	
UNITED WOMEN'S HEALT	H ALLIANCE PAC	
Full Name of Individual (Last, First, Midd PATRIARCA, ANTHONY, , ,	le Initial) or Full Organization Name	Date of Receipt
Mailing Address 6 8TH AVE	10 28 2021	
City	State Zip Code	Transaction ID : SA11AI-26374293
SEASIDE HEIGHTS	NJ 08751	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Retired	Retired	
Receipt For:    Primary   General	Aggregate Year-to-Date ▼	
Other (specify) ▼	250.00	
Full Name of Individual (Last, First, Midd PATRIARCA, ANTHONY, , ,	le Initial) or Full Organization Name	Date of Receipt
Mailing Address 6 8TH AVE		11 26 2021
City	State Zip Code	Transaction ID : SA11AI-26381701
SEASIDE HEIGHTS	NJ 08751	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name of Individual (Last, First, Midd. PATTON, LOWELL, , ,	le Initial) or Full Organization Name	Date of Receipt
Mailing Address 7855 BOULEVARD E  APT 9I		10 28 2021
City	State Zip Code	Transaction ID : SA11AI-26373865
NORTH BERGEN	NJ 07047	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify)	220.00	
SUBTOTAL of Receipts This Page (optional	al)	200.00
	<u>`</u>	
OTAL This Period (last page this line nun	mber only)	

FOR LINE NUMBER:						PAGE	1	46 OF		325
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		person for the purpose of soliciting contributions tee to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	I ALLIANCE PAC						
Full Name of Individual (Last, First, Middle PATTON, LOWELL, , , Mailing Address 7855 BOULEVARD E	e Initial) or Full Organization Name	Date of Receipt					
APT 9I		11 04 2021					
City	State Zip Code	Transaction ID : SA11AI-26375883					
NORTH BERGEN	NJ 07047	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	50.00					
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item					
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  220.00						
Full Name of Individual (Last, First, Middle PATTON, LOWELL, , ,	e Initial) or Full Organization Name	Date of Receipt					
Mailing Address 7855 BOULEVARD E  APT 9I  City	APT 9I						
NORTH BERGEN	NJ 07047	Transaction ID : SA11AI-26420501  Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С	70.00					
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item					
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  220.00						
Full Name of Individual (Last, First, Middle PEERS, MICHAEL, , ,	e Initial) or Full Organization Name	Date of Receipt					
Mailing Address 100 SETTLERS ROW N		12 06 7 2021					
City PONTE VEDRA BEACH	State Zip Code FL 32082	Transaction ID : SA11AI-26421117  Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	500.00					
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 560.00						
SUBTOTAL of Receipts This Page (optional	)	620.00					
TOTAL This Period (last page this line num	ber only)						

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Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE F	PAC				
Full Name of Individual (Last, First, Middle PEERS, MICHAEL, , ,  Mailing Address 100 SETTLERS ROW N	Initial) or Full Orga	nization Name	Date of Receipt			
			12 13 2021			
City	State	Zip Code	Transaction ID : SA11AI-26422317			
PONTE VEDRA BEACH	FL	32082	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		60.00			
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual)	Memo Item			
Receipt For:  Primary General  Other (specify) ▼	Primary General Aggregate Year-to-Date ▼					
Full Name of Individual (Last, First, Middle PHILLIPS, BETTY, , , Mailing Address 108 N 8TH AVE	Initial) or Full Orga	nization Name	Date of Receipt			
	07 08 2021					
City	State	Zip Code	Transaction ID : SA11AI-26343253			
MAYODAN	NC	27027	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.						
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual)	Memo Item			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 330.00				
Full Name of Individual (Last, First, Middle PHILLIPS, BETTY, , ,	Initial) or Full Orga	nization Name	Date of Receipt			
Mailing Address 108 N 8TH AVE		1	07 08 7 2021 2021			
City MAYODAN	State NC	Zip Code 27027	Transaction ID : SA11AI-26343809			
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period			
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item			
Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 330.00				
SUBTOTAL of Receipts This Page (optional).		•	95.00			
TOTAL This Period (last page this line numb	er only)					

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	LLIANCE PAC	
Full Name of Individual (Last, First, Middle Ini PHILLIPS, BETTY, , ,  Mailing Address 108 N 8TH AVE  City MAYODAN  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Retired  Receipt For: Primary General Other (specify)	State Zip Code NC 27027  C Occupation (for Individual) Retired  Aggregate Year-to-Date  330.00	Date of Receipt  07
Full Name of Individual (Last, First, Middle Ini PHILLIPS, BETTY, , ,  Mailing Address 108 N 8TH AVE  City MAYODAN  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Retired  Receipt For: Primary General Other (specify)  Other (specify)	State Zip Code 27027  C  Occupation (for Individual) Retired  Aggregate Year-to-Date ▼  330.00	Date of Receipt  M M M / 26 / 2021  Transaction ID : SA11Al-26355967  Amount of Each Receipt this Period  20.00  Memo Item
Full Name of Individual (Last, First, Middle Ini PHILLIPS, BETTY, , ,  Mailing Address 108 N 8TH AVE  City MAYODAN  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Retired  Receipt For: Primary General Other (specify)	State Zip Code NC 27027  C  Occupation (for Individual) Retired  Aggregate Year-to-Date  330.00	Date of Receipt  12 14 2021  Transaction ID: SA11AI-26422479  Amount of Each Receipt this Period  200.00  Memo Item
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	235.00
TOTAL This Period (last page this line number	only)	

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Any information copied from such Reports and or for commercial purposes, other than using t	Statements may notine name and address	ot be sold or used by any peess of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE P	AC				
Full Name of Individual (Last, First, Middle PHILLIPS, BETTY, , ,  Mailing Address 108 N 8TH AVE	Initial) or Full Orgar	nization Name	Date of Receipt			
ag / taa.eee			12 30 2021			
City	State	Zip Code	Transaction ID : SA11AI-26388659			
MAYODAN	NC	27027	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		20.00			
Name of Employer (for Individual) Retired	Occupat Retired	tion (for Individual)	Memo Item			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	ur-to-Date ▼ 330.00				
Full Name of Individual (Last, First, Middle POTTS, WILLIAM, , ,	Initial) or Full Organ	nization Name	Date of Receipt			
Mailing Address 1550 E RIVER RD  APT 234	07 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City TUCSON	State AZ	Zip Code 85718	Transaction ID : SA11AI-26394115  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	ů					
Name of Employer (for Individual) Retired	Occupati Retired	tion (for Individual)	Memo Item			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	ur-to-Date ▼ 280,00				
Full Name of Individual (Last, First, Middle POTTS, WILLIAM, , ,	Initial) or Full Organ	nization Name	Date of Receipt			
Mailing Address 1550 E RIVER RD APT 234			08 19 2021			
City TUCSON	State AZ	Zip Code 85718	Transaction ID : SA11AI-26400573  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		35.00			
Name of Employer (for Individual) Retired	Occupat Retired	ion (for Individual)	Memo Item			
Receipt For: Primary General Other (specify)	Aggregate Yea	ur-to-Date ▼ 280.00				
SUBTOTAL of Receipts This Page (optional)		<b>&gt;</b>	90.00			
TOTAL This Period (last page this line number	er only)					

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	for commercial purposes, other than using the			on for the purpose of soliciting contributions of solicit contributions from such committee.						
	NAME OF COMMITTEE (In Full)  VINITED WOMEN'S HEALTH ALLIANCE PAC									
Α.	Full Name of Individual (Last, First, Middle Initial POTTS, WILLIAM, , ,	al) or Full (	Organization Name	Date of Receipt						
	Mailing Address 1550 E RIVER RD  APT 234			09 30 2021						
	City	State	Zip Code	Transaction ID : SA11AI-26409263						
	TUCSON	AZ	85718	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		50.00						
	Name of Employer (for Individual) Retired									
	Receipt For:  Primary General  Other (specify) ▼									
В.	Full Name of Individual (Last, First, Middle Initial POTTS, WILLIAM, , ,	Date of Receipt								
	Mailing Address 1550 E RIVER RD  APT 234	10 11 2021								
	City TUCSON	State AZ	Zip Code 85718	Transaction ID : SA11AI-26411031						
	FEC ID number of contributing federal political committee.	C	00710	Amount of Each Receipt this Period 40.00						
	Name of Employer (for Individual) Retired		cupation (for Individual)	Memo Item						
	Receipt For:	Aggregate	e Year-to-Date ▼							
	Primary General Other (specify) ▼		280.00							
<del>С</del> .	Full Name of Individual (Last, First, Middle Initial POTTS, WILLIAM, , ,	al) or Full (	Organization Name	Date of Receipt						
	Mailing Address 1550 E RIVER RD  APT 234	0	7. 0.4	10 26 / Y = Y = Y = Y = Y						
	City TUCSON	State AZ	Zip Code 85718	Transaction ID : SA11AI-26413845						
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 40.00						
	Name of Employer (for Individual) Retired		cupation (for Individual) tired	Memo Item						
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼  280.00							
H	CUBTOTAL of Receipts This Page (optional)			130.00						

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	the name and address of any political committee	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	I ALLIANCE PAC	
Full Name of Individual (Last, First, Middle POWERS, DENNIS, , ,	Date of Receipt	
Mailing Address 5420 W INTERURBAN BL		11 02 Y Y Y Y Y Y Y
City BOTHELL	State Zip Code WA 98012	Transaction ID : SA11AI-26415253  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name of Individual (Last, First, Middle POWERS, DENNIS, , , Mailing Address 5420 W INTERURBAN BL	· •	Date of Receipt
City BOTHELL	State Zip Code WA 98012	Transaction ID : SA11Al-26379897  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer (for Individual)	100.00 Memo Item	
Retired  Receipt For:	Occupation (for Individual) Retired	- "
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name of Individual (Last, First, Middle	e Initial) or Full Organization Name	Date of Receipt
Mailing Address 867 S HANSON DR		08 22 2021
City WATSEKA	State Zip Code 1L 60970	Transaction ID : SA11AI-26401013  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼  250.00	
SUBTOTAL of Receipts This Page (optional	)	200.00
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	Statements may not be sold or used by any per name and address of any political committee	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle II REDMAN, MARY, , ,  Mailing Address 867 S HANSON DR  City WATSEKA  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Retired Receipt For: Primary Other (specify)  Other (specify)		Date of Receipt  M M M / D B / 2021  Transaction ID : SA11Al-26404501  Amount of Each Receipt this Period  50.00  Memo Item
Full Name of Individual (Last, First, Middle II REVERE, HENRY, , ,  Mailing Address 43 RED WING LN  City WARSAW  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Retired  Receipt For:  Primary General Other (specify)	State Zip Code VA 22572  C Occupation (for Individual) Retired  Aggregate Year-to-Date ▼  370.00	Date of Receipt  O7 22 2021  Transaction ID : SA11AI-26395323  Amount of Each Receipt this Period  150.00  Memo Item
Full Name of Individual (Last, First, Middle In REVERE, HENRY, , , Mailing Address 43 RED WING LN  City WARSAW  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Retired  Receipt For:  Primary General Other (specify)	State Zip Code VA Zip Code 22572  C Occupation (for Individual) Retired  Aggregate Year-to-Date ▼	Date of Receipt  11 05 2021  Transaction ID: SA11Al-26416103  Amount of Each Receipt this Period  60.00  Memo Item
SUBTOTAL of Receipts This Page (optional)	····	260.00
TOTAL This Period (last page this line numbe	r only)	

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	Statements may not be sold or used by any pene name and address of any political committee					
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC					
Full Name of Individual (Last, First, Middle I REVERE, HENRY, , ,  Mailing Address 43 RED WING LN  City WARSAW  FEC ID number of contributing federal political committee.	State Zip Code VA 22572	Date of Receipt  11				
Name of Employer (for Individual)  Retired  Receipt For:  Primary General  Other (specify) ▼	Retired Retired  Receipt For:  Primary General Aggregate Year-to-Date ▼					
Full Name of Individual (Last, First, Middle I RICE, CAROL, , ,  Mailing Address 9 CHESTER ST  City WORCESTER FEC ID number of contributing	ty State Zip Code ORCESTER MA 01605					
federal political committee.  Name of Employer (for Individual) Retired  Receipt For:  □ Primary □ General □ Other (specify) ▼	Occupation (for Individual) Retired  Aggregate Year-to-Date ▼  430.00	Memo Item				
Full Name of Individual (Last, First, Middle I RICE, CAROL, , ,  Mailing Address 9 CHESTER ST  City WORCESTER  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Retired  Receipt For:  Primary General Other (specify)	nitial) or Full Organization Name    State	Date of Receipt  10 19 2021  Transaction ID: SA11AI-26412857  Amount of Each Receipt this Period  25.00  Memo Item				
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	170.00				
TOTAL This Period (last page this line numbe	er only)					

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	Statements may not be sold or used by any perhe name and address of any political committee	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle I RICE, CAROL, , ,  Mailing Address 9 CHESTER ST	nitial) or Full Organization Name	Date of Receipt  10 29 2021
City	State Zip Code	Transaction ID : SA11AI-26414743
WORCESTER	MA 01605	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 430.00	
Full Name of Individual (Last, First, Middle I RICE, CAROL, , ,  Mailing Address 9 CHESTER ST	nitial) or Full Organization Name	Date of Receipt  12 08 2021
City	State Zip Code	
WORCESTER	MA 01605	Transaction ID : SA11AI-26421511  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 430.00	
Full Name of Individual (Last, First, Middle I	Initial) or Full Organization Name	Date of Receipt
Mailing Address 9 CHESTER ST		12 21 2021
City WORCESTER	State Zip Code MA 01605	Transaction ID : SA11AI-26424295
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  105.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Retired Receipt For: Primary General Other (specify)	Retired  Aggregate Year-to-Date ▼  430.00	
SUBTOTAL of Receipts This Page (optional)		195.00
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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE P	AC					
Full Name of Individual (Last, First, Middle I RICE, CAROL, , ,  Mailing Address 9 CHESTER ST	Initial) or Full Orga	nization Name	Date of Receipt				
			12 26 2021				
City							
WORCESTER	MA	01605	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		75.00				
Name of Employer (for Individual) Retired	Occupat Retired	tion (for Individual)	Memo Item				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 430.00					
Full Name of Individual (Last, First, Middle I RICE, CAROL, , , Mailing Address 9 CHESTER ST	Initial) or Full Orga	nization Name	Date of Receipt				
Maining Address & CHESTER ST	12 26 2021						
City	State	Zip Code	Transaction ID : SA11AI-26425093				
WORCESTER	MA	01605	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	75.00						
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 430,00					
Full Name of Individual (Last, First, Middle I	Initial) or Full Organ	nization Name	Date of Receipt				
Mailing Address 11 NORTHWAY CT			07 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City ANDERSON	State IN	Zip Code 46011	Transaction ID : SA11AI-26395067				
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period  50.00				
Name of Employer (for Individual) Retired	Occupat Retired	tion (for Individual)	Memo Item				
Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 400.00					
SUBTOTAL of Receipts This Page (optional)			200.00				
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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A				
Full Name of Individual (Last, First, Middle In ROESCH, WILLIAM, , ,  Mailing Address 11 NORTHWAY CT	nitial) or Full Orga	anization Name	Date of Receipt	
		Tax o	12 14 2021	
City ANDERSON	State IN	Zip Code 46011	Transaction ID : SA11AI-26422727	
FEC ID number of contributing federal political committee.	C	10011	Amount of Each Receipt this Period  300.00	
Name of Employer (for Individual)  Retired	Retired Retired			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 400.00		
Full Name of Individual (Last, First, Middle In ROGERS, EUGENIA, , ,  Mailing Address 12339 TIGER CREEK LN	nitial) or Full Orga	anization Name	Date of Receipt	
City JACKSONVILLE	State FL	Zip Code 32225	Transaction ID : SA11AI-26357523  Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		25.00	
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual) d	Memo Item	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 225.00		
Full Name of Individual (Last, First, Middle In ROGERS, EUGENIA, , ,	nitial) or Full Orga	anization Name	Date of Receipt	
Mailing Address 12339 TIGER CREEK LN	Ctata	7in Codo	09 09 2021	
City JACKSONVILLE	State FL	Zip Code 32225	Transaction ID : SA11AI-26359577  Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		25.00	
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual)	Memo Item	
Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 225.00		
SUBTOTAL of Receipts This Page (optional)		<b>&gt;</b>	350.00	
TOTAL This Period (last page this line number	r only)			

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	ALLIANCE F	PAC	
Full Name of Individual (Last, First, Middle Ir ROGERS, EUGENIA, , ,  Mailing Address 12339 TIGER CREEK LN	nitial) or Full Orga	anization Name	Date of Receipt
			09 23 2021
City	State	Zip Code	Transaction ID : SA11AI-26364317
JACKSONVILLE	FL	32225	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		25.00
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual)	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 225.00	
Full Name of Individual (Last, First, Middle Ir ROGERS, EUGENIA, , ,  Mailing Address 12339 TIGER CREEK LN	Date of Receipt		
			10 14 2021
City	State FL	Zip Code	Transaction ID : SA11AI-26368989
JACKSONVILLE	rL	32225	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual) d	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 225.00	
Full Name of Individual (Last, First, Middle Ir	nitial) or Full Orga	anization Name	Date of Receipt
Mailing Address 792 SALEM ST			08 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City GROVELAND	State MA	Zip Code 01834	Transaction ID : SA11AI-26399487
FEC ID number of contributing		0.004	Amount of Each Receipt this Period
federal political committee.	C		25.00
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual)	Memo Item
Receipt For:	Aggregate Ye		
Primary General Other (specify)	7	345.00	
SUBTOTAL of Receipts This Page (optional)		<b>&gt;</b>	75.00
TOTAL This Period (last page this line number	only)		

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	Statements may not be sold or used by any per he name and address of any political committee			
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC			
Full Name of Individual (Last, First, Middle I ROSE, GERALD, , , , Mailing Address 792 SALEM ST  City GROVELAND  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Retired Receipt For: Primary General	State Zip Code ROVELAND MA 01834  CC ID number of contributing deral political committee.  Imme of Employer (for Individual) Stired Cocupation (for Individual) Retired Recipt For:  Aggregate Year-to-Date			
Tull Name of Individual (Last, First, Middle I ROSE, GERALD, , ,  Mailing Address 792 SALEM ST  City	Date of Receipt  11 19 2021  Transaction ID : SA41AL 36419365			
GROVELAND  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Retired  Receipt For:  Primary General Other (specify)	State Zip Code 01834  C  Occupation (for Individual) Retired  Aggregate Year-to-Date   345.00	Amount of Each Receipt this Period  40.00  Memo Item		
Full Name of Individual (Last, First, Middle I ROSE, GERALD, , ,  Mailing Address 792 SALEM ST  City GROVELAND  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Retired  Receipt For: Primary General Other (specify)	State Zip Code MA 01834  C  Occupation (for Individual) Retired  Aggregate Year-to-Date ▼	Date of Receipt  12		
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	120.00		
TOTAL This Period (last page this line number	er only)			

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Any information copied from such Reports and or for commercial purposes, other than using t	d Statements may r the name and addr	not be sold or used by any peress of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE P	PAC	
Full Name of Individual (Last, First, Middle ROSS, THURMAN, , ,  Mailing Address 3710 CATALPA ST	Initial) or Full Orga	nization Name	Date of Receipt
			07 01 2021
City	State	Zip Code	Transaction ID : SA11AI-26391383
EAST CHICAGO	IN	46312	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 440.00	
Full Name of Individual (Last, First, Middle ROSS, THURMAN, , ,  Mailing Address 3710 CATALPA ST	Date of Receipt		
Walling Address 3710 CATALPA ST			10 14 2021
City	State	Zip Code	Transaction ID : SA11AI-26412047
EAST CHICAGO	IN	46312	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		60.00
Name of Employer (for Individual) Retired	Occupa Retired	ition (for Individual)	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 440.00	
Full Name of Individual (Last, First, Middle C. ROSS, THURMAN, , ,	Initial) or Full Orga	nization Name	Date of Receipt
Mailing Address 3710 CATALPA ST			11 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City EAST CHICAGO	State	Zip Code 46312	Transaction ID : SA11Al-26416493
FEC ID number of contributing federal political committee.	С	70012	Amount of Each Receipt this Period 40.00
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 440.00	
SUBTOTAL of Receipts This Page (optional).		·····	150.00
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#### SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 160 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c

325

12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name ROSS, THURMAN, , , Date of Receipt Mailing Address 3710 CATALPA ST 2021 City State Zip Code Transaction ID: SA11AI-26425013 IN **EAST CHICAGO** 46312 Amount of Each Receipt this Period FEC ID number of contributing C 80.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 440.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. ROSS, THURMAN, , , Date of Receipt Mailing Address 3710 CATALPA ST 2021 City State Zip Code Transaction ID: SA11AI-26425085 **EAST CHICAGO** IN 46312 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 440.00

		<b>J</b>					
Full Name of Individual (Last, First, Middle I	ull Name of Individual (Last, First, Middle Initial) or Full Organization Name ROSS, THURMAN, , ,						
Mailing Address 3710 CATALPA ST	Mailing Address 3710 CATALPA ST						
City	State Zip Code		Transaction ID : SA11AI-26425115				
EAST CHICAGO	IN	46312	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		30.00				
Name of Employer (for Individual) Retired	Occu Retire	pation (for Individual) ed	Memo Item				
Receipt For: Primary General Other (specify)	Aggregate \	∕ear-to-Date ▼ 440.00					
SUBTOTAL of Receipts This Page (optional)			140.00				

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7

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	y information copied from such Reports and Sta for commercial purposes, other than using the n			
$\rangle$	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AL	LIANCE	PAC	
١.	Full Name of Individual (Last, First, Middle Initia RUST, JOSEPH, , ,	ll) or Full Org	anization Name	Date of Receipt
	Mailing Address 1614 GOLF COURSE RD  APT 245		_	07 09 2021
	City GRAND RAPIDS	State MN	Zip Code 55744	Transaction ID : SA11AI-26392897
			35744	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer (for Individual) Retired	Occup	eation (for Individual)	Memo Item
	Receipt For:  Primary General  Other (specify) ▼		ear-to-Date ▼ 255.00	
3.	Full Name of Individual (Last, First, Middle Initia RUST, JOSEPH, , ,	Date of Receipt		
	Mailing Address 1614 GOLF COURSE RD APT 245			09 19 2021
	City	State	Zip Code	Transaction ID : SA11AI-26406855
	GRAND RAPIDS	MN	55744	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer (for Individual) Retired	Occupation (for Individual) Retired		Memo Item
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Yo	ear-to-Date ▼ 255.00	
).	Full Name of Individual (Last, First, Middle Initia RUST, JOSEPH, , ,	l) or Full Org	anization Name	Date of Receipt
	Mailing Address 1614 GOLF COURSE RD  APT 245			09 21 2021
	City GRAND RAPIDS	State MN	Zip Code 55744	Transaction ID : SA11AI-26407293
	FEC ID number of contributing federal political committee.	C	33744	Amount of Each Receipt this Period
	Name of Employer (for Individual) Retired	Occup Retire	ation (for Individual)	Memo Item
	Receipt For:	Aggregate Ye	ear-to-Date ▼	
	Primary General Other (specify)		255.00	
s	UBTOTAL of Receipts This Page (optional)			75.00
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	Statements may not be sold or used by any per name and address of any political committee	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle In RUST, JOSEPH, , ,  Mailing Address 1614 GOLF COURSE RD  APT 245  City	nitial) or Full Organization Name  State Zip Code	Date of Receipt    M
GRAND RAPIDS  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Retired  Receipt For:  □ Primary □ General  □ Other (specify) ▼	Amount of Each Receipt this Period  50.00  Memo Item	
Full Name of Individual (Last, First, Middle In RUST, JOSEPH, , ,  Mailing Address 1614 GOLF COURSE RD  APT 245  City  GRAND RAPIDS  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Retired  Receipt For:  Primary  General  Other (specify)	State Zip Code MN 55744  C  Occupation (for Individual) Retired  Aggregate Year-to-Date  255.00	Date of Receipt  11 03 2021  Transaction ID: SA11Al-26415523  Amount of Each Receipt this Period  35.00  Memo Item
Full Name of Individual (Last, First, Middle In RUST, JOSEPH, , ,  Mailing Address 1614 GOLF COURSE RD  APT 245  City GRAND RAPIDS  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Retired  Receipt For: Primary General Other (specify)	State Zip Code 55744  C  Occupation (for Individual) Retired  Aggregate Year-to-Date   255.00	Date of Receipt  12 17 2021  Transaction ID: SA11AI-26423377  Amount of Each Receipt this Period  25.00  Memo Item
SUBTOTAL of Receipts This Page (optional)	<u> </u>	110.00
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	I Statements may not be sold or used by any p the name and address of any political committee	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle SABATO, STEPHEN, , ,  Mailing Address 1400 HIGH ST	Initial) or Full Organization Name	Date of Receipt
City	State Zip Code	09 09 2021
City BURLINGTON	State Zip Code NJ 08016	Transaction ID : SA11AI-26359501  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual) Best Efforts	Occupation (for Individual) Best Efforts	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  255.00	
Full Name of Individual (Last, First, Middle SABATO, STEPHEN, , , Mailing Address 1400 HIGH ST	Date of Receipt	
	Otata Zin Code	09 23 2021
City BURLINGTON	State Zip Code NJ 08016	Transaction ID : SA11AI-26364155  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	35.00
Name of Employer (for Individual) Best Efforts	Occupation (for Individual) Best Efforts	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  255.00	
Full Name of Individual (Last, First, Middle SABATO, STEPHEN, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 1400 HIGH ST		09 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City BURLINGTON	State Zip Code NJ 08016	Transaction ID : SA11AI-26366265
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  50.00
Name of Employer (for Individual) Best Efforts	Occupation (for Individual) Best Efforts	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼  255.00	
SUBTOTAL of Receipts This Page (optional).		135.00
TOTAL This Period (last page this line number	er only)	

	FO	R LINE	NUMBER	PAGE 164 OF				325		
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	d Statements may not be sold or used by any pers the name and address of any political committee t					
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC					
Full Name of Individual (Last, First, Middle A. SABATO, STEPHEN, , ,	me of Individual (Last, First, Middle Initial) or Full Organization Name TO, STEPHEN, , ,					
Mailing Address 1400 HIGH ST		10 28 2021				
City	State Zip Code	Transaction ID : SA11AI-26373277				
BURLINGTON	NJ 08016	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	50.00				
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item				
Best Efforts	Best Efforts	_				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General						
Other (specify) ▼	255.00					
Full Name of Individual (Last, First, Middle SABATO, STEPHEN, , ,	Initial) or Full Organization Name	Date of Receipt				
Mailing Address 1400 HIGH ST		11 04 2021				
City	State Zip Code	Transaction ID : SA11AI-26375983				
BURLINGTON	NJ 08016	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	35.00				
Name of Employer (for Individual) Best Efforts	Occupation (for Individual) Best Efforts	Memo Item				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00					
Full Name of Individual (Last, First, Middle SABATO, STEPHEN, , ,	Initial) or Full Organization Name	Date of Receipt				
Mailing Address 1400 HIGH ST		11 04 2021				
City	State Zip Code	Transaction ID : SA11AI-26376047				
BURLINGTON	NJ 08016	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	35.00				
Name of Employer (for Individual) Best Efforts	Occupation (for Individual) Best Efforts	Memo Item				
Receipt For:		1				
Primary General	Aggregate Year-to-Date ▼					
Other (specify)	255.00					
SUBTOTAL of Receipts This Page (optional).		120.00				
TOTAL This Period (last page this line numb	per only)					

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	Statements may not be sold or used by any per ne name and address of any political committee	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle II SANCHEZ, SERGIO, , , Mailing Address 1494 N 9TH ST  City COLTON  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Retired  Receipt For:  Primary General Other (specify)	State Zip Code CA 92324  C  Occupation (for Individual) Retired  Aggregate Year-to-Date  210.00	Date of Receipt  07
Full Name of Individual (Last, First, Middle II  SCHARF, RICHARD, , ,  Mailing Address 3521 E VINEYARD DR N  City PAHRUMP  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Retired  Receipt For: Primary Other (specify)   Other (specify)	State Zip Code NV 89048  C  Occupation (for Individual) Retired  Aggregate Year-to-Date  255.00	Date of Receipt  07 01 2021  Transaction ID : SA11Al-26391493  Amount of Each Receipt this Period  35.00  Memo Item
Full Name of Individual (Last, First, Middle II SCHARF, RICHARD, , ,  Mailing Address 3521 E VINEYARD DR N  City PAHRUMP  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Retired  Receipt For: Primary Other (specify)	State Zip Code 89048  C  Occupation (for Individual) Retired  Aggregate Year-to-Date  255.00	Date of Receipt  08 10 2021  Transaction ID: SA11Al-26398651  Amount of Each Receipt this Period  35.00  Memo Item
SUBTOTAL of Receipts This Page (optional)		105.00
TOTAL This Period (last page this line numbe	er only)	

FOF	R LINE	NUMBER	PAGE	1	66 OF	;	325		
(check only one)									
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	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.									
	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AL	LIANCE	PAC							
Α.	Full Name of Individual (Last, First, Middle Initial SCHARF, RICHARD, , , Mailing Address 3521 E VINEYARD DR N	al) or Full Org	ganization Name	Date of Receipt						
	Walling Address 3521 E VINETARD DR N			08 18 2021						
	City	State	Zip Code	Transaction ID : SA11AI-26400223						
	PAHRUMP	NV	89048	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		30.00						
	Name of Employer (for Individual) Retired	Occup Retire	oation (for Individual) ed	Memo Item						
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 255.00							
В.	Full Name of Individual (Last, First, Middle Initial SCHARF, RICHARD, , ,	Date of Receipt								
	Mailing Address 3521 E VINEYARD DR N	10 07 2021								
	City PAHRUMP	State NV	Zip Code 89048	Transaction ID : SA11AI-26368213  Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С	000.0	35.00						
	Name of Employer (for Individual) Retired	Occup Retire	oation (for Individual) ed	Memo Item						
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 255.00							
<del>С</del> .	Full Name of Individual (Last, First, Middle Initial SCHARF, RICHARD, , ,	al) or Full Org	ganization Name	Date of Receipt						
	Mailing Address 3521 E VINEYARD DR N		Les .	11 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
	City PAHRUMP	State NV	Zip Code 89048	Transaction ID : SA11AI-26415401  Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		70.00						
	Name of Employer (for Individual) Retired	Occup Retire	pation (for Individual)	Memo Item						
	Receipt For:  Primary General									
	Primary General Other (specify)									
H	SUBTOTAL of Receipts This Page (optional)			135.00						

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Any information copied from such Reports and or for commercial purposes, other than using t			erson for the purpose of soliciting contributions eto solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE P.	AC					
SCHARF, RICHARD, , ,	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name SCHARF, RICHARD, , ,  Mailing Address 3521 E VINEYARD DR N						
Mailing Address 5521 E VINCTARD DR N			11 15 2021				
City	State	Zip Code	Transaction ID : SA11AI-26417385				
PAHRUMP	NV	89048	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		25.00				
Name of Employer (for Individual) Retired	Occupat Retired	ion (for Individual)	Memo Item				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	r-to-Date ▼ 255.00					
Full Name of Individual (Last, First, Middle SCHARF, RICHARD, , ,  Mailing Address 3521 E VINEYARD DR N	Date of Receipt						
Walling Address 3521 E VINEYARD DR N							
City	State	Zip Code	Transaction ID : SA11AI-26417717				
PAHRUMP	NV	89048	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		25.00				
Name of Employer (for Individual) Retired	Occupat Retired	tion (for Individual)	Memo Item				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	r-to-Date ▼ 255.00					
Full Name of Individual (Last, First, Middle SCHAUFFERT, KATHLEEN, , ,	Initial) or Full Orgar	nization Name	Date of Receipt				
Mailing Address 519 WINSTON CT			07 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City BENICIA	State CA	Zip Code 94510	Transaction ID : SA11AI-26341285				
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period  35.00				
Name of Employer (for Individual) Retired	Occupat Retired	ion (for Individual)	Memo Item				
Receipt For: Primary General Other (specify)	Aggregate Yea	r-to-Date ▼ 225.00					
SUBTOTAL of Receipts This Page (optional).			85.00				
TOTAL This Period (last page this line number	er only)						

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

FO	R LINE	NUMBER	PAGE	168 (	OF 325	
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	g the name and address of any political committee	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTI	H ALLIANCE PAC	
Full Name of Individual (Last, First, Middl SCHAUFFERT, KATHLEEN, , ,	le Initial) or Full Organization Name	Date of Receipt
Mailing Address 519 WINSTON CT		08 26 2021
City	State Zip Code	Transaction ID : SA11AI-26357115
BENICIA	CA 94510	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	35.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  225.00	
Full Name of Individual (Last, First, Middl S. SCHAUFFERT, KATHLEEN, , ,	Date of Receipt	
Mailing Address 519 WINSTON CT		09 09 2021
City	State Zip Code	Transaction ID : SA11Al-26360873
BENICIA	CA 94510	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	35.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  225.00	
Full Name of Individual (Last, First, Middle). SCHAUFFERT, KATHLEEN,		Date of Receipt
Mailing Address 519 WINSTON CT	, ,	10 14 2021
City	State Zip Code	Transaction ID : SA11AI-26369613
BENICIA	CA 94510	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼  225.00	
SUBTOTAL of Receipts This Page (optional	(ls	90.00
TOTAL This Period (last page this line num	<u></u>	
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	he name and address of any political committee to					
NAME OF COMMITTEE (In Full)	ALLIANIOE DAG					
UNITED WOMEN'S HEALTH	ALLIANCE PAC					
Full Name of Individual (Last, First, Middle SCHAUFFERT, KATHLEEN, , ,	Initial) or Full Organization Name	Date of Receipt				
Mailing Address 519 WINSTON CT		12 02 2021				
City	State Zip Code	Transaction ID : SA11AI-26383237				
BENICIA	CA 94510	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	15.00				
Name of Employer (for Individual)	Occupation (for Individual) Retired	Memo Item				
Receipt For:						
Primary General	Aggregate Year-to-Date ▼					
Other (specify) ▼	225.00					
Full Name of Individual (Last, First, Middle SCHAUFFERT, KATHLEEN, , ,	Initial) or Full Organization Name	Date of Receipt				
Mailing Address 519 WINSTON CT		12 23 2021				
City	State Zip Code	Transaction ID : SA11AI-26386963				
BENICIA	CA 94510	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	35.00				
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  225.00					
Full Name of Individual (Last, First, Middle SCHLEIN, PHILIP, , ,	Initial) or Full Organization Name	Date of Receipt				
Mailing Address 1661 PINE ST APT 723		08 05 2021				
City	State Zip Code	Transaction ID : SA11AI-26351439				
SAN FRANCISCO	CA 94109	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	20.00				
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify)	220.00					
SUBTOTAL of Receipts This Page (ontional)		70.00				
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						PAGE	1	70 OF	325
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	Statements may not be sold or used by any per the name and address of any political committee	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle SCHLEIN, PHILIP, , ,  Mailing Address 1661 PINE ST	Initial) or Full Organization Name	Date of Receipt
APT 723 City	State Zip Code	09 09 2021
SAN FRANCISCO	CA 94109	Transaction ID : SA11AI-26360421
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  100.00
Name of Employer (for Individual)  Retired	Occupation (for Individual)  Retired	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  220.00	
Full Name of Individual (Last, First, Middle SCHLEIN, PHILIP, , ,  Mailing Address 1661 PINE ST	Initial) or Full Organization Name	Date of Receipt
APT 723		09 23 2021
City	State Zip Code	Transaction ID : SA11AI-26363435
SAN FRANCISCO	CA 94109	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	50.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  220.00	
Full Name of Individual (Last, First, Middle SELBERG, ROBERT, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address PO BOX 5404		07 29 2021
City PALM SPRINGS	State Zip Code CA 92263	Transaction ID : SA11AI-26396723
	52203	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼  240.00	
SUBTOTAL of Receipts This Page (optional).		175.00
TOTAL This Period (last page this line number	er only)	

						PAGE 171 OF 325					
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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC					
Full Name of Individual (Last, First, Middle SHEA, EDWARD, , ,  Mailing Address 81 LIBERTY RD	Initial) or Full Organization Name	Date of Receipt				
APT 59		07 29 2021				
City	State Zip Code	Transaction ID : SA11AI-26349081				
OAKDALE	CT 06370	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	50.00				
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  225.00					
Full Name of Individual (Last, First, Middle SHEA, EDWARD, , ,	Initial) or Full Organization Name	Date of Receipt				
Mailing Address 81 LIBERTY RD  APT 59  City	09 02 7 2021					
OAKDALE	State Zip Code CT 06370	Transaction ID : SA11AI-26357967  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	50.00				
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  225.00					
Full Name of Individual (Last, First, Middle SHEA, EDWARD, , ,	Initial) or Full Organization Name	Date of Receipt				
Mailing Address 81 LIBERTY RD APT 59		09				
City OAKDALE	State Zip Code CT 06370	Transaction ID : SA11AI-26358265  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	50.00				
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item				
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼  225.00					
SUBTOTAL of Receipts This Page (optional)		150.00				
TOTAL This Period (last page this line numb	per only)					

					PAGE	1	72 OF	325
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	Statements may not be sold or used by any per- he name and address of any political committee t					
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC					
Full Name of Individual (Last, First, Middle I SHEA, EDWARD, , ,  Mailing Address 81 LIBERTY RD	Initial) or Full Organization Name	Date of Receipt				
APT 59		09 02 2021				
City	State Zip Code	Transaction ID : SA11AI-26358683				
OAKDALE	CT 06370	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	25.00				
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  225.00					
Full Name of Individual (Last, First, Middle I SMITH, MARY, , , Mailing Address 1285 TURNER CHURCH R	Date of Receipt					
	07 15 2021					
City	State Zip Code	Transaction ID : SA11AI-26345831				
MCDONOUGH	GA 30252	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.						
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 215.00					
Full Name of Individual (Last, First, Middle I SMITH, MARY, , ,	Initial) or Full Organization Name	Date of Receipt				
Mailing Address 1285 TURNER CHURCH R		07 29 2021				
City MCDONOUGH	State Zip Code GA 30252	Transaction ID : SA11AI-26348853				
	00202	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	20.00				
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify)	215.00					
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	65.00				
TOTAL This Period (last page this line number	er only)	7 7 7				

						PAGE	: 1	73 OF	325
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Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions at the solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE P.	AC	
Full Name of Individual (Last, First, Middle SMITH, MATTHEW, , ,  Mailing Address 11 MOONACHIE RD	Initial) or Full Orgar	nization Name	Date of Receipt
APT B12			10 22 2021
City	State	Zip Code	Transaction ID : SA11AI-26413459
HACKENSACK	NJ	07601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		15.00
Name of Employer (for Individual) Retired	Occupat Retired	ion (for Individual)	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	ur-to-Date ▼ 260.00	
Full Name of Individual (Last, First, Middle SMITH, MARY, , , Mailing Address 1285 TURNER CHURCH F	Date of Receipt		
C'h.	Otata	Zin Code	10 26 2021
City MCDONOUGH	State	Zip Code 30252	Transaction ID: SA11AI-26413873
FEC ID number of contributing federal political committee.	C	00202	Amount of Each Receipt this Period  50.00
Name of Employer (for Individual) Retired	Occupat Retired	tion (for Individual)	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	r-to-Date ▼ 215.00	
Full Name of Individual (Last, First, Middle SMITH, MATTHEW, , ,	Initial) or Full Organ	nization Name	Date of Receipt
Mailing Address 11 MOONACHIE RD  APT B12	Otest	7:- Oada	11 03 / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City HACKENSACK	State NJ	Zip Code 07601	Transaction ID : SA11AI-26415359  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		15.00
Name of Employer (for Individual) Retired	Occupat Retired	ion (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Yea	ur-to-Date ▼ 260.00	
SUBTOTAL of Receipts This Page (optional)			80.00
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	Statements may not be sold or used by any per e name and address of any political committee	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle In SMITH, MARY, , ,  Mailing Address 1285 TURNER CHURCH RD  City  MCDONOUGH  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Retired  Receipt For:  Primary  General  Other (specify)		Date of Receipt    M
Full Name of Individual (Last, First, Middle In SMITH, MATTHEW, , , , Mailing Address 11 MOONACHIE RD APT B12  City  HACKENSACK  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Retired  Receipt For:  Primary General Other (specify)	State   Zip Code   07601  C   Occupation (for Individual)   Retired    Aggregate Year-to-Date   260.00	Date of Receipt  12 10 2021  Transaction ID: SA11AI-26421961 Amount of Each Receipt this Period  60.00  Memo Item
Full Name of Individual (Last, First, Middle In SMITH, MATTHEW, , , , Mailing Address 11 MOONACHIE RD APT B12  City HACKENSACK  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Retired Receipt For:  Primary General Other (specify)	State Zip Code NJ 07601  C  Occupation (for Individual) Retired  Aggregate Year-to-Date   260.00	Date of Receipt  12 17 2021  Transaction ID: SA11AI-26423029  Amount of Each Receipt this Period  110.00  Memo Item
SUBTOTAL of Receipts This Page (optional)	·····	220.00
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						PAGE	1	75 OF	325	
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Any information copied from such Reports and or for commercial purposes, other than using the				
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	ALLIANCE PAC			
Full Name of Individual (Last, First, Middle Ir SMITH, MARY, , ,  Mailing Address 1285 TURNER CHURCH RE	Date of Receipt  12 23 2021			
City	State Zip Code	Transaction ID : SA11AI-26387429		
MCDONOUGH	GA 30252	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	75.00		
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 215.00			
Full Name of Individual (Last, First, Middle Ir SMITH, MATTHEW, , ,	nitial) or Full Organization Name	Date of Receipt		
Mailing Address 11 MOONACHIE RD  APT B12  City	State Zip Code	12 30 2021		
HACKENSACK	NJ 07601	Transaction ID : SA11AI-26388925  Amount of Each Receipt this 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:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00			
Full Name of Individual (Last, First, Middle Ir	nitial) or Full Organization Name	Date of Receipt		
Mailing Address 937 E PARK AVE APT 225	Mailing Address 937 E PARK AVE APT 225			
City COLUMBIANA	State Zip Code OH 44408	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С	35.00		
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item		
Receipt For:  Primary  General	Aggregate Year-to-Date ▼			
Other (specify)	445.00			
SUBTOTAL of Receipts This Page (optional)		170.00		
TOTAL This Period (last page this line number	r only)			

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	Statements may not be sold or used by any pers le name and address of any political committee to		
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC		
Full Name of Individual (Last, First, Middle In STRATIGOS, PATRICIA, , ,	nitial) or Full Organization Name	Date of Receipt	
Mailing Address 937 E PARK AVE APT 225		07 22 2021	
City	State Zip Code	Transaction ID : SA11AI-26346815	
COLUMBIANA	OH 44408	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	35.00	
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item	
Retired	Retired		
Receipt For:  Primary  General	Aggregate Year-to-Date ▼		
Other (specify) ▼	445.00		
Full Name of Individual (Last, First, Middle In STRATIGOS, PATRICIA, , ,	nitial) or Full Organization Name	Date of Receipt	
Mailing Address 937 E PARK AVE APT 225		09 12 2021	
City	State Zip Code	Transaction ID : SA11AI-26405437	
COLUMBIANA	OH 44408	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	35.00	
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 445.00		
Full Name of Individual (Last, First, Middle In STRATIGOS, PATRICIA, , ,	nitial) or Full Organization Name	Date of Receipt	
Mailing Address 937 E PARK AVE APT 225		09 23 2021	
City	State Zip Code	Transaction ID : SA11AI-26407859	
COLUMBIANA	OH 44408	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	35.00	
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item	
Receipt For:	Receipt For:  Aggregate Year-to-Date ▼		
Primary General Other (specify)	445.00		
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	105.00	
TOTAL This Period (last page this line number	r only)		

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325 Use separate schedule(s) for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name STRATIGOS, PATRICIA, , , Date of Receipt Mailing Address 937 E PARK AVE APT 225 2021 City Zip Code State Transaction ID: SA11AI-26366167 OH **COLUMBIANA** 44408 Amount of Each Receipt this Period FEC ID number of contributing C 35.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 445.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. STRATIGOS, PATRICIA, , , Date of Receipt Mailing Address 937 E PARK AVE 2021 **APT 225** 11 City State Zip Code Transaction ID: SA11AI-26415889 **COLUMBIANA** OH 44408 Amount of Each Receipt this Period FEC ID number of contributing 35.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 445.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. STRATIGOS, PATRICIA, Date of Receipt Mailing Address 937 E PARK AVE 2021 **APT 225** City State Zip Code Transaction ID: SA11AI-26425293 OH **COLUMBIANA** 44408 Amount of Each Receipt this Period FEC ID number of contributing C 200.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 445.00 Other (specify) 270.00

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		by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle SUNDSTROM, MAE, , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 20 W CHESTNUT AVE APT 409		07 19 2021
City	State Zip Code	Transaction ID : SA11AI-26394583
MERCHANTVILLE	NJ 08109	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	35.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	0.00
Full Name of Individual (Last, First, Middle SUNDSTROM, MAE, , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 20 W CHESTNUT AVE  APT 409  City	State Zip Code	08 26 2021
MERCHANTVILLE	NJ 08109	Transaction ID : SA11Al-26402065  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	25.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	20.00
Full Name of Individual (Last, First, Middle SUNDSTROM, MAE, , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 20 W CHESTNUT AVE APT 409 City	Chata Zin Coda	08 30 2021
MERCHANTVILLE	State Zip Code 08109	Transaction ID : SA11Al-26402627  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	20.00
SUBTOTAL of Receipts This Page (optional).		80.00
TOTAL This Period (last page this line number	er only)	

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	d Statements may not be sold or used by any pe the name and address of any political committee			
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC			
Full Name of Individual (Last, First, Middle SUNDSTROM, MAE, , ,	Initial) or Full Organization Name	Date of Receipt		
Mailing Address 20 W CHESTNUT AVE APT 409		09 13 2021		
City	State Zip Code	Transaction ID : SA11AI-26405641		
MERCHANTVILLE	RCHANTVILLE NJ 08109			
FEC ID number of contributing federal political committee.	C	25.00		
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  220.00			
Full Name of Individual (Last, First, Middle SUNDSTROM, MAE, , ,	Initial) or Full Organization Name	Date of Receipt		
Mailing Address 20 W CHESTNUT AVE  APT 409  City	State Zip Code	12 18 2021		
MERCHANTVILLE	NJ 08109	Transaction ID: SA11AI-26423467  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С	50.00		
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  220,00			
Full Name of Individual (Last, First, Middle SUNDSTROM, MAE, , ,	Initial) or Full Organization Name	Date of Receipt		
Mailing Address 20 W CHESTNUT AVE  APT 409  City	Chate Tip Code	12 28 2021		
MERCHANTVILLE	State Zip Code NJ 08109	Transaction ID : SA11AI-26425819  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С	65.00		
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item		
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼  220.00			
SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	140.00		
TOTAL This Period (last page this line numb	per only)			

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Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	LLIANCE PAC	
Full Name of Individual (Last, First, Middle Init  TABOR, STEPHEN, , ,  Mailing Address 4301 FORDER GARDENS PL  APT G  City  SAINT LOUIS  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Retired  Receipt For:  Primary General Other (specify)		Date of Receipt  08
Full Name of Individual (Last, First, Middle Init  TABOR, STEPHEN, , ,  Mailing Address 4301 FORDER GARDENS PL  APT G  City  SAINT LOUIS  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Retired  Receipt For:  Primary General  Other (specify)   Other (specify)	<u> </u>	Date of Receipt  M 09
Full Name of Individual (Last, First, Middle Init  TABOR, STEPHEN, , ,  Mailing Address 4301 FORDER GARDENS PL  APT G  City  SAINT LOUIS  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Retired  Receipt For:  Primary General  Other (specify)	, ,	Date of Receipt  10 01 2021  Transaction ID: SA11AI-26409581  Amount of Each Receipt this Period  50.00  Memo Item
SUBTOTAL of Receipts This Page (optional)	<u> </u>	185.00
TOTAL This Period (last page this line number of	only)	

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Any information copied from such Reports and or for commercial purposes, other than using the			person for the purpose of soliciting contributions are to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE P	AC				
A. TAORMINO, PATRICIA, , ,  Mailing Address 2825 VIA CARMEN  City	Mailing Address 2825 VIA CARMEN					
FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Best Efforts  Receipt For:  Primary General  Other (specify) ▼	Amount of Each Receipt this Period  250.00  Memo Item					
Full Name of Individual (Last, First, Middle In THOMAS, DALE, , ,  Mailing Address 1854 BARTON ST  City  REDWOOD CITY  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Retired  Receipt For:  Primary General Other (specify)	State CA	Zip Code 94061 tion (for Individual)	Date of Receipt  08 02 2021  Transaction ID : SA11AI-26397259  Amount of Each Receipt this Period  100.00  Memo Item			
Full Name of Individual (Last, First, Middle In THOMPSON, HOWARD, , , , Mailing Address 1413 VILLAGE DR APT 9  City ARLINGTON HEIGHTS  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Retired  Receipt For: Primary General Other (specify)	State IL	Zip Code 60004 tion (for Individual)	Date of Receipt  O7 13 2021  Transaction ID: SA11AI-26393521  Amount of Each Receipt this Period  20.00  Memo Item			
SUBTOTAL of Receipts This Page (optional)			370.00			
TOTAL This Period (last page this line numbe	r only)					

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	LLIANCE PAC	
Full Name of Individual (Last, First, Middle Init THOMPSON, HOWARD, , , , Mailing Address 1413 VILLAGE DR  APT 9  City ARLINGTON HEIGHTS  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Retired  Receipt For:  Primary General Other (specify)   Other (specify)	State Zip Code IL 60004  C Occupation (for Individual) Retired  Aggregate Year-to-Date   240.00	Date of Receipt  07 28 2021  Transaction ID: SA11AI-26396367  Amount of Each Receipt this Period  15.00  Memo Item
Full Name of Individual (Last, First, Middle Ini THOMPSON, HOWARD, , , Mailing Address 1413 VILLAGE DR APT 9  City  ARLINGTON HEIGHTS  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Retired  Receipt For:  Primary General  Other (specify)   Other (specify)	State   Zip Code   IL   60004   C     Occupation (for Individual)   Retired   Aggregate Year-to-Date   240.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name of Individual (Last, First, Middle Ini THOMPSON, HOWARD, , , ,  Mailing Address 1413 VILLAGE DR  APT 9  City  ARLINGTON HEIGHTS  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Retired  Receipt For:  Primary General  Other (specify)	State   Zip Code   IL   60004    C   Occupation (for Individual)   Retired    Aggregate Year-to-Date   240.00	Date of Receipt  10 11 2021  Transaction ID: SA11AI-26411203  Amount of Each Receipt this Period  15.00  Memo Item
SUBTOTAL of Receipts This Page (optional)	<u> </u>	45.00
TOTAL This Period (last page this line number	only)	

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Any information copied from such Reports and or for commercial purposes, other than using the							
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE P	PAC					
Full Name of Individual (Last, First, Middle I THOMPSON, HOWARD, , ,  Mailing Address 1413 VILLAGE DR	nitial) or Full Orga	nization Name	Date of Receipt				
APT 9	-						
City	State	Zip Code	Transaction ID : SA11AI-26411973				
ARLINGTON HEIGHTS	IL	60004	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		20.00				
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 240.00					
Full Name of Individual (Last, First, Middle I THOMPSON, HOWARD, , ,	nitial) or Full Orga	nization Name	Date of Receipt				
Mailing Address 1413 VILLAGE DR  APT 9  City							
ARLINGTON HEIGHTS	State	Zip Code 60004	Transaction ID : SA11AI-26413983  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		20.00				
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 240.00					
Full Name of Individual (Last, First, Middle I THOMPSON, HOWARD, , ,	nitial) or Full Orga	nization Name	Date of Receipt				
Mailing Address 1413 VILLAGE DR APT 9	101-1-	7. 0.4	10 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City ARLINGTON HEIGHTS	State IL	Zip Code 60004	Transaction ID : SA11AI-26414129  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		15.00				
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item				
Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 240.00					
SUBTOTAL of Receipts This Page (optional)		<b>&gt;</b>	55.00				
TOTAL This Period (last page this line numbe	r only)						

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE F	PAC						
Full Name of Individual (Last, First, Middle In THOMPSON, HOWARD, , , Mailing Address 1413 VILLAGE DR	nitial) or Full Orga	anization Name	Date of Receipt					
APT 9								
City	State	Zip Code	Transaction ID : SA11AI-26417389					
ARLINGTON HEIGHTS	IL	60004	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		20.00					
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual)	Memo Item					
Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 240.00						
Full Name of Individual (Last, First, Middle II  THOMPSON, HOWARD, , ,	nitial) or Full Orga	anization Name	Date of Receipt					
Mailing Address 1413 VILLAGE DR  APT 9  City	11 29 2021							
ARLINGTON HEIGHTS	State IL	Zip Code 60004	Transaction ID : SA11Al-26419829  Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	ů – – – – – – – – – – – – – – – – – – –							
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual) d	Memo Item					
Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 240.00						
Full Name of Individual (Last, First, Middle In THOMPSON, HOWARD, , ,	nitial) or Full Orga	anization Name	Date of Receipt					
Mailing Address 1413 VILLAGE DR APT 9	la.		12 11 2021					
City ARLINGTON HEIGHTS	State IL	Zip Code 60004	Transaction ID : SA11AI-26422065					
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period  20.00					
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual)	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate Ye	ar-to-Date ▼ 240.00						
SUBTOTAL of Receipts This Page (optional)		<b>&gt;</b>	60.00					
TOTAL This Period (last page this line numbe	r only)							

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	Statements may not be sold or used by any persite name and address of any political committee to	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle Ir THOMPSON, HOWARD, , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 1413 VILLAGE DR APT 9		12 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI-26423775
ARLINGTON HEIGHTS	IL 60004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Retired	Retired	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	240.00	
Full Name of Individual (Last, First, Middle Ir THOREN, PAUL, , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 40 IRVING AVE		M = M / D = D / Y = Y = Y
APT 906	State 7in Code	08 07 2021
City  EAST PROVIDENCE	State Zip Code RI 02914	Transaction ID : SA11AI-26398063
EAST PROVIDENCE	RI   02914	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	255.00	
Full Name of Individual (Last, First, Middle Ir THOREN, PAUL, , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 40 IRVING AVE APT 906		08 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI-26398159
EAST PROVIDENCE	RI 02914	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	255.00	
Other (specify)		
SUBTOTAL of Receipts This Page (optional)		65.00
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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE P	AC				
Full Name of Individual (Last, First, Middle I THOREN, PAUL, , ,  Mailing Address 40 IRVING AVE	nitial) or Full Orgai	nization Name	Date of Receipt			
APT 906			09 14 2021			
City	State	Zip Code	Transaction ID : SA11AI-26405749			
EAST PROVIDENCE	RI	02914	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		25.00			
Name of Employer (for Individual) Retired	Occupat Retired	tion (for Individual)	Memo Item			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 255.00				
Full Name of Individual (Last, First, Middle I THOREN, PAUL, , ,  Mailing Address 40 IRVING AVE	nitial) or Full Orga	nization Name	Date of Receipt			
APT 906			11 09 2021			
City	State	Zip Code	Transaction ID : SA11AI-26416617			
EAST PROVIDENCE	RI	02914	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	ů l					
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 255.00				
Full Name of Individual (Last, First, Middle I THOREN, PAUL, , ,	nitial) or Full Organ	nization Name	Date of Receipt			
Mailing Address 40 IRVING AVE APT 906	lo:		11 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City EAST PROVIDENCE	State RI	Zip Code 02914	Transaction ID : SA11AI-26417405			
FEC ID number of contributing federal political committee.	С	0.017	Amount of Each Receipt this Period  35.00			
Name of Employer (for Individual) Retired	Occupat Retired	tion (for Individual)	Memo Item			
Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 255.00				
SUBTOTAL of Receipts This Page (optional)		<b>&gt;</b>	95.00			
TOTAL This Period (last page this line numbe	er only)					

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Any information copied from such Reports and or for commercial purposes, other than using the					
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE P	AC			
Full Name of Individual (Last, First, Middle I THOREN, PAUL, , ,  Mailing Address 40 IRVING AVE	nitial) or Full Orga	nization Name	Date of Receipt		
APT 906	Ta	T=: 0 :	12 01 2021		
City EAST PROVIDENCE	State RI	Zip Code 02914	Transaction ID : SA11AI-26420259		
	Ki	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.					
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item		
Receipt For:  Primary General  Other (specify) ▼	Receipt For:  Primary General  Aggregate Year-to-Date ▼				
Full Name of Individual (Last, First, Middle I THOREN, PAUL, , ,	nitial) or Full Orga	nization Name	Date of Receipt		
Mailing Address 40 IRVING AVE  APT 906	Zin Code	12 27 2021			
City EAST PROVIDENCE	State	Zip Code 02914	Transaction ID : SA11AI-26425571		
	10	02914	Amount of Each Receipt this Period		
fed ral political committee.	EC ID number of contributing ederal political committee.				
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item		
Receipt For:	Aggregate Yea	ar-to-Date ▼			
Primary General Other (specify) ▼		255.00			
Full Name of Individual (Last, First, Middle I	nitial) or Full Orga	nization Name	Date of Receipt		
Mailing Address 3556 SPUR CT			08 12 2021		
City	State	Zip Code	Transaction ID : SA11AI-26399225		
CHINO	CA	91710	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		45.00		
Name of Employer (for Individual) Retired					
Receipt For:	Aggregate Yea				
Primary General Other (specify)	55 0 111	260.00			
SUBTOTAL of Receipts This Page (optional)		<b>&gt;</b>	125.00		
TOTAL This Period (last page this line number	er only)				

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	ny information copied from such Reports and Stator commercial purposes, other than using the					
	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AL	LIANCE	PAC			
Α.	Full Name of Individual (Last, First, Middle Initi-TRIMBUR, NANCY, , ,	al) or Full Or	ganization Name	Date of Receipt		
	Mailing Address 3556 SPUR CT			09 07 2021		
	City	State	Zip Code	Transaction ID: SA11AI-26404379		
	CHINO	CA	91710	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	50.00				
	Name of Employer (for Individual) Retired	Occu Retir	pation (for Individual) ed	Memo Item		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate `	Year-to-Date ▼ 260.00			
В.	Full Name of Individual (Last, First, Middle Initi-TRIMBUR, NANCY, , ,	Date of Receipt				
	Mailing Address 3556 SPUR CT	12 20 2021				
	City	State	Zip Code	Transaction ID : SA11AI-26423773		
	CHINO	CA	91710	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	55.00				
	Name of Employer (for Individual) Retired	Occu Retir	pation (for Individual) red	Memo Item		
	Receipt For:	Aggregate `	Year-to-Date ▼			
	Primary General  Other (specify) ▼					
<del>С</del> .	Full Name of Individual (Last, First, Middle Initi	al) or Full Or	ganization Name	Date of Receipt		
	Mailing Address 3556 SPUR CT			12 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City CHINO	State CA	Zip Code 91710	Transaction ID : SA11AI-26423931		
	CHINO	UA .	91710	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		55.00		
	Name of Employer (for Individual) Retired	Occu Retire	pation (for Individual) ed	Memo Item		
	Receipt For:	Aggregate \	Year-to-Date ▼	1		
	Primary General Other (specify)	33 10111	260.00			
5	SUBTOTAL of Receipts This Page (optional)		<b>&gt;</b>	160.00		
l٦	OTAL This Period (last page this line number o	nly)				

FO	R LINE	NUMBER	PAGE	1	89 OF		325	
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	and Statements may not be sold or used by any pers og the name and address of any political committee to				
NAME OF COMMITTEE (In Full)					
UNITED WOMEN'S HEALT	H ALLIANCE PAC				
Full Name of Individual (Last, First, Midd	lle Initial) or Full Organization Name	Date of Receipt			
Mailing Address 3556 SPUR CT		12 27 2021			
City	State Zip Code	Transaction ID : SA11AI-26425565			
CHINO	CA 91710	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	55.00			
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item			
Retired	Retired	_			
Receipt For:	Aggregate Year-to-Date ▼				
Primary General					
Other (specify) ▼	260.00				
Full Name of Individual (Last, First, Midd TURNER, EUGENE, , ,	lle Initial) or Full Organization Name	Date of Receipt			
Mailing Address 201 CHANDLER ST	M M / D D / Y Y Y Y				
APT 803 City	08 07 2021				
CAPE CANAVERAL	State Zip Code FL 32920	Transaction ID : SA11AI-26397967  Amount of Each Receipt this Period			
-	Amount of Each Fledelpt this Feriou				
FEC ID number of contributing federal political committee.	C	50.00			
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item			
Receipt For:	Aggregate Year-to-Date ▼				
Primary General  Other (specify) ▼	280.00				
Full Name of Individual (Last, First, Midd	lle Initial) or Full Organization Name	Date of Receipt			
Mailing Address 6702 S 33RD ST		08 17 2021			
City	State Zip Code	Transaction ID : SA11AI-26399839			
ОМАНА	NE 68107	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	35.00			
Name of Employer (for Individual) Retired					
Receipt For:					
Primary General					
Other (specify)	235.00				
SUBTOTAL of Receipts This Page (options	al)	140.00			
TOTAL This Period (last page this line nur	mber only)				
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	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.								
	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AL	LIANCE F	PAC						
Α.		al) or Full Org	anization Name	Date of Receipt					
	Mailing Address 201 CHANDLER ST			M M / D D / Y Y Y Y Y					
	APT 803 City	State	Zip Code	09 07 2021					
	CAPE CANAVERAL	FL	32920	Transaction ID : SA11AI-26404071  Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		50.00					
	Name of Employer (for Individual) Retired	Memo Item							
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 280.00						
В.	Full Name of Individual (Last, First, Middle Initia	al) or Full Org	anization Name	Date of Receipt					
	Mailing Address 6702 S 33RD ST	10		10 05 / Y Y Y Y Y Y Y Y					
	City OMAHA	State NE	Zip Code 68107	Transaction ID : SA11AI-26410123					
	FEC ID number of contributing federal political committee.	C	66107	Amount of Each Receipt this Period  200.00					
	Name of Employer (for Individual) Retired	Occup Retire	ation (for Individual)	Memo Item					
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 235.00						
<del>С</del> .	Full Name of Individual (Last, First, Middle Initia	al) or Full Orga	anization Name	Date of Receipt					
	Mailing Address 201 CHANDLER ST  APT 803  City	State	Zip Code	11 05 2021					
	CAPE CANAVERAL	FL	32920	Transaction ID : SA11AI-26416037  Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		25.00					
	Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual) d	Memo Item					
	Receipt For:	Aggregate Ye	ear-to-Date ▼						
	Other (specify)  General		280.00						
H	SUBTOTAL of Receipts This Page (optional)  OTAL This Period (last page this line number o		<u> </u>	275.00					

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or for commercial purposes, other than using the	tatements may not be sold or used by any personant by any personant and address of any political committee to				
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	LLIANCE PAC				
Full Name of Individual (Last, First, Middle Init	tial) or Full Organization Name	Date of Receipt			
Mailing Address 201 CHANDLER ST APT 803		11 12 2021			
City	State Zip Code	Transaction ID : SA11AI-26417129			
CAPE CANAVERAL	FL 32920	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	50.00			
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item			
Retired	Retired	_			
Receipt For:	Aggregate Year-to-Date ▼				
Primary General					
Other (specify) ▼	280.00				
Full Name of Individual (Last, First, Middle Init	tial) or Full Organization Name	Date of Receipt			
Mailing Address 201 CHANDLER ST		M = M / D = D / Y = Y = Y			
APT 803	12 21 2021  Transaction ID : SA11AI-26424279				
CAPE CANAVERAL	'				
CAPE CANAVERAL	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	105.00			
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item			
Receipt For:	Aggregate Year-to-Date ▼				
Primary General Other (specify) ▼	280.00				
Full Name of Individual (Last, First, Middle Init	tial) or Full Organization Name	Date of Receipt			
Mailing Address PO BOX 1056		09 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City	State Zip Code	Transaction ID : SA11AI-26403541			
MCCLOUD	CA 96057	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	15.00			
Name of Employer (for Individual) Retired	Memo Item				
Receipt For:					
Primary General	Aggregate Year-to-Date ▼				
Other (specify)	245.00				
SUBTOTAL of Receipts This Page (optional)		170.00			
TOTAL This Period (last page this line number	only)				

FOR LINE NUMBER:					PAGE	1	92 OF	;	325	
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	d Statements may not be sold or used by any per- the name and address of any political committee t					
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC					
Full Name of Individual (Last, First, Middle TYHURST, JAMES, , ,	Initial) or Full Organization Name	Date of Receipt				
Mailing Address PO BOX 1056		10 08 2021				
City	State Zip Code	Transaction ID : SA11AI-26410819				
MCCLOUD	CA 96057	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	35.00				
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item				
Retired	Retired	_				
Receipt For:	Aggregate Year-to-Date ▼	1				
Primary General	0.0					
Other (specify) ▼	245.00					
Full Name of Individual (Last, First, Middle TYHURST, JAMES, , ,	Initial) or Full Organization Name	Date of Receipt				
Mailing Address PO BOX 1056		10 08 2021				
City	City State Zip Code  MCCLOUD CA 96057					
MCCLOUD	Transaction ID: SA11AI-26410863  Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	35.00					
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item				
Receipt For:	Aggregate Year-to-Date ▼	1				
Primary General Other (specify) ▼	245.00					
Full Name of Individual (Last, First, Middle TYHURST, JAMES, , ,	Initial) or Full Organization Name	Date of Receipt				
Mailing Address PO BOX 1056		12 03 2021				
City	State Zip Code	Transaction ID : SA11AI-26420887				
MCCLOUD	CA 96057	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	60.00				
Name of Employer (for Individual) Retired	Memo Item					
Receipt For:	1					
Primary General	Aggregate Year-to-Date ▼					
Other (specify)	245.00					
SUBTOTAL of Receipts This Page (optional).		130.00				
TOTAL This Period (last page this line number	er only)	45 45 145 1				

FOR LINE NUMBER:					PAGE	1	93 OF	;	325		
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Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	LLIANCE PAC	
Full Name of Individual (Last, First, Middle Ini TYLER, PAULA, , ,  Mailing Address 1 SMETON PL APT 1407 City TOWSON	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Retired  Receipt For:  Primary General  Other (specify) ▼	Occupation (for Individual) Retired  Aggregate Year-to-Date ▼  350.00	Memo Item
Full Name of Individual (Last, First, Middle Ini TYLER, PAULA, , ,  Mailing Address 1 SMETON PL  APT 1407  City TOWSON  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Retired  Receipt For:  Primary General Other (specify)	State Zip Code MD 21204  C  Occupation (for Individual) Retired  Aggregate Year-to-Date   350.00	Date of Receipt  M M M / D D / 2021  Transaction ID : SA11Al-26362439  Amount of Each Receipt this Period  100.00  Memo Item
Full Name of Individual (Last, First, Middle Ini UTENDORFER, JUDY, , ,  Mailing Address 7220 YORK AVE S  APT 217  City  MINNEAPOLIS  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Retired  Receipt For:  Primary General Other (specify)	State Zip Code MN 55435  C  Occupation (for Individual) Retired  Aggregate Year-to-Date  255.00	Date of Receipt  M 9 03 2021  Transaction ID: SA11Al-26403785  Amount of Each Receipt this Period  35.00  Memo Item
SUBTOTAL of Receipts This Page (optional)	<u> </u>	235.00
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER:				PAGE	1	94 OF	;	325	
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	Statements may not be sold or used by any pers ne name and address of any political committee to			
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC			
Full Name of Individual (Last, First, Middle I UTENDORFER, JUDY, , ,	nitial) or Full Organization Name	Date of Receipt		
Mailing Address 7220 YORK AVE S APT 217		09 23 2021		
City	State Zip Code	Transaction ID : SA11AI-26407877		
MINNEAPOLIS	MN 55435	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	50.00		
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item		
Retired	Retired	_		
Receipt For:	Aggregate Year-to-Date ▼			
Primary General  Other (specify) ▼	255.00			
Full Name of Individual (Last, First, Middle I UTENDORFER, JUDY, , ,	nitial) or Full Organization Name	Date of Receipt		
Mailing Address 7220 YORK AVE S APT 217		10 04 2021		
City	State Zip Code	Transaction ID : SA11AI-26409665		
MINNEAPOLIS	MN 55435	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	35.00		
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  255.00			
Full Name of Individual (Last, First, Middle I VOELKEL, BARB, , ,	nitial) or Full Organization Name	Date of Receipt		
Mailing Address 4172 SANDGATE CT		07 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State Zip Code	Transaction ID : SA11AI-26341351		
CINCINNATI	OH 45241	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	50.00		
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item		
Receipt For:	Receipt For:  Aggregate Year-to-Date ▼			
Primary General Other (specify)	250.00			
SUBTOTAL of Receipts This Page (optional)	<b></b>	135.00		
TOTAL This Period (last page this line number	r only)			

FOR LINE NUMBER:				PAGE	1	95 OF		325		
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Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any per name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle In VOELKEL, BARB, , ,  Mailing Address 4172 SANDGATE CT  City CINCINNATI  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Retired  Receipt For:  Primary General Other (specify)	State OH Zip Code OH 45241  C  Occupation (for Individual) Retired  Aggregate Year-to-Date  250.00	Date of Receipt  10
Full Name of Individual (Last, First, Middle In VOELKEL, BARB, , , Mailing Address 4172 SANDGATE CT  City CINCINNATI  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Retired  Receipt For: Primary General Other (specify)	State   Zip Code   45241  C   Occupation (for Individual)   Retired    Aggregate Year-to-Date   250.00	Date of Receipt  11 18 2021  Transaction ID: SA11Al-26379941  Amount of Each Receipt this Period  50.00  Memo Item
Full Name of Individual (Last, First, Middle In VOELKEL, BARB, , ,  Mailing Address 4172 SANDGATE CT  City CINCINNATI  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	State Zip Code OH 45241  C  Occupation (for Individual) Retired  Aggregate Year-to-Date   250.00	Date of Receipt  11
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	200.00
TOTAL This Period (last page this line number	r only)	

FOR LINE NUMBER:				AGE 1	96 OF		325	
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	Statements may not be sold or used by any perse name and address of any political committee to					
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	ALLIANCE PAC					
Full Name of Individual (Last, First, Middle In WARD, RONALD, , ,	nitial) or Full Organization Name	Date of Receipt				
Mailing Address 1316 FENWICK LN APT 1204	07 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City	State Zip Code	Transaction ID : SA11AI-26393277				
SILVER SPRING	VER SPRING MD 20910					
FEC ID number of contributing federal political committee.	C	35.00				
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item				
Retired	Retired	_				
Receipt For:	Aggregate Year-to-Date ▼	1				
Primary General						
Other (specify) ▼	330.00					
Full Name of Individual (Last, First, Middle In WARD, BRANAN, , ,	nitial) or Full Organization Name	Date of Receipt				
Mailing Address 581 GRIFFITH POINT RD	Mailing Address 581 GRIFFITH POINT RD					
City	State Zip Code	Transaction ID : SA11AI-26398337				
NORDLAND	WA 98358	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	50.00				
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 320,00					
Full Name of Individual (Last, First, Middle In WARD, RONALD, , ,	nitial) or Full Organization Name	Date of Receipt				
Mailing Address 1316 FENWICK LN  APT 1204		08 23 2021				
City	State Zip Code	Transaction ID : SA11AI-26401305				
SILVER SPRING	MD 20910	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	35.00				
Name of Employer (for Individual) Retired						
Receipt For:	1					
Primary General Other (specify)	Aggregate Year-to-Date ▼  330.00					
SUBTOTAL of Receipts This Page (optional)		120.00				
TOTAL This Period (last page this line number	only)					

FOR LINE NUMBER:				PAGE	: 1	97 OF		325		
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or for commercial purposes, other than using the	atements may not be sold or used by any person name and address of any political committee to					
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AL	LIANCE PAC					
/						
Full Name of Individual (Last, First, Middle Initi WARD, RONALD, , ,	al) or Full Organization Name	Date of Receipt				
Mailing Address 1316 FENWICK LN		09 24 2021				
APT 1204 City	State Zip Code	Transaction ID : SA11AI-26408131				
SILVER SPRING	MD 20910	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	35.00				
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item				
Receipt For:						
Primary General	Aggregate Year-to-Date ▼					
Other (specify) ▼	330.00					
Full Name of Individual (Last, First, Middle Initial). WARD, BRANAN, , ,	al) or Full Organization Name	Date of Receipt				
Mailing Address 581 GRIFFITH POINT RD		10 21 2021				
City	State Zip Code	Transaction ID : SA11AI-26413187				
NORDLAND	WA 98358	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	100.00				
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00					
Full Name of Individual (Last, First, Middle Initi	al) or Full Organization Name	Date of Receipt				
Mailing Address 581 GRIFFITH POINT RD		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City	State Zip Code	Transaction ID : SA11AI-26417375				
NORDLAND	WA 98358	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	50.00				
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify)	320.00					
SUBTOTAL of Receipts This Page (optional)		185.00				
TOTAL This Period (last page this line number o	nly)					

FOR LINE NUMBER:				PAGE	1	98 OF		325	
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	Statements may not be sold or used by any person e name and address of any political committee to				
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	LLIANCE PAC				
Full Name of Individual (Last, First, Middle In WARD, BRANAN, , ,	tial) or Full Organization Name	Date of Receipt			
Mailing Address 581 GRIFFITH POINT RD	11 19 2021				
City NORDLAND	State Zip Code WA 98358	Transaction ID : SA11Al-26418453  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	100.00			
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00				
Full Name of Individual (Last, First, Middle In WARD, RONALD, , ,	Date of Receipt				
Mailing Address 1316 FENWICK LN APT 1204		12 23 2021			
City SILVER SPRING	State Zip Code MD 20910	Transaction ID : SA11AI-26424875  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С	35.00			
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00				
Full Name of Individual (Last, First, Middle In: WARD, RONALD, , ,	tial) or Full Organization Name	Date of Receipt			
Mailing Address 1316 FENWICK LN  APT 1204  City	State Zip Code MD 20910	12 27 2021 Transaction ID : SA11AI-26425509			
SILVER SPRING  FEC ID number of contributing federal political committee.	MD 20910	Amount of Each Receipt this Period  35.00			
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item			
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 330.00				
SUBTOTAL of Receipts This Page (optional)		170.00			
TOTAL This Period (last page this line number	only)				

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

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for o	commercial purposes, other than using the na	ame and address of any political committee to	solicit contributions from such committee.
	ME OF COMMITTEE (IN FUII) NITED WOMEN'S HEALTH ALL	LIANCE PAC	
A. Wail  City SIL  FEC fede  Nan  Reti  Rec	VER SPRING  C ID number of contributing eral political committee.  The of Employer (for Individual) ired	State Zip Code MD 20910  C  Occupation (for Individual) Retired  Aggregate Year-to-Date   330.00	Date of Receipt  12 30 2021  Transaction ID : SA11AI-26426369  Amount of Each Receipt this Period  35.00  Memo Item
City IND FEC fede Nar Reti	EAVER, JOSEPH, , ,  ling Address 5022 SKIPPING STONE DR  DIANAPOLIS  C ID number of contributing eral political committee.  me of Employer (for Individual) red	State Zip Code IN 46237  C  Occupation (for Individual) Retired  Aggregate Year-to-Date  215.00	Date of Receipt  M M M / 02 2021  Transaction ID : SA11Al-26391599  Amount of Each Receipt this Period  15.00  Memo Item
City INE FEC fede Nan Ret	DIANAPOLIS  C ID number of contributing eral political committee.  The of Employer (for Individual) ired	State Zip Code IN 46237  C  Occupation (for Individual) Retired  Aggregate Year-to-Date  215.00	Date of Receipt  M M
	This Period (last ages this line grant ages)	<u>-</u> _	65.00
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	ny information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.										
	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AL	LIANCE I	PAC								
Α.	Full Name of Individual (Last, First, Middle Initial WEAVER, JOSEPH, , , Mailing Address 5022 SKIPPING STONE DR	al) or Full Org	anization Name	Date of Receipt							
	Oth	01-1-	75- Onda	09 24 2021							
	City INDIANAPOLIS	State IN	Zip Code 46237	Transaction ID : SA11AI-26408217							
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period							
	Name of Employer (for Individual) Retired	ation (for Individual) d	Memo Item								
	Receipt For:  Primary General  Other (specify) ▼										
В.	Full Name of Individual (Last, First, Middle Initial WEAVER, JOSEPH, , ,	al) or Full Org	anization Name	Date of Receipt							
	Mailing Address 5022 SKIPPING STONE DR	11 01 2021									
	City INDIANAPOLIS	Transaction ID : SA11AI-26414927 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	C	46237	50.00							
	Name of Employer (for Individual) Retired	Occup Retire	ation (for Individual) d	Memo Item							
	Receipt For:  Primary General  Other (specify) ▼										
<del>С</del> .	Full Name of Individual (Last, First, Middle Initial WEAVER, JOSEPH, , ,	al) or Full Org	anization Name	Date of Receipt							
	Mailing Address 5022 SKIPPING STONE DR		I management	11 08 2021							
	City INDIANAPOLIS	State IN	Zip Code 46237	Transaction ID : SA11AI-26416313  Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		15.00							
	Name of Employer (for Individual) Retired	Occup Retired	ation (for Individual) d	Memo Item							
	Receipt For:  Primary General  Other (specify)	Aggregate Ye	ear-to-Date ▼ 215.00								
H	SUBTOTAL of Receipts This Page (optional)			80.00							

FOR LINE NUMBER: PAGE 201 OF Use separate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	ALLIANCE	PAC				
Full Name of Individual (Last, First, Middle Ir WEAVER, JOSEPH, , ,  Mailing Address 5022 SKIPPING STONE DR		anization Name	Date of Receipt			
211	le: .		12 22 2021			
City INDIANAPOLIS	State	Zip Code 46237	Transaction ID : SA11AI-26424563			
FEC ID number of contributing federal political committee.	C	10201	Amount of Each Receipt this Period  10.00			
Name of Employer (for Individual) Retired	Occup Retire	ation (for Individual) d	Memo Item			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Yo	ear-to-Date ▼ 215.00				
Full Name of Individual (Last, First, Middle Ir WHITAKER, DONALD, , ,  Mailing Address 1597 HARMONY RD						
City	State	Zip Code 44333	Transaction ID : SA11Al-26356301  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		35.00			
Name of Employer (for Individual) Retired	Occup Retire	pation (for Individual)	Memo Item			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Yo	ear-to-Date ▼ 240.00				
Full Name of Individual (Last, First, Middle Ir WHITAKER, DONALD, , ,	nitial) or Full Org	anization Name	Date of Receipt			
Mailing Address 1597 HARMONY RD	Stata	Zin Codo	08 26 2021			
City AKRON	State OH	Zip Code 44333	Transaction ID : SA11AI-26357481  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		35.00			
Name of Employer (for Individual) Retired	Occup Retire	oation (for Individual) d	Memo Item			
Receipt For: Primary General Other (specify)	Aggregate Yo	ear-to-Date ▼ 240.00				
SUBTOTAL of Receipts This Page (optional)		<b>&gt;</b>	80.00			
TOTAL This Period (last page this line number	r only)					

# SCHEDULE A (FEC Form 3X)

325 FOR LINE NUMBER: PAGE 202 OF Use separate schedule(s) (check only one) ITEMIZED RECEIPTS for each category of the **X** 11a 11b 12 11c Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name WHITAKER, DONALD, , , Date of Receipt Mailing Address 1597 HARMONY RD 2021 City State Zip Code Transaction ID: SA11AI-26365727 OH **AKRON** 44333 Amount of Each Receipt this Period FEC ID number of contributing C 35.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. WHITAKER, DONALD, , , Date of Receipt Mailing Address 1597 HARMONY RD 09 2021 City State Zip Code Transaction ID: SA11AI-26366309 **AKRON** OH 44333 Amount of Each Receipt this Period FEC ID number of contributing 35.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 240.00 C

care. (speeding) V	4	4 14				
Full Name of Individual (Last, First, Middle In WHITAKER, DONALD, , ,	itial) or Full Org	ganization Name	Date of Receipt			
Mailing Address 1597 HARMONY RD	Mailing Address 1597 HARMONY RD					
City	State	Zip Code	Transaction ID: SA11AI-26382039			
AKRON	ОН	44333	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		50.00			
Name of Employer (for Individual)	Occup	pation (for Individual)	Memo Item			
Retired	Retire	d				
Receipt For:	Aggregate Y	ear-to-Date ▼				
Primary General Other (specify)		240.00				
SUBTOTAL of Receipts This Page (optional)			120.00			

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

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	LLIANCE PAC	
Full Name of Individual (Last, First, Middle Ini WHITAKER, DONALD, , , ,  Mailing Address 1597 HARMONY RD	tial) or Full Organization Name	Date of Receipt
	State 7:- Onda	12 02 2021
City AKRON	State Zip Code OH 44333	Transaction ID : SA11AI-26382407  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  240.00	
Full Name of Individual (Last, First, Middle Ini  WHITCOMB, HALLIE, , ,  Mailing Address 607 HIGHLAND RD	tial) or Full Organization Name	Date of Receipt
City SPRINGFIELD	State Zip Code VT 05156	7 13 2021  Transaction ID : SA11Al-26393451  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  235.00	
Full Name of Individual (Last, First, Middle Ini	tial) or Full Organization Name	Date of Receipt
Mailing Address 607 HIGHLAND RD		10 13 2021
City SPRINGFIELD	State Zip Code VT 05156	Transaction ID : SA11AI-26411711  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼  235.00	
SUBTOTAL of Receipts This Page (optional)		140.00
TOTAL This Period (last page this line number	only)	

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Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	LLIANCE PAC	
Full Name of Individual (Last, First, Middle Init	tial) or Full Organization Name	Date of Receipt
Mailing Address 607 HIGHLAND RD		12 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI-26422991
SPRINGFIELD	VT 05156	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	55.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Retired	Retired	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	235.00	
Full Name of Individual (Last, First, Middle Init	ial) or Full Organization Name	Date of Receipt
Mailing Address 109 CLARENDON AVE		10 28 2021
City	State Zip Code	Transaction ID : SA11AI-26414365
NASHVILLE	TN 37205	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual) Best Efforts	Occupation (for Individual) Best Efforts	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name of Individual (Last, First, Middle Init	tial) or Full Organization Name	Date of Receipt
Mailing Address 109 CLARENDON AVE		11 04 2021
City	State Zip Code	Transaction ID : SA11AI-26415809
NASHVILLE	TN 37205	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer (for Individual) Best Efforts	Occupation (for Individual) WILEY BROTHERS INK	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	250.00	
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	205.00
TOTAL This Period (last page this line number	only)	

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE I	PAC	
Full Name of Individual (Last, First, Middle I WILEY, DAVID, , ,  Mailing Address 109 CLARENDON AVE	nitial) or Full Org	anization Name	Date of Receipt
City	Ctoto	Zin Code	11 05 2021
City NASHVILLE	State	Zip Code 37205	Transaction ID : SA11AI-26415989
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
Name of Employer (for Individual) Best Efforts	Occup Best E	ation (for Individual) Efforts	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 250.00	
Full Name of Individual (Last, First, Middle I WILLIAMS, RUSSELL, , , Mailing Address 661 HAMILTON RD	nitial) or Full Org	anization Name	Date of Receipt
City	Okch	7:n Oada	08 19 2021
City RUTHERFORDTON	State NC	Zip Code 28139	Transaction ID : SA11AI-26354203  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00	35.00
Name of Employer (for Individual) Retired	Occup Retire	pation (for Individual)	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 280.00	
Full Name of Individual (Last, First, Middle I WILLIAMS, RUSSELL, , ,	nitial) or Full Org	anization Name	Date of Receipt
Mailing Address 661 HAMILTON RD	Ctct-	7in Code	09 02 2021
City RUTHERFORDTON	State NC	Zip Code 28139	Transaction ID : SA11AI-26358877  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		35.00
Name of Employer (for Individual) Retired	Occup Retired	ation (for Individual) d	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 280.00	
SUBTOTAL of Receipts This Page (optional)		<b>&gt;</b>	170.00
TOTAL This Period (last page this line numbe	er only)		

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Any information copied from such Reports and or for commercial purposes, other than using t			
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE P	AC	
Full Name of Individual (Last, First, Middle I WILLIAMS, RUSSELL, , , Mailing Address 661 HAMILTON RD	Initial) or Full Orga	nization Name	Date of Receipt
		T	11 04 2021
City RUTHERFORDTON	State NC	Zip Code 28139	Transaction ID : SA11AI-26375175
	Ne	20139	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		35.00
Name of Employer (for Individual) Retired	Occupati Retired	tion (for Individual)	Memo Item
Receipt For:  Primary General  Other (specify) ▼			
Full Name of Individual (Last, First, Middle I WILLIAMS, RUSSELL, , , Mailing Address 661 HAMILTON RD	Initial) or Full Orga	nization Name	Date of Receipt
Maining Address 601 HAMILTON RD			12 02 2021
City	State	Zip Code	Transaction ID : SA11AI-26383343
RUTHERFORDTON	NC	28139	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		35.00
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 280.00	
Full Name of Individual (Last, First, Middle I	Initial) or Full Organ	nization Name	Date of Receipt
Mailing Address 661 HAMILTON RD			12 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City RUTHERFORDTON	State NC	Zip Code 28139	Transaction ID : SA11AI-26383637
FEC ID number of contributing federal political committee.	С	20100	Amount of Each Receipt this Period  35.00
Name of Employer (for Individual)	Occupati Retired	tion (for Individual)	Memo Item
Receipt For:	Aggregate Yea	$\dashv$	
Primary General Other (specify)	Aggregate Tea	280.00	
SUBTOTAL of Receipts This Page (optional)		<b>&gt;</b>	105.00
TOTAL This Period (last page this line number	er only)		

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE I	PAC	
Full Name of Individual (Last, First, Middle WILLIAMS, JAMES, , ,  Mailing Address 4639 VESTA CT	Initial) or Full Org	anization Name	Date of Receipt  12 22 2021
City	State	Zip Code	Transaction ID : SA11AI-26424535
WICHITA	KS	67208	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		40.00
Name of Employer (for Individual) RETIRED	Occup RETIR	ation (for Individual) RED	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 276.00	
Full Name of Individual (Last, First, Middle WINN, LINDA, , , Mailing Address 5708 REGENT CIR	Initial) or Full Org	anization Name	Date of Receipt  11 23 2021
City	State	Zip Code	Transaction ID : SA11AI-26418931
RICHMOND FEC ID number of contributing	C	23225	Amount of Each Receipt this Period  60.00
federal political committee.			Memo Item
Name of Employer (for Individual) Retired	Retire	eation (for Individual) ed	INIGHIO ILEHI
Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 220.00	
Full Name of Individual (Last, First, Middle WINN, LINDA, , ,	Initial) or Full Org	anization Name	Date of Receipt
Mailing Address 5708 REGENT CIR			11 30 / Y Y Y Y Y
City RICHMOND	State VA	Zip Code 23225	Transaction ID : SA11AI-26420059  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		35.00
Name of Employer (for Individual) Retired	Occup Retired	ation (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 220.00	
SUBTOTAL of Receipts This Page (optional).		<b>&gt;</b>	135.00
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name WOOLF, GAYLE, , , Date of Receipt Mailing Address 330 GILL AVE 2021 City Zip Code State Transaction ID: SA11AI-26391645 MO **KIRKWOOD** 63122 Amount of Each Receipt this Period FEC ID number of contributing C 35.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. WOOLF, GAYLE, , , Date of Receipt Mailing Address 330 GILL AVE 80 2021 City State Zip Code Transaction ID: SA11AI-26397827 **KIRKWOOD** MO 63122 Amount of Each Receipt this Period FEC ID number of contributing 35.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 270.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. WOOLF, GAYLE, , , Date of Receipt Mailing Address 330 GILL AVE 2021 City Zip Code State Transaction ID: SA11AI-26402351 MO **KIRKWOOD** 63122 Amount of Each Receipt this Period FEC ID number of contributing C 35.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) 105.00 SUBTOTAL of Receipts This Page (optional).....

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						PAGE	2	09 OF	;	325	
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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	H ALLIANCE PAC					
Full Name of Individual (Last, First, Middl WOOLF, GAYLE, , ,	e Initial) or Full Organization Name	Date of Receipt				
Mailing Address 330 GILL AVE		10 04 2021				
City KIRKWOOD	State Zip Code 63122	Transaction ID : SA11AI-26409661  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	35.00				
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00					
Full Name of Individual (Last, First, Middl WOOLF, GAYLE, , , Mailing Address 330 GILL AVE	e Initial) or Full Organization Name	Date of Receipt				
City KIRKWOOD FEC ID number of contributing	State Zip Code 63122	11 12 2021  Transaction ID : SA11Al-26417099  Amount of Each Receipt this Period				
federal political committee.  Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	30.00 Memo Item				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  270.00					
Full Name of Individual (Last, First, Middl WOOLF, GAYLE, , ,	e Initial) or Full Organization Name	Date of Receipt				
Mailing Address 330 GILL AVE  City  KIRKWOOD	State Zip Code MO 63122	11 17 2021 Transaction ID : SA11Al-26417995				
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 40.00				
Name of Employer (for Individual) Retired Receipt For:	Occupation (for Individual) Retired	Memo Item				
Primary General Other (specify)	Aggregate Year-to-Date ▼  270.00					
SUBTOTAL of Receipts This Page (optional	ıl)	105.00				
TOTAL This Period (last page this line num	nber only)					

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	Statements may not be sold or used by any persite name and address of any political committee to						
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	ALLIANCE PAC						
Full Name of Individual (Last, First, Middle Ir YEARWOOD, RICHARD, , ,	nitial) or Full Organization Name	Date of Receipt					
Mailing Address 21 BROWNING AVE APT 2		07 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City	State Zip Code	Transaction ID : SA11AI-26396589					
DORCHESTER	MA 02124	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	150.00					
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item					
Retired	Retired	_					
Receipt For:	Aggregate Year-to-Date ▼	1					
Primary General	.9995 10 54.0 7						
Other (specify) ▼	295.00						
Full Name of Individual (Last, First, Middle Ir YEARWOOD, RICHARD, , ,	nitial) or Full Organization Name	Date of Receipt					
Mailing Address 21 BROWNING AVE		10 22 2021					
APT 2							
City DORCHESTER	State Zip Code MA 02124	Transaction ID : SA11AI-26413547					
	UZ1Z4	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	35.00					
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item					
Receipt For:	Aggregate Year-to-Date ▼						
Primary General Other (specify) ▼	295.00						
Full Name of Individual (Last, First, Middle Ir YEARWOOD, RICHARD, , ,	nitial) or Full Organization Name	Date of Receipt					
Mailing Address 21 BROWNING AVE APT 2		11 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City	State Zip Code	Transaction ID : SA11AI-26417757					
DORCHESTER	MA 02124	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	40.00					
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item					
Receipt For:	Aggregate Year-to-Date ▼						
Primary General							
Other (specify)	295.00						
SUBTOTAL of Receipts This Page (optional)		225.00					
TOTAL This Period (last page this line number	· only)						

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	Statements may not be sold or used by any pene name and address of any political committee					
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC					
Full Name of Individual (Last, First, Middle I YOUNG, JEAN, , ,  Mailing Address 840 SCHOOL RD	nitial) or Full Organization Name	Date of Receipt				
City	State Zip Code	07 26 2021 Transaction ID : SA11AI-26395871				
MCKINLEYVILLE	CA 95519	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	20.00				
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  220.00					
Full Name of Individual (Last, First, Middle I ZARNEKE, RICHARD, , ,	nitial) or Full Organization Name	Date of Receipt				
Maining Address 2084 TERRACE DR	Mailing Address 2084 TERRACE DR					
City	State Zip Code					
MOUNDS VIEW	MN 55112	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	30.00				
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00					
Full Name of Individual (Last, First, Middle I ZARNEKE, RICHARD, , ,	nitial) or Full Organization Name	Date of Receipt				
Mailing Address 2084 TERRACE DR	To To	07 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City MOUNDS VIEW	State Zip Code MN 55112	Transaction ID : SA11AI-26395875  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	40.00				
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item				
Receipt For:  Primary  General	Aggregate Year-to-Date ▼					
Other (specify)	540.00					
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	90.00				
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	d Statements may not be sold or used by any p the name and address of any political committe	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle ZARNEKE, RICHARD, , ,  Mailing Address 2084 TERRACE DR	Initial) or Full Organization Name	Date of Receipt
	la.	09 16 2021
City MOUNDS VIEW	State Zip Code MN 55112	Transaction ID : SA11Al-26406561
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  30.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00	]
Full Name of Individual (Last, First, Middle ZARNEKE, RICHARD, , , Mailing Address 2084 TERRACE DR	Initial) or Full Organization Name	Date of Receipt
Mailing Address 2084 TERRACE DR		09 22 2021
City	State Zip Code	Transaction ID : SA11Al-26407465
MOUNDS VIEW	MN 55112	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00	
Full Name of Individual (Last, First, Middle ZARNEKE, RICHARD, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 2084 TERRACE DR		09 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City MOUNDS VIEW	State Zip Code MN 55112	Transaction ID : SA11AI-26408477
FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period  30.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Other (specify)	540.00	
SUBTOTAL of Receipts This Page (optional).	)	90.00
TOTAL This Period (last page this line numb	er only)	

FC	OR LINE	NUMBER	i:	PAGE	325		
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	13	14		15	16		17

	Statements may not be sold or used by any person e name and address of any political committee to	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A		
Full Name of Individual (Last, First, Middle In ZARNEKE, RICHARD, , ,		Date of Receipt
Mailing Address 2084 TERRACE DR		10 26 2021
City MOUNDS VIEW	State Zip Code MN 55112	Transaction ID : SA11Al-26413871  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00	
Full Name of Individual (Last, First, Middle In ZARNEKE, RICHARD, , ,  Mailing Address 2084 TERRACE DR	itial) or Full Organization Name	Date of Receipt
City MOUNDS VIEW	State Zip Code MN 55112	10 27 2021  Transaction ID : SA11AI-26414291  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00	
Full Name of Individual (Last, First, Middle In	itial) or Full Organization Name	Date of Receipt
Mailing Address 2084 TERRACE DR		11 16 2021
City MOUNDS VIEW	State Zip Code MN 55112	Transaction ID : SA11AI-26417753  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 540.00	
SUBTOTAL of Receipts This Page (optional)		100.00
TOTAL This Period (last page this line number	only)	

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	13		14		15		16		17			

	d Statements may not be sold or used by any per the name and address of any political committee t	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle ZARNEKE, RICHARD, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 2084 TERRACE DR		12 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City MOUNDS VIEW	State Zip Code MN 55112	Transaction ID : SA11AI-26423687
FEC ID number of contributing federal political committee.	C 55112	Amount of Each Receipt this Period  30.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00	
Full Name of Individual (Last, First, Middle  Mailing Address	Initial) or Full Organization Name	Date of Receipt
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name of Individual (Last, First, Middle	Initial) or Full Organization Name	Date of Receipt
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City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional).		30.00
	er only)	33001.00

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SCHEDULE B (FEC Form 3X)	Use sepa	arate schedule(s)	FOR LINE NUMBER: PAGE 215 OF 32 (check only one)							
ITEMIZED DISBURSEMENTS	for each	category of the Summary Page	21b 28a	22 23 26 27 28b 28c 29 30b						
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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AL	LIANCE F	PAC								
Full Name (Last, First, Middle Initial)  A. Mastroianni, Stephanie, , ,				Date of Disbursement						
Mailing Address 2021 L St NW Ste 101-193				07 16 2021						
City Washington	State DC	Zip Code 20036		FEC Identification Number						
Purpose of Disbursement Wages Candidate Name		[	001	Transaction ID : SB21B-54735						
Office Sought: House Disburs	sement For:	General	Category/ Type	Amount of Each Disbursement this Period 1516.67						
President State: District:	Other (spe	cify) ▼		Memo Item						
Full Name (Last, First, Middle Initial)  B. Mastroianni, Stephanie, , ,				Date of Disbursement						
Mailing Address 2021 L St NW Ste 101-193				07 16 2021						
City Washington Purpose of Disbursement	State DC	Zip Code 20036		FEC Identification Number						
Wages Candidate Name			001 Category/ Type	Transaction ID : SB21B-54735 Amount of Each Disbursement this Period						
Office Sought:  Senate  President  State:  Disburs	Primary Other (spe	General cify)		212.44  Memo Item						
Full Name (Last, First, Middle Initial)  C. Mastroianni, Stephanie, , ,				Date of Disbursement						
Mailing Address 2021 L St NW Ste 101-193				08 16 2021						
City Washington Purpose of Disbursement	State DC	Zip Code 20036		FEC Identification Number						
Wages Candidate Name			001 Category/ Type	Transaction ID: SB21B-5473( Amount of Each Disbursement this Period						
Senate President	Primary Other (spe	General cify) ▼		1516.67  Memo Item						
State: District:										
SUBTOTAL of Disbursements This Page (optional  TOTAL This Period (last page this line number or	,			3245.78						

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ITEMIZED DISBURSEMENTS	SC	HEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 216									OF 325			
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Any information copied from such Reports and Statements may not be seld or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (in Full)  UNITED WOMEN'S HEALTH ALLIANCE PAC  Full Name (Last, First, Middle Initial)  A. Mastroianni, Stephanie, ,  Mailing Address 2021 L St NW Ste 101-193  City Washington  Purpose of Disbursement Wages  Candidate Name  Office Sought  House  Primaty  State  Primaty  Ceneral  Primaty  General  Primaty  General  Primaty  General  Primaty  Category/ Type  Date of Disbursement  State  Disbursement  Category/ Type  Date of Disbursement  Galgory/ Type  Transaction ID: S8218-54736  Amount of Each Disbursement  EC  Transaction ID: S8218-54736  Amount of Each Disbursement  Repayment of startup advances See MEMO Schedule B  Cardidate Name  Cardidate Name  Category/ Type  Office Sought:  House  Benate  Primaty  Gandress  Category/ Type  Transaction ID: S8218-54730  Amount of Each Disbursement this Period  Transaction ID: S8218-54730  Amount of Each Disbursement this Period  Transaction ID: S8218-54730  Amount of Each Disbursement this Period  Transaction ID: S8218-54730  Amount of Each Disbursement this Period  Transaction ID: S8218-54730  Amount of Each Disbursement this Period  Transaction ID: S8218-54730  Amount of Each Disbursement this Period  Transaction ID: S8218-54734  Amount of Each Disbursement this Period  Transaction ID: S8218-54734  Amount of Each Disbursement this Period  Transaction ID: S8218-54734  Amount of Each Disbursement this Period  Transaction ID: S8218-54734  Amount of Each Disbursement this Period  Transaction ID: S8218-54734  Amount of Each Disbursement this Period  Transaction ID: S8218-54734  Amount of Each Disbursement this Period  Transaction ID: S8218-54734  Amount of Each Disbursement this Period  Transaction ID: S8218-54734  Amount of Each Disbursement this Period  Transaction ID: S8218-54734						×			, L			_				
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UNITED WOMEN'S HEALTH ALLIANCE PAC  Full Name (Last, First, Middle Initial)  A. Mastrolanni, Stephanie, , ,																
A. Mastroianni, Stephanie, , ,  Mailing Address 2021 L Si NW Sie 101-193  City Washington		NAME OF COMMITTEE (In Full)										,				
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Washington Purpose of Disbursement Wages Candidate Name Office Sought:	İ	Mailing Address 2021 L St NW Ste 101-193						0	3			/ Y		Y		
Purpose of Disbursement Wages Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ Malting Address 2021 L St NW Ste 101-193 City Washington DC 20036 Purpose of Disbursement Repayment of startup advances See MEMO Schedule B Candidate Name Office Sought: House Disbursement For: 20036 Candidate Name Office Sought: House Disbursement For: 20036 Candidate Name Office Sought: Disbursement Disbursement For: 20036 City Washington DC 20036 Purpose of Disbursement Repayment of startup advances See MEMO Schedule B Office Sought: House Disbursement For: 20036 Senate Primary General Other (specify) Memo Item  Date of Disbursement  Full Name (Last, First, Middle Initial) C. ABC Company Mailing Address PO Box 2413 City Memo Item  Date of Disbursement  Full Name (Last, First, Middle Initial) C. ABC Company  Malling Address PO Box 2413 City Memo Item  Date of Disbursement  Full Name (Last, First, Middle Initial) C. ABC Company  Malling Address PO Box 2413 City Memo Item  FEC Identification Number  Category/ Type  Office Sought: House Disbursement Fundraising and Media Consulting Candidate Name  Disbursement  FEC Identification Number  Category/ Type  Office Sought: House Disbursement For: 2004  FEC Identification Number  Category/ Type  Office Sought: House Disbursement For: 2004  FEC Identification Number  Category/ Type  Office Sought: House Disbursement For: 2004  FEC Identification Number  Category/ Type  Office Sought: House Disbursement For: 2004  FEC Identification Number  Category/ Type  Office Sought: House Disbursement For: 2004  FEC Identification Number  Category/ Type  Office Sought: House Disbursement For: 2004  FEC Identification Number  Memo Item  Find Repayment of Each Disbursement For: 2004  FEC Identification Number  Memo Item  Find Repayment of Each Disbursement For: 2004  FEC Identification Number  Category/ Type  Office Sought: House Disbursement For: 2004  FEC Identification Number  Find Repayment of Each Disbursement For: 2004  FEC Identification Number  Find Repayment of Each Di		-		1 '				FEC	Ident	ificatio	n Nı	umber				
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Senate Primary General Other (specify) ▼    Mastroianni, Stephanie, , ,							y/	AIIIO	JIII 0	Lacii	DIS	Juiseili	ent tins	renou		
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A. ABC Company				Date o	of Disburse	ement						
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SCHEDULE B (FEC Form 3X)			EOD LINE	NUMBER: PAGE 218 OF 325						
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NAME OF COMMITTEE (In Full)										
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Mailing Address PO Box 2413				12 01 2021						
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Purpose of Disbursement	<u> </u>			C						
Fundraising and Media Consulting			003	Transaction ID : SB21B-54730						
Candidate Name			Category/	Amount of Each Disbursement this Period						
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Candidate Name			Category/	Amount of Each Disbursement this Period						
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Full Name (Last, First, Middle Initial)  C. Blank Rome LLP				Date of Disbursement						
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Candidate Name	Category/	Transaction ID : SB21B-54728 Amount of Each Disbursement this Period								
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SCHEDULE B (FEC Form 3X)			IF NUMBER: PAGE 219 OF 325						
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Mailing Address 1825 Eye Street NW			09 01 2021						
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Candidate Name			Transaction ID : SB21B-39251 Amount of Each Disbursement this Period						
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Office Sought: House Disburser	ment For:		2000.00						
Senate	Primary General		INVOICE BEING REIMBURSE						
President	Other (specify) ▼		Memo Item Orig invoice date: 2020-07-29						
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Full Name (Last, First, Middle Initial)			Data of Dishumannant						
Blank Rome LLP			Date of Disbursement						
Mailing Address 1825 Eye Street NW			09 01 2021						
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City	State Zip Code		FEC Identification Number						
Washington	DC 20006								
Purpose of Disbursement Legal		001	C						
Candidate Name		001	Transaction ID : SB21B-34441						
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Office Sought: House Disburser	ment For:	Туро	4435.00						
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		001	Transaction ID : SB21B-34443						
Candidate Name		Category/	Amount of Each Disbursement this Period						
Office Sought: House Disburse	ment For:	Туре	2829.50						
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President	Other (specify)		INVOICE BEING REIMBURSE  Wemo Item Orig invoice date: 2020-11-10						
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SCHEDULE B (FEC Form 3X)	11	FOR LINE I	NUMBER: PAGE 220 OF 325				
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,	State Zip Code DC 20006		FEC Identification Number				
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Legal Fees		001	Transaction ID : SB21B-54728				
Candidate Name		Category/	Amount of Each Disbursement this Period				
Office Sought: House Disbursen	nent For:	Туре	2812.00				
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Mailing Address 268 Devonshire Street Surry Hills NSW 2010			09 01 2021				
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	Primary General Other (specify)		INVOICE BEING REIMBURSE Orig invoice date: 2020-11-27				
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Full Name (Last, First, Middle Initial) C- COA Network Inc.			Date of Disbursement				
			M M / D D / Y Y Y Y				
Mailing Address 991 Route 22 West Suite 200			07 23 2021				
City	State Zip Code		FEC Identification Number				
Bridgewater Township Purpose of Disbursement	NJ 08807						
800 Telephone numbers		003	C Spanning ID - SPAN 54724				
Candidate Name	-	Category/ Type	Transaction ID: SB21B-5473( Amount of Each Disbursement this Period				
Office Sought: House Disbursen	nent For:		134.70				
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SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 221 OF 325							
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Full Name (Last, First, Middle Initial)  A. COA Network Inc.				Date of Disbursement							
A. COA Network Inc.				M M / D D / Y Y Y Y							
Mailing Address 991 Route 22 West Suite 200				08 23 2021							
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Bridgewater Township Purpose of Disbursement	NJ	08807									
800 Telephone numbers			003	C							
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			Category/ Type	Amount of Each Disbursement this Period							
Office Sought: House Disburse	ement For:		· · · · · · · · · · · · · · · · · · ·	134.95							
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- COA Network IIIC.				M M / D D / Y Y Y Y							
Mailing Address 991 Route 22 West Suite 200				09 23 2021							
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c. COA Network Inc.				Date of Disbursement							
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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIA									
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3. COA Network Inc.			Date of Disbursement						
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Full Name (Last, First, Middle Initial) - CSF Corporation			Date of Disbursement						
Mailing Address 285 Davidson Avenue			09 / 01 / 2021						
City Somerset	State Zip Code NJ 08873		FEC Identification Number						
Purpose of Disbursement 800 Telephone numbers	1	001	C Transaction ID : SB21B-34441						
Candidate Name	-	Category/ Type	Amount of Each Disbursement this Period						
Office Sought: House Disbursen			109.90						
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CSF Corporation					Date of Dis	burseme		YYY			
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City		State NJ	Zip Code		FEC Identifi	cation N	umber				
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Email Services				-	D : SB21	D 54722						
Candidate Name			Category	_			_	nent this P	'eriod			
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Mountain View	CA	94043		FEC	identii	lication	Number					
Purpose of Disbursement Email Services			001	C	Franca	ection	ID : SB21	R-54731				
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Mailing Address 1600 Amphitheatre Pkwy			09 01						
City	State Zip Code		FEC Identification	Number					
Mountain View	CA 94043			Number					
Purpose of Disbursement Email Services		001	C						
Candidate Name				D : SB21B-39252					
Canadado Name		Category/ Type	Amount of Each L	Disbursement this Period					
Office Sought: House Disburser	ment For:	. 7 - 2		2.52					
Senate	Primary General		IN	NVOICE BEING REIMBURS					
President	Other (specify) ▼			Orig invoice date: 2020-08-01					
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City	State Zip Code		FEC Identification	Number					
Mountain View	CA 94043			Trumbon					
Purpose of Disbursement Email Services		001	C						
Candidate Name				D : SB21B-34447					
		Category/ Type	Amount of Each L	Disbursement this Period					
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Senate	Primary General			NVOICE BEING REIMBURS					
President	Other (specify)		Memo Item C	Orig invoice date: 2020-10-02					
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Mountain View	CA 94043		1.1 2 2 2	110111001					
Purpose of Disbursement Email Services		004	C						
Candidate Name		001 Category/	Transaction ID: SB21B-34447 Amount of Each Disbursement this F						
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SCHEDULE B (FEC Form 3X)	·		FOR	LINE	NUMBER	:	PA	AGE 239 C	)F 325
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SCHEDULE B (FEC Form 3X)	llos see	roto och advilati	FOR LINE NUMBER: PAGE 241 OI					F 325				
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SAN JUAN	State Zip Code PR 00909		FEC Identification N	lumber				
Purpose of Disbursement Telephone fundraising		003	C					
Candidate Name		Category/ Type	Amount of Each Dis	: SB21B-54743 sbursement this Period				
Office Sought: House Disburser Senate	Primary General	Туро		18094.16				
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Full Name (Last, First, Middle Initial)								
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Mailing Address 1607 Ponce de Leon ave Suite GM8			12 15	2021				
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Purpose of Disbursement Independent Expenditures	, l	003	C Transaction ID	SB21B-71671				
Candidate Name		Category/ Type		sbursement this Period				
Office Sought: House Disburser				7599.12				
Senate President State: District:	Primary General Other (specify) ▼			e Schedule E. Invoice unp se of books				
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Mailing Address 1607 Ponce de Leon ave Suite GM8			12 22 2021
,	State Zip Code PR 00909		FEC Identification Number
Independent Expenditures  Candidate Name		003 Category/	Transaction ID : SB21B-71672 Amount of Each Disbursement this Period
	nent For: Primary General Other (specify) ▼	Туре	7564.56  See Schedule E. Invoice unpa  Memo Item close of books
Full Name (Last, First, Middle Initial)  B. LIVE TRANSFERS AND DONOR (  Mailing Address 1607 Ponce de Leon ave Suite GM8	CREATION LLC		Date of Disbursement  12 22 2021
City	State Zip Code PR 00909	003 Category/ Type	FEC Identification Number  C  Transaction ID : SB21B-71672  Amount of Each Disbursement this Period
	nent For: Primary General Other (specify)	Туре	17650.64  Memo Item
Full Name (Last, First, Middle Initial)  C. LIVE TRANSFERS AND DONOR (  Mailing Address 1607 Ponce de Leon ave	CREATION LLC		Date of Disbursement  12 29 2021
Suite GM8 City	State Zip Code PR 00909		FEC Identification Number
SAN JUAN Purpose of Disbursement Telephone fundraising Candidate Name	PR 00909	003	Transaction ID : SB21B-71672
Office Sought: House Disbursem Senate President	nent For: Primary General Other (specify) ▼	Category/ Type	Amount of Each Disbursement this Period  16969.68  Memo Item
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SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER:	PAGE 245 OF 325
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NAME OF COMMITTEE (In Full)				
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	Mailing Address 995 Market Street Floor 2						12 31 2021						
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	Senate Primary General							,					
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$ \rangle$	UNITED WOMEN'S HEALTH ALL	IANCE P	PAC		
`_	Full Name (Last, First, Middle Initial)				Date of Disbursement
Α.	RallyPay				M M / D D / Y Y Y
	Mailing Address 995 Market Street Floor 2	12 31 2021			
	City San Franciso	State CA	Zip Code 94103		FEC Identification Number
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	State: District:	Other (spec	cify) 🔻		Memo Item
_	Full Name (Last, First, Middle Initial)				
В.					Date of Disbursement
	Mailing Address 401 West Georgia Street				07 01 2021
	City State Zip Code Vancouver ZZ V6B5A1				FEC Identification Number
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	Website landing page	004	Transaction ID : SB21B-66938		
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_	Full Name (Last, First, Middle Initial)				
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE		PAGE 273 OF 325			
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NAME OF COMMITTEE (In Full)								
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Louisville Purpose of Disbursement	KY 40299							
Carrier Minutes		003	С					
Candidate Name				ID: SB21B-54752 Disbursement this Period				
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# SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

Amount Incurred This Period

**Excluding Loans** 

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

FOR LINE NUMBER: (check only one)

PAGE 277 OF

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325

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Advance for various legal, administrative Mastroianni, Stephanie, , , Mailing Address 2021 L St NW Ste 101-193 State Zip Code Washington DC 20036 Transaction ID: SD-S471215 Outstanding Balance Beginning This Period 15156.87 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 13000.00 2920.07 763.20 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Telephone fundraising LIVE TRANSFERS AND DONOR CREATION LLC Mailing Address 1607 Ponce de Leon ave Suite GM8 City State Zip Code SAN JUAN 00909 Outstanding Balance Beginning This Period Transaction ID: SD-S858072 0.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 32894.96 32894.96 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address City State Zip Code Outstanding Balance Beginning This Period

1)	SUBTOTALS This Period This Page (optional)	35815.03
2)	TOTALS This Period (last page this line number only)	35815.03
3)	TOTAL OUTSTANDING LOANS from Schedule C (last page only)	0.00
4)	ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	35815.03

Payment This Period

Outstanding Balance at Close of This Period

	PAGE 278 OF 325
	FOR LINE 24 OF FORM 3X
FEC	IDENTIFICATION NUMBER ▼
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	Full Name of Payee LIVE TRANSFERS AND DONOR CREA Invoice paid after close of books	TION LLC	<b></b> Memo	Item	Date of Public Distribution/Dissemination
	Mailing Address				12 22 2021
	1607 Police de Leon ave				Amount
	Suite GM8 City	State	Zip Code		949.89
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	Name of Federal Candidate:		Support	Office	e Sought: House District: 00
	CORNYN, JOHN, , Sen,		Oppose		President Senate State: TX
	Calendar Year-To-Date Per Election for Office Sought	7 7	10942.79	Disbu 2026	ursement For:   Primary General  Other (specify) ▶
	Full Name of Payee LIVE TRANSFERS AND DONOR CR Invoice paid after close of books	REATION LL	C Memo	Item	Date of Public Distribution/Dissemination  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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	City	State	Zip Code		949.89
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	Name of Federal Candidate:		<b>✗</b> Support	Office	e Sought: House District: 00
	TILLIS, THOM, R., Sen,		Oppose		President X Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	10942.76	Disbu 2026	ursement For:    Primary General  Other (specify) ▶
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	Signature				
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NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
UNITED WOMEN'S HEALTH ALLIAN	ICE PAC			C C00755694
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Full Name of Payee LIVE TRANSFERS AND DONOR CREA Invoice paid after close of books	TION LLC	<b>X</b> Memo	Item	Date of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave				
Suite GM8				Amount
City	State	Zip Code		949.89
SAN JUAN	PR	00909		Transaction ID : SE-S631953 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:		<b>✗</b> Support	Office	e Sought: X House District:14
LAWRENCE, BRENDA, LULENAR, ,		Oppose		President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	7 7	10942.76	Disbu 2022	rrsement For:   ✓ Primary General  Other (specify) ►
Full Name of Payee LIVE TRANSFERS AND DONOR CR Invoice paid after close of books	REATION LL	C Memo	Item	Date of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave Suite GM8				Amount
City	State	Zip Code		949.89
SAN JUAN	PR	00909		Transaction ID : SE-S631955 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:		<b>✗</b> Support	Office	e Sought: X House District:08
LESKO, DEBBIE, , ,		Oppose		President Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought		10942.75	Disbu 2022	rsement For:   ✓ Primary General  Other (specify) ►
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Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
MASTROIANNI, STEPHANIE, , ,	Electronically Fil	ed] Date	e 1:	2 15 2021
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NAME OF COMMITTEE (In Full)				FEC I	DENTIFICAT	ION NUMBER ▼
UNITED WOMEN'S HEALTH ALLIAN	ICE PAC			С	C00755694	4
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Full Name of Payee LIVE TRANSFERS AND DONOR CREA Invoice paid after close of books	TION LLC	<b>✗</b> Memo	Item [	Date of Publi	ic Distribution	n/Dissemination 2021
Mailing Address 1607 Ponce de Leon ave				12		2021
Suite GM8			<i>                                     </i>	Amount		
City	State	Zip Code				949.89
SAN JUAN	PR	00909		Transaction Date of Disb	ID: SE-S631	1957
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		M = M	/ D D	Y Y Y Y Y
Name of Federal Candidate:		<b>X</b> Support	Office S	Sought:	House	District: 00
SHAHEEN, JEANNE, , ,		Oppose	P	President	<b>X</b> Senate	State: NH
Calendar Year-To-Date Per Election for Office Sought	, , ,	10942.77	Disburs 2026	sement For: Other (s	Primar pecify) ▶	y General
Full Name of Payee LIVE TRANSFERS AND DONOR CR Invoice paid after close of books	EATION LL	.C Memo	Item [	Date of Publi	ic Distribution	n/Dissemination 2021
Mailing Address 1607 Ponce de Leon ave						
Suite GM8				Amount		
City	State	Zip Code		L,		949.89
SAN JUAN	PR	00909		Transaction Date of Disb		
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		M = M	/ D D /	Y
Name of Federal Candidate:		<b>✗</b> Support	Office S	Sought:	House	District: 00
BLUNT, ROY, , ,		Oppose	P	President	<b>X</b> Senate	State: MO
Calendar Year-To-Date Per Election for Office Sought	7 7	10942.80	Disburs 2022	sement For: Other (s	<b>x</b> Primar	g General
(a) SUBTOTAL of Itemized Independent Expenditures			· L			0.00
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Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized					
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UNITED WOMEN'S HEALTH ALLIAN	ICE PAC			C C00755694
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Full Name of Payee LIVE TRANSFERS AND DONOR CREA Invoice paid after close of books	ATION LLC	<b>X</b> Memo	tem Da	ate of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave				12 22 2021
Suite GM8			Ar	mount
City	State	Zip Code		949.89
SAN JUAN	PR	00909		ransaction ID : SE-S631961 ate of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		M = M / D = D / Y = Y = Y = Y
Name of Federal Candidate:		<b>X</b> Support	Office So	ought: House District: 00
MURRAY, PATTY, , ,		Oppose	Pre	esident State: WA
Calendar Year-To-Date Per Election for Office Sought	7 1 7	10942.79	Disburse 2022	ment For:   Primary General  Other (specify) ▶
Full Name of Payee LIVE TRANSFERS AND DONOR CR Invoice paid after close of books  Mailing Address  1607 Ponce de Leon ave	REATION LL	.C Memo	tem Da	ate of Public Distribution/Dissemination
1607 Ponce de Leon ave				
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Suite GM8	State	Zip Code	Ar	949.89
City SAN JUAN	State PR	Zip Code 00909	[	
City		'	[	949.89 ransaction ID : SE-S631963
City SAN JUAN Purpose of Expenditure		00909 Category/	[	949.89  ransaction ID : SE-S631963 ate of Disbursement or Obligation
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City SAN JUAN  Purpose of Expenditure Telephone Fundraising  Name of Federal Candidate:		00909  Category/ Type 004  Support	Office So	949.89  ransaction ID : SE-S631963 ate of Disbursement or Obligation  M M / D D / Y Y Y Y Y  ought: House District: 00
City SAN JUAN  Purpose of Expenditure Telephone Fundraising  Name of Federal Candidate: VAN HOLLEN, CHRIS, , ,  Calendar Year-To-Date	PR	Category/ Type 004  Support Oppose  10942.79	Office So	p49.89  ransaction ID : SE-S631963 ate of Disbursement or Obligation  bught: House District: 00  esident Senate State: MD  ment For: Primary General
City SAN JUAN  Purpose of Expenditure Telephone Fundraising  Name of Federal Candidate: VAN HOLLEN, CHRIS, , ,  Calendar Year-To-Date Per Election for Office Sought	PR	Category/ Type 004  Support Oppose  10942.79	Office So	page 1
City SAN JUAN  Purpose of Expenditure Telephone Fundraising  Name of Federal Candidate: VAN HOLLEN, CHRIS, , ,  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures	PR	Category/ Type 004  Support Oppose  10942.79	Office So	page 1
City SAN JUAN  Purpose of Expenditure Telephone Fundraising  Name of Federal Candidate: VAN HOLLEN, CHRIS, , ,  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditures	PR res	Category/ Type 004  Support Oppose  10942.79  reported herein were	Office So Pro Disburse 2022	pays.89  ransaction ID: SE-S631963  ate of Disbursement or Obligation  bught: House District: 00  pesident Senate State: MD  ment For: Primary General  Other (specify)   0.00
City SAN JUAN  Purpose of Expenditure Telephone Fundraising  Name of Federal Candidate: VAN HOLLEN, CHRIS, , ,  Calendar Year-To-Date Per Election for Office Sought  (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 with, or at the request or suggestion of, any candidate party committee) any political party committee or its	PR res	Category/ Type 004  Support Oppose  10942.79  reported herein were a committee or agent of	Office So Pro Disburse 2022	pays.89  ransaction ID: SE-S631963  ate of Disbursement or Obligation  bught: House District: 00  pesident Senate State: MD  ment For: Primary General  Other (specify)   0.00

	PAGE 282 OF 325 FOR LINE 24 OF FORM 3X
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NAME OF COMMITTEE (L. F. II)			FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
UNITED WOMEN'S HEALTH ALLIAN	CE PAC		C C00755694
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on M M / D D / Y Y Y Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA Invoice paid after close of books	TION LLC	<b>X</b> Memo	M M / D D / Y Y Y Y
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1607 Ponce de Leon ave			Amount
Suite GM8		T 0 1	045.57
City SAN JUAN	State PR	Zip Code 00909	945.57 Transaction ID : SE-S631965
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Name of Federal Candidate:		<b>✗</b> Support	Office Sought: House District: 00
CORNYN, JOHN, , Sen,		Oppose	President State: TX
Calendar Year-To-Date Per Election for Office Sought	7 1 7	11888.36	Disbursement For:   ✓ Primary General  2026  Other (specify) ▶
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LIVE TRANSFERS AND DONOR CR Invoice paid after close of books	EATION LL	C Memo	Man / Dad / Yayayayayayayayayayayayayayayayayayayay
Mailing Address 1607 Ponce de Leon ave			
Suite GM8			Amount
City	State	Zip Code	945.57
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Name of Federal Candidate:		🗶 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		11888.33	Disbursement For:  Primary General 2026
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Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidat party committee) any political party committee or its	te or authorized	•	• • • • • • • • • • • • • • • • • • • •
MASTROIANNI, STEPHANIE, , ,	Electronically Fil	ed] Date	e 12 22 2021
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Check if	NAME OF COMMITTEE (In Full)	05.540			FEC IDENTIFICATION NUMBER ▼
Full Name of Payee   Ashour report   New report   Amends report filed on	UNITED WOMEN'S HEALTH ALLIAN	CE PAC			C C00755694
LIVE TRANSFERS AND DONOR CREATION LLC Invoice paid after close of books  Mailing Address 1607 Ponce de Leon ave Suite GM8  City SAN JUAN PR 00909  Purpose of Expenditure Telephone Fundraising  Calendar Year-To-Date LIVE TRANSFERS AND DONOR CREATION LLC Invoice paid after close of books  Mailing Address 1607 Ponce de Leon ave Suite GM8  City San JUAN PR 00909  Name of Federal Candidate: LAWRENCE, BRENDA, LULENAR, Oppose President Senate State: M  Calendar Year-To-Date LIVE TRANSFERS AND DONOR CREATION LLC Invoice paid after close of books  Mailing Address 1607 Ponce de Leon ave Suite GM8  City San JUAN PR 00909  Furpose of Expenditure Telephone Fundraising  Name of Federal Candidate: LESKO, DEBBIE, Oppose Description of Expenditure Sought President Senate State: AZ  Calendar Year-To-Date Per Election for Office Sought President Senate State: AZ  Calendar Year-To-Date Per Election for Office Sought President Senate State: AZ  Calendar Year-To-Date Per Election for Office Sought President Senate State: AZ  Calendar Year-To-Date Per Election for Office Sought President Senate State: AZ  Calendar Year-To-Date Per Election for Office Sought President Senate State: AZ  Calendar Year-To-Date Per Election for Office Sought President Senate State: AZ  Calendar Year-To-Date Per Election for Office Sought President Senate State: AZ  Calendar Year-To-Date Per Election for Office Sought President Senate State: AZ  Colendar Year-To-Date Per Election for Office Sought President Senate State: AZ  Colendar Year-To-Date Per Election for Office Sought President Senate State: AZ  Colendar Year-To-Date Per Election for Office Sought President Senate State: AZ  Colendar Year-To-Date Per Election for Office Sought President Senate State: AZ  Colendar Year-To-Date Per Election for Office Sought President Senate State: AZ  Colendar Year-To-Date Per Election for Office Sought President Senate State: AZ  Colendar Year-To-Date Per Election for Office Sought President Senate State: AZ  Colendar Year-To-Date Per Election for Office Sought P	Check if 24-hour report 48-hour report	New repo	ort Amends repo		M = M / D = D / Y = Y = Y
Mailing Address  1607 Ponce de Leon ave Suite GM8  City SAN JUAN PR 09999 Purpose of Expenditure Telephone Fundraising  Category/ Type 004  Name of Federal Candidate:  LAWRENCE, BRENDA, LULENAR, Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC Invoice paid after close of books Mailing Address Suite GM8  City SAN JUAN PR 00909 Purpose of Expenditure Telephone Fundraising  Name of Federal Candidate:  LY Support  We memo Item LIVE TRANSFERS AND DONOR CREATION LLC Invoice paid after close of books Mailing Address 1607 Ponce de Leon ave Suite GM8  City SAN JUAN PR 00909 Purpose of Expenditure Telephone Fundraising  Name of Federal Candidate:  LESKO, DEBBE  Calendar Year-To-Date Per Election for Office Sought  Telephone Fundraising  Category/ Type  Od4  Transaction ID: SE-5631971 Date of Public Distribution/Dissemination  Amount  A	LIVE TRANSFERS AND DONOR CREA	TION LLC	<b>X</b> Memo	Item Date	M M / D D / Y Y Y Y
Suite GMB  City SAN JUAN Purpose of Expenditure Telephone Fundrising  Name of Federal Candidate:  LAWRENCE, BRENDA, LULENAR.,  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee  LIVE TRANSFERS AND DONOR CREATION LLC Invoice paid after close of books  Mailing Address 1607 Ponce de Leon ave Suite GM8  City SAN JUAN PR  O0909  President  Category/ Transaction ID: SE-S631969 Date of Disbursement or Obligation  Full Name of Payee  LIVE TRANSFERS AND DONOR CREATION LLC Invoice paid after close of books  Mailing Address 1607 Ponce de Leon ave Suite GM8  City SAN JUAN PR  O0909  President  Category/ Type  O04  Amount  Category/ Type  O04  PR  O0909  President  Senate State:  Amount  Category/ Type  O04  PR  O0909  Transaction ID: SE-S631971 Date of Disbursement or Obligation  Telephone Fundrising  Category/ Type  O04  President  Senate State:  Amount  Oppose President Senate State:  Oppose President Senate State:  AZ  Calendar Year-To-Date Pre Election for Office Sought  11888.32  Other (specify) >  Other (sp	Mailing Address 1607 Ponce de Leon ave				12 10 2021
City SAN JUAN Purpose of Expenditure Telephone Fundraising  Name of Federal Candidate: LAWRENCE, BRENDA, LULENAR, Calendar Year-To-Date Per Election for Office Sought Tinanaction ID: SE-S631969 Date of Disbursement or Obligation  N M M D D D M M M M D D D M M M M D D D M M M M D D D M M M M D D D M M M M M D D M M M M M D D M M M M M D D M M M M M D D M M M M M D D M M M M M D D M M M M M D D M M M M M D M M M M M D M M M M M D M M M D M M M M M D M				Amo	punt
Purpose of Expenditure Telephone Fundraising  Name of Federal Candidate:  LAWRENCE, BRENDA, LULENAR,  Calendar Year-To-Date Per Election for Office Sought  Full Name of Pages Live TRANSFERS AND DONOR CREATION LLC Live TRANSFERS AND DONOR CREATION LLC Live TRANSFERS AND DONOR CREATION LLC Live Glad dater close of books  Mailing Address  1607 Ponce de Leon ave Suite GM8  Calendar Year-To-Date Purpose of Expenditure Telephone Fundraising  Name of Federal Candidate:  LESKO, DEBBIE,  Calendar Year-To-Date Per Election for Office Sought  Transaction ID: SE-5631974 Date of Disbursement For:     Disbursement For:   Primary   General		State	Zip Code		
Name of Federal Candidate:  LAWRENCE, BRENDA, LULENAR,  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee  LIVE TRANSFERS AND DONOR CREATION LLC  Invoice paid after close of books  Mailing Address  Suite GM8  City SAN JUAN  Prupose of Expenditure Telephone Fundraising  Name of Federal Candidate:  LESKO, DEBBIE, , Oppose  Calendar Year-To-Date Per Election for Office Sought  LESKO, DEBBIE, , Oppose  (a) SUBTOTAL of Unitemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.    Value   Val		PR	00909		nsaction ID : SE-S631969
LAWRENCE, BRENDA, LULENAR, Oppose President Senate State: M  Calendar Year-To-Date Per Election for Office Sought 11886.33 Disbursement For: X Primary General 2022 Other (specify) F  Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC Invoice paid after close of books  Mailing Address 1607 Ponce de Leon ave Suite GM8  City SAN JUAN PR 00909 Transaction ID: \$E-\$631971 Date of Disbursement or Obligation  Purpose of Expenditure Telephone Fundraising Category/ Type 004  Name of Federal Candidate: X Support Office Sought: X House District: 08 LESKO, DEBBIE, Oppose President Senate State: AZ  Calendar Year-To-Date Per Election for Office Sought 11888.32 Disbursement For: X Primary General 2022 Other (specify) F  (a) SUBTOTAL of Unitemized Independent Expenditures Portal Independent Portal In	Purpose of Expenditure Telephone Fundraising				M = M / D = D / Y = Y = Y
Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC Invoice paid after close of books  Mailing Address  Gity SAN JUAN  City SAN JUAN  Primary General 2022 Other (specify) ▶  Date of Public Distribution/Dissemination  Transaction ID: SE-S631971 Date of Disbursement or Obligation  Purpose of Expenditure Telephone Fundraising  Name of Federal Candidate: LESKO, DEBBIE,  Calendar Year-To-Date Per Election for Office Sought  Tibes of Disbursement or Obligation  Transaction ID: SE-S631971 Date of Disbursement For: 2022  Office Sought: X House District: 08 President Senate State: AZ Disbursement For: X Primary General 2022 Other (specify) ▶  (a) SUBTOTAL of Itemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditures  (c) TOTAL Independent Expenditures  (c) TOTAL Independent Expenditures  Disbursement For: X Primary General 2022 Other (specify) ▶  Under penalty of perjury 1 certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	Name of Federal Candidate:		<b>✗</b> Support	Office Sou	ght: 🗶 House District:14
Per Election for Office Sought  Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC Invoice paid after close of books  Mailing Address 1607 Ponce de Leon ave Suite GM8  City SAN JUAN  Purpose of Expenditure Telephone Fundraising  Name of Federal Candidate: LESKO, DEBBIE,  Calendar Year-To-Date Per Election for Office Sought  Tibbursement For: Per Election for 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) any political party committee or its agent.  (Electronically Filed)  Date of Public Distribution/Dissemination  Mamount  Amount  Amount  Transaction ID: SE-5631971  Transaction ID:	LAWRENCE, BRENDA, LULENAR, ,		Oppose	Presi	ident Senate State: MI
LIVE TRANSFERS AND DONOR CREATION LLC Invoice paid after close of books  Mailing Address  1607 Ponce de Leon ave Suite GM8  City SAN JUAN Purpose of Expenditure Telephone Fundraising  Name of Federal Candidate: LESKO, DEBBIE  Calendar Year-To-Date Per Election for Office Sought  Tales of State Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  Under penalty of perjury I certify that the 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.  [Electronically Filed]  Date  12		7 7	11888.33	2022	,
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SAN JUAN Purpose of Expenditure Telephone Fundraising  Name of Federal Candidate:  LESKO, DEBBIE  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Unitemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Transaction ID: SE-S631971 Date of Disbursement or Obligation  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		State	Zin Code	F	945.57
Purpose of Expenditure Telephone Fundraising  Name of Federal Candidate:  LESKO, DEBBIE,  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized 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.  Category/ Type  O04  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					nsaction ID : SE-S631971
LESKO, DEBBIE, , ,	· ·				
Calendar Year-To-Date Per Election for Office Sought  (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]  Disbursement For:   Primary One Primary One Other (specify)  One (specify)  One (specify)  One (specify)  One (specify)  Date 12  Date 12  Date 12  Date 12  Date 12  Date 12  Date 13  Date 14  Date 15  Date 16  Date 17  Date 17  Date 17  Date 17  Date 18  Date 18  Date 19  Date 1	Name of Federal Candidate:		<b>✗</b> Support	Office Sou	ght: 🗶 House District:08
(a) SUBTOTAL of Itemized Independent Expenditures	LESKO, DEBBIE, , ,		Oppose	Presi	ident Senate State: AZ
(c) TOTAL Independent Expenditures		7	11888.32	2022 —	
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  Date				· 🗀	0.00
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  MASTROIANNI, STEPHANIE, , ,  [Electronically Filed] Date 12 22 2021	(c) TOTAL Independent Expenditures			· [	
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UNITED WOMEN'S HEALTH ALLIAN	ICE PAC			C C00755694
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Full Name of Payee LIVE TRANSFERS AND DONOR CREA Invoice paid after close of books	TION LLC	X Memo	Item Da	te of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave			Am	nount
Suite GM8 City	State	Zip Code	— Г	945.57
SAN JUAN	PR	00909		ansaction ID : SE-S631973 te of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		M M / D D / Y Y Y Y Y
Name of Federal Candidate:		<b>X</b> Support	Office So	ught: House District: 00
SHAHEEN, JEANNE, , ,		Oppose	Pre	sident Senate State: NH
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	11888.34	Disbursen 2026	nent For:   Primary General  Other (specify) ▶
Full Name of Payee LIVE TRANSFERS AND DONOR CR	EATION LL	C Memo	Item Da	te of Public Distribution/Dissemination
Invoice paid after close of books  Mailing Address				12 29 2021
1607 Ponce de Leon ave Suite GM8			Am	ount
City	State	Zip Code	— Г	945.57
SAN JUAN	PR	00909		ansaction ID : SE-S631975 te of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		M = M / D = D / Y = Y = Y
Name of Federal Candidate:		<b>✗</b> Support	Office So	ught: House District:00
BLUNT, ROY, , ,		Oppose	Pre	sident X Senate State: MO
Calendar Year-To-Date Per Election for Office Sought		11888.37	Disbursen 2022	nent For:   Primary General  Other (specify) ▶
	,			Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures			•	0.00
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(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
MASTROIANNI, STEPHANIE, , ,	Electronically File	ed] Date	M - M 12	/ D D / Y Y Y Y Y 2021
Signature		_ Date	12	
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NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
UNITED WOMEN'S HEALTH ALLIAN	ICE PAC			C C00755694
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M M / D D / Y Y Y Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA Invoice paid after close of books	TION LLC	<b>X</b> Memo	Item D	Date of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave				
Suite GM8			A	mount
City	State	Zip Code		945.57
SAN JUAN	PR	00909	I	Fransaction ID : SE-S631977 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		M = M / D = D / Y = Y = Y
Name of Federal Candidate:		<b>X</b> Support	Office S	Sought: House District: 00
MURRAY, PATTY, , ,		Oppose	l	resident State: WA
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Calendar Year-To-Date Per Election for Office Sought	, , ,	11888.36	2022	Other (specify)
Full Name of Payee LIVE TRANSFERS AND DONOR CR Invoice paid after close of books	REATION LL	.C Memo	Item D	Date of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave				
Suite GM8			A	mount
City	State	Zip Code		945.57
SAN JUAN	PR	00909		Transaction ID : SE-S631979 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		M = M / D = D / Y = Y = Y
Name of Federal Candidate:		<b>✗</b> Support	Office S	Sought: House District: 00
VAN HOLLEN, CHRIS, , ,		Oppose	Pr	resident State: MD
Calendar Year-To-Date		11888.36		ement For: 🗶 Primary General
Per Election for Office Sought	1 1	11000.30	2022	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	·		•	0.00
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Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
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Presid	lent x	<b>S</b> enate	State: NC
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### SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

MIZED INDEPENDENT EXPENDITURES						87 OF 325 24 OF FORM 3X
ME OF COMMITTEE (In Full) NITED WOMEN'S HEALTH ALLIAN	CE DAC			FEC	IDENTIFICA	TION NUMBER ▼
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Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	☐ Memo	Item [	Date of Pub	lic Distributio	on/Dissemination
Mailing Address 1607 Ponce de Leon ave			A	mount	13	2021
Suite GM8 Dity	State	Zip Code				1375.00
SAN JUAN	PR	00909			ID: SE-S43 oursement or	1198
Purpose of Expenditure Telephone Fundraising		Category/ Type 00	4	10	06	/ Y Y Y Y 2021
Name of Federal Candidate: LAWRENCE, BRENDA, LULENAR, ,		Support Oppose	Office S	Sought: resident	<b>X</b> House Senate	District:14 State:MI
Calendar Year-To-Date Per Election for Office Sought	7 7	1375.00	Disburs 2022	ement For:  Other (s	Prima specify) ▶	ary General
Full Name of Payee LIVE TRANSFERS AND DONOR CR	EATION LI	LC Memo	Item [	Date of Pub	lic Distributio	on/Dissemination
Mailing Address 1607 Ponce de Leon ave						
Suite GM8				mount		
City	State	Zip Code				1375.00
SAN JUAN	PR	00909			n ID : SE-S4 oursement or	
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	1	10 M	06	2021
Name of Federal Candidate:		<b>✗</b> Support	Office S	Sought:	<b>X</b> House	District:08
ESKO, DEBBIE, , ,		Oppose	P	resident	Senate	State: AZ
Calendar Year-To-Date Per Election for Office Sought	T T	1375.00	Disburs 2022	ement For: Other (s	Prima specify) ▶	ary General
a) SUBTOTAL of Itemized Independent Expenditures						2750.00
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HEDULE E (FEC Form 3X)				PAGE 288 OF 325
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ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
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Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	☐ Memo	Item	Date of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave				10 13 2021 Amount
Suite GM8 City	State	Zip Code		1375.00
SAN JUAN	PR	00909		Transaction ID : SE-S431202 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	1	10 06 / Y Y Y Y Y
Name of Federal Candidate:		<b>✗</b> Support	Office	e Sought: House District: 00
SHAHEEN, JEANNE, , ,		Oppose		President Senate State: NH
Calendar Year-To-Date Per Election for Office Sought	T   T	1375.00	Disbu 2026	orsement For:   Primary General  Other (specify) ▶
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Mailing Address 1607 Ponce de Leon ave				
Suite GM8				Amount
City	State	Zip Code		1375.00
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Purpose of Expenditure Telephone Fundraising		Category/ Type 004		10 06 Y Y Y Y Y Y Y
Name of Federal Candidate:		<b>✗</b> Support	Office	e Sought: House District: 00
BLUNT, ROY, , ,		Oppose		President Senate State: MO
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	1375.00	Disbu 2022	rrsement For:   ✓ Primary General  Other (specify) ►
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msaction of Disk	n ID: SE-S43 pursement or  / 06  House  X Senate  X Primal specify) ▶	1375.00  1208 Obligation  2021  District: 00 State: MD  Ty General

UNITED WOMEN'S HEALTH ALLIANCE PAC  C C00755694						
Check if 24-hour report 48-hour report New report Amends report filed on 48-hour report						
Full Name of Payee LIVE TRANSFERS AND DONOR CR	Item Date of Public Distribution/Dissemination					
Mailing Address 1607 Ponce de Leon ave	10 13 2021 Amount					
Suite GM8			Amount			
City	State	Zip Code	1375.00			
SAN JUAN	PR	00909	Transaction ID : SE-S431206  Date of Disbursement or Obligation			
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	10 06 7 2021			
Name of Federal Candidate:		<b>✗</b> Support	Office Sought: House District: 00			
MURRAY, PATTY, , ,		Oppose	President X Senate State: WA			
Calendar Year-To-Date Per Election for Office Sought		1375.00	Disbursement For:   ✓ Primary General  2022 Other (specify)			
Full Name of Payee		Memo				
LIVE TRANSFERS AND DONOR	CREATION LL		10 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 1607 Ponce de Leon ave			Arrowst			
Suite GM8			Amount			
City	State	Zip Code	1375.00			
SAN JUAN	PR	00909	Transaction ID : SE-S431208  Date of Disbursement or Obligation			
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	10 06 7 2021			
Name of Federal Candidate:		<b>✗</b> Support	Office Sought: House District:00			
VAN HOLLEN, CHRIS, , ,		Oppose	President Senate State: MD			
Calendar Year-To-Date Per Election for Office Sought		1375.00	Disbursement For:  Primary General 2022			
	,		Uther (specify) ▶			
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		2750.00			
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		<b>•</b>			
(c) TOTAL Independent Expenditures			<b>•</b>			
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, , , Signature	[Electronically Fil	ed] Date	10 13 2021			
Oignaturo			FF0.6.1.1.7.75			
			FEC Schedule E (Form 3X) Rev. 05/2016			

	PAGE 2	90 OF 325					
	FOR LINE 24 OF FORM 3X						
FEC	_	TION NUMBER ▼					
С	C0075569						
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of Pub	olic Distribution	on/Dissemination					
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nt							
		1400.25					
actio	n ID : SE-S43	31107					
	bursement or						
10 <sup>M</sup>	13	2021					
t:	House	District:00					
ent	<b>✗</b> Senate	TV					
t For:	<b>★</b> Prima	ary General					
ther (	specify) ▶ _						
f Pub	olic Distribution	on/Dissemination					
10 <sup>M</sup>	/ 20	2021					
nt							
		1400.25					
actio	n ID : SE-S4	31109					
	bursement or	•					
10	13	2021					
	House	District:00					
t:							
	<b>X</b> Senate	State: NC					
ent		Sidle.					
ent t For:	<b>x</b> Prima	Sidle.					
t: ent t For: ther (		Sidle.					
ent t For:	<b>x</b> Prima	ary General					
ent t For: ther (	<b>x</b> Prima	ary General 2800.50					
ent t For: ther (	Prima	ary General 2800.50					
ent t For: ther (	Prima	ary General  2800.50					
ent t For: ther (	Prima Specify) ▶ _	ary General  2800.50					

NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
UNITED WOMEN'S HEALTH ALLIAN	ICE PAC			C C00755694
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	☐ Memo	Item D	ate of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave			Δ	10 20 2021 mount
Suite GM8				mount
City SAN JUAN	State PR	Zip Code 00909		ransaction ID : SE-S431107 ate of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		M M / D D / Y Y Y Y 1 1 2021
Name of Federal Candidate:		X Support	Office S	ought: House District: 00
CORNYN, JOHN, , Sen,		<ul><li>Support</li><li>Oppose</li></ul>		ought: House District: 00 resident State: TX
Calendar Year-To-Date Per Election for Office Sought	7	2775.26	Disburse	ement For:   Primary General  Other (specify) ▶
Full Name of Payee LIVE TRANSFERS AND DONOR CR	REATION LL	.C Memo	Item D	ate of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave Suite GM8			A	mount
City	State	Zip Code		1400.25
SAN JUAN	PR	00909		Transaction ID : SE-S431109 ate of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		10 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		<b>✗</b> Support	Office S	ought: House District: 00
TILLIS, THOM, R., Sen,		Oppose		resident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	<u>, , , , , , , , , , , , , , , , , , , </u>	2775.25	Disburse 2026	ement For: <b>x</b> Primary General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	·		• [	2800.50
(b) SUBTOTAL of Unitemized Independent Expenditu	res		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
MASTROIANNI, STEPHANIE, , , Signature	[Electronically Fil	<i>[ed]</i> Date	e 10	20 / 2021
<del></del>				
				FEC Schedule E (Form 3X) Rev. 05/2010

TEMIZED INDEPENDENT EXPENDITURES			PAGE 291 OF 325
			FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIAN	CE DAC		FEC IDENTIFICATION NUMBER ▼
ONITED WOMEN'S HEALTH ALLIAN	ICE PAC		C C00755694
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on MMM / DD / YYYYY
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	☐ Memo	Item Date of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave			10 20 2021
Suite GM8			Amount
City	State	Zip Code	1400.25
SAN JUAN	PR	00909	Transaction ID : SE-S431111  Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	10 / 13 / 2021
Name of Federal Candidate:		<b>X</b> Support	Office Sought:
LAWRENCE, BRENDA, LULENAR, ,		Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	7 1 7	2775.25	Disbursement For:   Primary General  2022 Other (specify) ▶
Full Name of Payee LIVE TRANSFERS AND DONOR CR  Mailing Address  1607 Ponce de Leon ave	EATION LL	.C Memo	Item Date of Public Distribution/Dissemination
Suite GM8			Amount
City	State	Zip Code	1400.25
SAN JUAN	PR	00909	Transaction ID : SE-S431113  Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	10 / 13 / 2021
Name of Federal Candidate:		<b>x</b> Support	Office Sought:  House District: 08
LESKO, DEBBIE, , ,		Oppose	President Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought		2775.25	Disbursement For:   ✓ Primary General  2022 Other (specify)   ✓
(a) SUBTOTAL of Itemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditure			
(b) GOD TO TAL OF OTHER MIZE OF THE PROPERTY EXPENDITION	03		
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ite or authorized	•	•
MASTROIANNI, STEPHANIE, , ,	Electronically Fil	ded] Date	e 10 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

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 $MASTROIANNI,\,STEPHANIE,\,,\,,$ 

Signature

SCHEDULE E (FEC Form 3X) FEMIZED INDEPENDENT EXPENDITURES				PAGE 292 OF 325
				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIAN		FEC IDENTIFICATION NUMBER ▼		
UNITED WOMEN 5 REALTH ALLIAN	ICE PAC			C C00755694
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed o	on M = M / D = D / Y = Y = Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	☐ Memo	Item	Date of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave		10 20 2021 Amount		
Suite GM8	I -			
City SAN JUAN	State	Zip Code 00909		1400.25 Transaction ID : SE-S431115
Purpose of Expenditure				Date of Disbursement or Obligation
Telephone Fundraising		Category/ Type 004	4	10 13 2021
Name of Federal Candidate:		<b>x</b> Support	Office	Sought: House District: 00
SHAHEEN, JEANNE, , ,		Oppose		President Senate State: NH
Calendar Year-To-Date Per Election for Office Sought	7 1 7	2775.25	Disburs 2026	sement For:   Primary General  Other (specify) ▶
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
LIVE TRANSFERS AND DONOR CR	REATION LL	.C		10 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1607 Ponce de Leon ave				Amount
Suite GM8	To			
City SAN JUAN	State PR	Zip Code 00909		1400.25  Transaction ID : SE-S431117  Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		10 13 2021
Name of Federal Candidate:		<b>✗</b> Support	Office	Sought: House District: 00
BLUNT, ROY, , ,		Oppose	I	President Senate State: MO
Calendar Year-To-Date Per Election for Office Sought	7 7	2775.26	Disburs 2022	sement For: <b>x</b> Primary General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				2800.50
(b) SUBTOTAL of Unitemized Independent Expenditure	res		. •	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			

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Signature

 $MASTROIANNI,\,STEPHANIE,\,,\,$ 

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SCHEDULE E (FEC Form 3X) TEMIZED INDEPENDENT EXPENDITURES	<b>3</b>		PAGE 293 OF 325
NAME OF COMMITTEE (I. F. II)			FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIAN	ICE DAC		FEC IDENTIFICATION NUMBER ▼
ONTED WOMEN'S HEALTH ALLIA	NOL I AC		C C00755694
Check if 24-hour report 48-hour report	New rep	ort Amends repo	oort filed on M M M / D D / Y Y Y Y Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	ATION LLC	☐ Memo	Date of Public Distribution/Dissemination  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1607 Ponce de Leon ave			
Suite GM8			Amount
City	State	Zip Code	1400.25
SAN JUAN	PR	00909	Transaction ID : SE-S431119 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	14 10 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		<b>✗</b> Support	Office Sought: House District: 00
MURRAY, PATTY, , ,		Oppose	President Senate State: WA
Calendar Year-To-Date Per Election for Office Sought	7 1 7	2775.25	Disbursement For:   ✓ Primary General  2022  Other (specify)
Mailing Address  1607 Ponce de Leon ave	REATION LL		M 10 / 20 / Y 2021 Y Amount
Suite GM8 City	State	Zip Code	1400.25
SAN JUAN	PR	00909	Transaction ID : SE-S431121 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:		<b>✗</b> Support	Office Sought: House District: 00
VAN HOLLEN, CHRIS, , ,		Oppose	President Senate State: MD
Calendar Year-To-Date Per Election for Office Sought	7 7	2775.25	Disbursement For:    ✓ Primary General  Control  Other (specify)   ✓
(a) SUBTOTAL of Itemized Independent Expenditures	s		> 2800.50
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres		· •
(c) TOTAL Independent Expenditures			··· •
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized		

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SCHEDULE E (FEC FORM 3X) TEMIZED INDEPENDENT EXPENDITURES	i			PAGE 294 OF 325	
OF OOMBETTEE (I. F. III)				FOR LINE 24 OF FORM 3X	
NAME OF COMMITTEE (In Full)  UNITED WOMEN'S HEALTH ALLIANCE PAC					
ONITED WOMEN STIERETT ALLIAN	NOL FAO			C C00755694	
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed	on M M / D D / Y Y Y Y	
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	ATION LLC	☐ Memo	Item	Date of Public Distribution/Dissemination  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 1607 Ponce de Leon ave		11 00 2021			
Suite GM8				Amount	
City	State	Zip Code		1287.79	
SAN JUAN	PR	00909		Transaction ID : SE-S434145 Date of Disbursement or Obligation	
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	1	10 27 7 2021	
Name of Federal Candidate:		<b>X</b> Support	Office	e Sought: House District: 00	
CORNYN, JOHN, , Sen,		Oppose		President State: TX	
Calendar Year-To-Date Per Election for Office Sought		4063.05	Disbu 2026	ursement For:   ✓ Primary General  Other (specify)   ✓	
Full Name of Payee LIVE TRANSFERS AND DONOR CF  Mailing Address  1607 Ponce de Leon ave	LIVE TRANSFERS AND DONOR CREATION LLC  Mailing Address				
Suite GM8				Amount	
City SAN JUAN	State PR	Zip Code 00909		Transaction ID : SE-S434147 Date of Disbursement or Obligation	
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		10 D D / Y Y Y Y Y Y 2021	
Name of Federal Candidate:		<b>✗</b> Support	Office	e Sought: House District: 00	
TILLIS, THOM, R., Sen,		Oppose		President Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		4063.04	Disbu 2026	ursement For:   ✓ Primary General  Other (specify)  ✓	
(a) SUBTOTAL of Itemized Independent Expenditures				2575.58	
(b) SUBTOTAL of Unitemized Independent Expenditu	ires		•		
(c) TOTAL Independent Expenditures			•		
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidaparty committee) any political party committee or its	ate or authorized				
MASTROIANNI, STEPHANIE, , ,	[Electronically Fil	[ed] Date	e 1	1 03 2021	

TEMIZED INDEPENDENT EXPENDITURES			PAGE 295 OF 325
			FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIAN	ICE DAC		FEC IDENTIFICATION NUMBER ▼
UNITED WOWEN 5 REALTH ALLIAN	ICE PAC		C C00755694
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on Man / Dad / Yayayay
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	☐ Memo	Item Date of Public Distribution/Dissemination  11 03 2021
Mailing Address 1607 Ponce de Leon ave			
Suite GM8			Amount
City	State	Zip Code	1287.79
SAN JUAN	PR	00909	Transaction ID : SE-S434149  Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	10 27 7 2021
Name of Federal Candidate:		<b>X</b> Support	Office Sought:
LAWRENCE, BRENDA, LULENAR, ,		Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	7	4063.04	Disbursement For: <b>x</b> Primary General 2022 Other (specify) ▶
Full Name of Payee LIVE TRANSFERS AND DONOR CR  Mailing Address  1607 Ponce de Leon ave	REATION LL	Memo	11 03 7 2021
Suite GM8			Amount
City SAN JUAN	State PR	Zip Code 00909	1287.79  Transaction ID : SE-S434151  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:		<b>✗</b> Support	Office Sought:   M House District: 08
LESKO, DEBBIE, , ,		Oppose	President Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought	1 1	4063.04	Disbursement For:   ■ Primary General 2022 Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditure			
(c) TOTAL Independent Expenditures			<b>•</b>
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	•	
MASTROIANNI, STEPHANIE, , ,	[Electronically Fil	led] Date	e 11 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

	PAGE 29	6 OF 325
		24 OF FORM 3X
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	n ID: SE-S434 oursement or	
10	27	2021
ht:	House	District:00
lent	<b>✗</b> Senate	State: NH
nt For:	<b>✗</b> Primar	y General
Other (s	specify) ►	
		n/Dissemination
11	03	2021
ınt		
	n ID : SE-S43	
	oursement or	0
10	27	2021
ht:	House	District:00
lent	<b>✗</b> Senate	State: MO
nt For:		
	specify) ▶	
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-		2575.59
	-	

UNITED WOMEN'S HEALTH ALLIANCE PAC  C C00755694						
Check if 24-hour report 48-hour report New report Amends report filed on 48-hour report						
Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC  Date of Public Distribution/Dissemination						
Mailing Address 1607 Ponce de Leon ave						
Suite GM8			'	Amount		
City	State	Zip Code		1287.79		
SAN JUAN						
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		10 27 / 2021		
Name of Federal Candidate:		<b>✗</b> Support	Office \$	Sought: House District: 00		
SHAHEEN, JEANNE, , ,		Oppose		President Senate State: NH		
Calendar Year-To-Date Per Election for Office Sought		4063.04	Disburs 2026	sement For: <b>x</b> Primary General  Other (specify) ▶		
Full Name of Daviso			11   1	Date of Public Distribution/Dissemination		
Full Name of Payee LIVE TRANSFERS AND DONOR CR	EATION LL	C Memo	Item	Date of Public Distribution/Dissemination		
Mailing Address 1607 Ponce de Leon ave						
Suite GM8			,	Amount		
City	State	Zip Code		1287.80		
SAN JUAN	PR	00909		Transaction ID : SE-S434155 Date of Disbursement or Obligation		
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		10 27 7 2021		
Name of Federal Candidate:		<b>✗</b> Support	Office S	Sought: House District: 00		
BLUNT, ROY, , ,		Oppose		President Senate State: MO		
Calendar Year-To-Date Per Election for Office Sought	7	4063.06	Disburs 2022	ement For: <b>x</b> Primary General  Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			• [	2575.59		
(b) SUBTOTAL of Unitemized Independent Expenditure	es		<b>•</b>			
(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	ed] Date	M = M	03 2021		
Signature						
				FEC Schedule E (Form 3X) Rev. 05/2016		

Signature

 $MASTROIANNI,\,STEPHANIE,\,,\,$ 

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SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES	<b>.</b>			PAGE 297 OF 325
				PAGE 297 OF 325 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
UNITED WOMEN'S HEALTH ALLIAN	NCE PAC			C C00755694
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	M M / D D / Y Y Y Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	ATION LLC	☐ Memo	Item Date	of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave				11 00 2021
Suite GM8			Amo	unt
City	State	Zip Code	$ \Gamma$	1287.80
SAN JUAN	PR	00909		saction ID : SE-S434157 of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		<b>X</b> Support	Office Soug	ht: House District: 00
MURRAY, PATTY, , ,		Oppose	Presid	\\\\
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	4063.05	Disburseme	ont For: <b>x</b> Primary General  Other (specify) ▶
Mailing Address  1607 Ponce de Leon ave	REATION LL	.C	Amou	11 / 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Suite GM8 City	State	Zip Code	-	1287.80
SAN JUAN	PR	00909		nsaction ID : SE-S434159 of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		10 27 2021
Name of Federal Candidate:		<b>✗</b> Support	Office Soug	ht: House District: 00
VAN HOLLEN, CHRIS, , ,		Oppose	Presid	dent Senate State: MD
Calendar Year-To-Date Per Election for Office Sought	7	4063.05	Disburseme	ent For: 🗶 Primary General  Other (specify) 🕨
(a) SUBTOTAL of Itemized Independent Expenditures	s		· [	2575.60
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres		<b>•</b>	
(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			

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TEMIZED INDEPENDENT EXPENDITURES			PAGE 298 OF 325
			FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIAN	ICE DAC		FEC IDENTIFICATION NUMBER ▼
UNITED WOWEN 3 HEALTH ALLIAN	ICE FAC		C C00755694
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	☐ Memo	Item Date of Public Distribution/Dissemination  11 17 2021
Mailing Address 1607 Ponce de Leon ave			
Suite GM8			Amount
City	State	Zip Code	1120.60
SAN JUAN	PR	00909	Transaction ID : SE-S434177  Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	11 03 7 2021
Name of Federal Candidate:		<b>X</b> Support	Office Sought: House District: 00
CORNYN, JOHN, , Sen,		Oppose	President Senate State: TX
Calendar Year-To-Date Per Election for Office Sought	<u> </u>	6223.75	Disbursement For:   ✓ Primary General  2026 Other (specify)   ✓
Full Name of Payee LIVE TRANSFERS AND DONOR CR  Mailing Address  1607 Ponce de Leon ave Suite GM8	EATION LL	C Memo	Date of Public Distribution/Dissemination  M 11
City	State	Zip Code	1120.59
SAN JUAN	PR	00909	Transaction ID : SE-S434179  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:		<b>x</b> Support	Office Sought: House District: 00
TILLIS, THOM, R., Sen,		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	<u> </u>	6223.72	Disbursement For:   ✓ Primary General  2026 Other (specify)   ✓
(a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditure			
(c) TOTAL Independent Expenditures			<b>&gt;</b>
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	•	• • • • • • • • • • • • • • • • • • • •
MASTROIANNI, STEPHANIE, , ,	Electronically Fil	<i>led]</i> Date	e 11 17 2021

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 $MASTROIANNI,\,STEPHANIE,\,,\,,$ 

Signature

SCHEDULE E (FEC Form 3X) TEMIZED INDEPENDENT EXPENDITURES				PAGE 299 OF 325
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIAN	ICE PAC			FEC IDENTIFICATION NUMBER ▼
ONTED WOMEN OTHER ETTIMES	02170			C C00755694
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed	on M M / D D / Y Y Y Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	☐ Memo	Item	Date of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave				Amount
Suite GM8 City	State	Zip Code		1120.59
SAN JUAN	PR	00909		Transaction ID : SE-S434181 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	1	11 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		<b>✗</b> Support	Office	e Sought: X House District: 14
LAWRENCE, BRENDA, LULENAR, ,		Oppose		President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	7 1 7	6223.72	Disbu 2022	ursement For:   ✓ Primary General  Other (specify) ▶
Full Name of Payee		Memo	Itom	Date of Public Distribution/Dissemination
LIVE TRANSFERS AND DONOR CR	EATION LL		item	M M / D D / Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1
Mailing Address 1607 Ponce de Leon ave				Amount
Suite GM8	Ctata	Zin Codo		1120.59
City SAN JUAN	State PR	Zip Code 00909		Transaction ID : SE-S434183 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising	1	Category/ Type 004		11 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		<b>✗</b> Support	Office	e Sought: X House District: 08
LESKO, DEBBIE, , ,		Oppose		President Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought	7	6223.72	Disbu 2022	orsement For:   ✓ Primary General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			. •	2241.18
(b) SUBTOTAL of Unitemized Independent Expenditure	'es		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			

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SCHEDULE E (FEC Form 3X)				
TEMIZED INDEPENDENT EXPENDITURES				PAGE 300 OF 325
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
UNITED WOMEN'S HEALTH ALLIAN	ICE PAC			FEC IDENTIFICATION NUMBER ▼
• • • • • • • • • • • • • • • • • • •				C C00755694
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	M = M / D = D / Y = Y = Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	☐ Memo	Item Date	e of Public Distribution/Dissemination
Mailing Address				11 2021
1607 Ponce de Leon ave Suite GM8			Amo	ount
City	State	Zip Code		1120.60
SAN JUAN	PR	00909	Tra	nsaction ID : SE-S434185 e of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		11 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		<b>X</b> Support	Office Sou	ght: House District: 00
SHAHEEN, JEANNE, , ,		Oppose		ident Senate State: NH
Calendar Year-To-Date Per Election for Office Sought	7 7	6223.74	Disbursem 2026	ent For: <b>x</b> Primary General  Other (specify) ▶
Full Name of Payee LIVE TRANSFERS AND DONOR CR  Mailing Address  1607 Ponce de Leon ave	REATION LL	.C Memo		e of Public Distribution/Dissemination  11
Suite GM8 City	State	Zip Code		1120.60
SAN JUAN	PR	00909		Insaction ID : SE-S434187 e of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		11 03 2021
Name of Federal Candidate:		<b>✗</b> Support	Office Sou	ght: House District: 00
BLUNT, ROY, , ,		Oppose	Pres	ident Senate State: MO
Calendar Year-To-Date Per Election for Office Sought	<u>, , , , , , , , , , , , , , , , , , , </u>	6223.76	Disbursem 2022	ent For: <b>x</b> Primary General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	·		• <u></u>	2241.20
(b) SUBTOTAL of Unitemized Independent Expenditure	res		•	
(c) TOTAL Independent Expenditures			<b>•</b> [	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
MASTROIANNI, STEPHANIE, , ,	[Electronically Fil	led] Date	M = M 11	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

SCHEDULE E (FEC FORM 3X) TEMIZED INDEPENDENT EXPENDITURES				PAGE 301 OF 325		
NAME OF COMMITTEE (I. F. II)				FOR LINE 24 OF FORM 3X		
NAME OF COMMITTEE (In Full)  UNITED WOMEN'S HEALTH ALLIANCE PAC						
ONITED WOMEN 3 HEALTH ALLIAN	ICE PAC			C C00755694		
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed	on M M / D D / Y M Y M Y		
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	ATION LLC	☐ Memo	Item	Date of Public Distribution/Dissemination		
Mailing Address 1607 Ponce de Leon ave				11 17 2021		
Suite GM8				Amount		
City	State	Zip Code		1120.60		
SAN JUAN	PR	00909		Transaction ID : SE-S434189 Date of Disbursement or Obligation		
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		11 03 7 2021		
Name of Federal Candidate:		<b>X</b> Support	Office	e Sought: House District: 00		
MURRAY, PATTY, , ,		Oppose		President Senate State: WA		
Calendar Year-To-Date Per Election for Office Sought	7 1 7	6223.75	Disbu 2022	ursement For:   ✓ Primary General  Other (specify)   ✓		
Full Name of Payee LIVE TRANSFERS AND DONOR CF  Mailing Address  1607 Ponce de Leon ave	REATION LL	.C Memo	Item	Date of Public Distribution/Dissemination		
Suite GM8				Amount		
City SAN JUAN	State	Zip Code 00909		1120.60  Transaction ID : SE-S434191  Date of Disbursement or Obligation		
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		11 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate:		<b>✗</b> Support	Office	e Sought: House District:00		
VAN HOLLEN, CHRIS, , ,		Oppose		President Senate State: MD		
Calendar Year-To-Date Per Election for Office Sought	7	6223.75	Disbu 2022	ursement For: <b>x</b> Primary General  Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures	3		•	2241.20		
(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 candidaparty committee) any political party committee or its	ate or authorized					
MASTROIANNI, STEPHANIE, , ,	[Electronically Fil	[ed] Date	e 1	1 17 2021		

SCHEDULE E (FEC FORM 3X) TEMIZED INDEPENDENT EXPENDITURES				PAGE 302 OF 325	
NAME OF COMMITTEE (L. F. II)				FOR LINE 24 OF FORM 3X	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIAN	ICE DAC			FEC IDENTIFICATION NUMBER ▼	
ONITED WOMEN 3 HEALTH ALLIAN	NCE PAC			C C00755694	
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed or	1	
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	ATION LLC	☐ Memo	Item [	Date of Public Distribution/Dissemination	
Mailing Address 1607 Ponce de Leon ave				2021	
Suite GM8			l A	Amount	
City	State	Zip Code		1040.10	
SAN JUAN	PR	00909		Fransaction ID : SE-S434193 Date of Disbursement or Obligation	
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		11 10 / 2021	
Name of Federal Candidate:		<b>X</b> Support	Office S	Sought: House District:00	
CORNYN, JOHN, , Sen,		Oppose		resident Senate State: TX	
Calendar Year-To-Date Per Election for Office Sought	7 1 7	6223.75	Disburs 2026	ement For: <b>x</b> Primary General  Other (specify) ▶	
Full Name of Payee LIVE TRANSFERS AND DONOR CF  Mailing Address  1607 Ponce de Leon ave Suite GM8	REATION LL	.C Memo		Date of Public Distribution/Dissemination  11	
City	State	Zip Code		1040.09	
SAN JUAN	PR	00909	<b>I</b>	Transaction ID : SE-S434195 Date of Disbursement or Obligation	
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		11 10 / 2021	
Name of Federal Candidate:		<b>x</b> Support	Office S	Sought: House District:00	
TILLIS, THOM, R., Sen,		Oppose	P	resident Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought	7 7	6223.72	Disburs 2026	ement For:   Primary General  Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures					
(c) TOTAL Independent Expenditures			•		
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidaparty committee) any political party committee or its	ate or authorized				
MASTROIANNI, STEPHANIE, , ,	[Electronically Fil	[ed] Date	M = M	17 2021	

	PAGE 303 OF 325
	FOR LINE 24 OF FORM 3X
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ident	Senate State: MI
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NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
UNITED WOMEN'S HEALTH ALLIAN	ICE PAC			C C00755694
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed	on M M / D D / Y Y Y Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	☐ Memo	Item	Date of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave				11 17 2021 Amount
Suite GM8				7 III GUIL
City	State	Zip Code		1040.09
SAN JUAN	PR	00909		Transaction ID : SE-S434197 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		11 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		<b>✗</b> Support	Office	Sought: House District: 14
LAWRENCE, BRENDA, LULENAR, ,		Oppose		President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	7	6223.72	Disbu 2022	rsement For:   ✓ Primary General  Other (specify)  ✓
Full Name of Payee LIVE TRANSFERS AND DONOR CR	REATION LL	C Memo	Item	Date of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave				للتقيا لتا لتا
Suite GM8				Amount
City	State	Zip Code		1040.09
SAN JUAN	PR	00909		Transaction ID : SE-S434199 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		M 11 / 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		<b>✗</b> Support	Office	Sought: House District: 08
LESKO, DEBBIE, , ,		Oppose		President Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought	7-1-1-7	6223.72	Disbu 2022	rsement For:   Primary General  Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures			•	2080.18
(b) SUBTOTAL of Unitemized Independent Expenditure	res		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
	Electronically Fil	ed] Date	M 11	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature				
				FEC Schedule E (Form 3X) Rev. 05/201

SCHEDULE E (FEC FORM 3X) TEMIZED INDEPENDENT EXPENDITURES	i			PAGE 304 OF 325
NAME OF COMMITTEE (L. F. II)				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIAN	ICE DAC			FEC IDENTIFICATION NUMBER ▼
ONITED WOMEN 3 HEALTH ALLIAN	ICE PAC			C C00755694
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed	on M M / D D / Y Y Y Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	ATION LLC	☐ Memo	Item	Date of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave				11 17 2021
Suite GM8				Amount
City	State	Zip Code		1040.10
SAN JUAN	PR	00909		Transaction ID : SE-S434201 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		11 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		<b>X</b> Support	Office	e Sought: House District: 00
SHAHEEN, JEANNE, , ,		Oppose		President Senate State: NH
Calendar Year-To-Date Per Election for Office Sought		6223.74	Disbu 2026	orsement For:   Primary General  Other (specify) ▶
Full Name of Payee LIVE TRANSFERS AND DONOR CF  Mailing Address  1607 Ponce de Leon ave	REATION LL	C Memo	Item	Date of Public Distribution/Dissemination  M 1 1 17
Suite GM8		T		404040
City SAN JUAN	State PR	Zip Code 00909		Transaction ID : SE-S434203 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		11 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		<b>✗</b> Support	Office	e Sought: House District: 00
BLUNT, ROY, , ,		Oppose		President Senate State: MO
Calendar Year-To-Date Per Election for Office Sought	1	6223.76	Disbu 2022	ursement For:   ✓ Primary General  Other (specify)   ✓
(a) SUBTOTAL of Itemized Independent Expenditures	\$		. ▶	2080.20
(b) SUBTOTAL of Unitemized Independent Expenditu	res		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
MASTROIANNI, STEPHANIE, , ,	[Electronically File	[ed] Date	e 1	1 17 2021

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 $MASTROIANNI,\,STEPHANIE,\,,\,$ 

Signature

CHEDULE E (FEC Form 3X)				
EMIZED INDEPENDENT EXPENDITURES				PAGE 305 OF 325
				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	105 540			FEC IDENTIFICATION NUMBER ▼
UNITED WOMEN'S HEALTH ALLIAN	ICE PAC			C C00755694
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	M / D D / Y Y Y Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	M	of Public Distribution/Dissemination		
Mailing Address 1607 Ponce de Leon ave	Amoun			
Suite GM8				
City	State	Zip Code		1040.10
SAN JUAN	PR	00909		action ID : SE-S434205 If Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising				11 10 2021
Name of Federal Candidate:		<b>X</b> Support	Office Sought	t: House District:00
MURRAY, PATTY, , ,		Oppose	Preside	\\\\\\
Calendar Year-To-Date Per Election for Office Sought	7 1 7	6223.75	Disbursement 2022 Ot	t For: <b>x</b> Primary General
Full Name of Payee LIVE TRANSFERS AND DONOR CF  Mailing Address 4507 Pages do Lorg ave	REATION LL	_C Memo	M	f Public Distribution/Dissemination
1607 Ponce de Leon ave			Amoun	nt
Suite GM8 City	State	Zip Code		1040.10
SAN JUAN	PR	00909		action ID : SE-S434207  If Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	М	11 10 7 2021
Name of Federal Candidate:		<b>✗</b> Support	Office Sought	t: House District: 00
VAN HOLLEN, CHRIS, , ,		Oppose	Preside	ent Senate State: MD
Calendar Year-To-Date Per Election for Office Sought	7 7	6223.75	Disbursement 2022 Of	ther (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	·		•	2080.20
(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 candidate party committee) any political party committee or its	ate or authorized			

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 $MASTROIANNI,\,STEPHANIE,\,,\,$ 

Signature

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES			PAGE 306 OF 325
			FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
UNITED WOMEN'S HEALTH ALLIAN	ICE PAC		C C00755694
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on M M / D D / Y Y Y Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	☐ Memo	Date of Public Distribution/Dissemination  11 24 2021
Mailing Address 1607 Ponce de Leon ave			Amount
Suite GM8	State	Zip Code	909.84
City SAN JUAN	PR	00909	Transaction ID : SE-S434209 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	M M / D D / Y Y Y
Name of Federal Candidate:		<b>X</b> Support	Office Sought: House District: 00
CORNYN, JOHN, , Sen,		Oppose	President Senate State: TX
Calendar Year-To-Date Per Election for Office Sought	<u> </u>	7133.59	Disbursement For: <b>x</b> Primary General 2026 Other (specify) ▶
Full Name of Payee		Memo	o Item Date of Public Distribution/Dissemination
LIVE TRANSFERS AND DONOR CR	REATION LL	C	11 / 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1607 Ponce de Leon ave			Amount
Suite GM8 City	State	Zip Code	909.84
SAN JUAN	PR	00909	Transaction ID : SE-S434211 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	4 11 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		<b>✗</b> 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	<i>5 5</i>	7133.56	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures			▶ 1819.68
(b) SUBTOTAL of Unitemized Independent Expenditure	res		<b>→</b>
(c) TOTAL Independent Expenditures			· •
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	•	

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NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼						
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Full Name of Payee LIVE TRANSFERS AND DONOR (	CREATION LLC	☐ Memo	Item	Date of Public Distribution/Dissemination		
Mailing Address 1607 Ponce de Leon ave				11 24 2021		
Suite GM8				Amount		
City	State	Zip Code		909.84		
SAN JUAN	PR	00909		Transaction ID : SE-S434213 Date of Disbursement or Obligation		
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	1	11 / D D / Y Y Y Y Y Y 17 17 2021		
Name of Federal Candidate:		<b>X</b> Support	Office	Sought:  House District: 14		
LAWRENCE, BRENDA, LULENAR, ,		Oppose		President Senate State: MI		
Calendar Year-To-Date Per Election for Office Sought		7133.56	Disbu 2022	rsement For:		
Full Name of Payee		Memo	Item	Date of Public Distribution/Dissemination		
LIVE TRANSFERS AND DONO	R CREATION LL	.C		11 24 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 1607 Ponce de Leon ave						
Suite GM8				Amount		
City	State	Zip Code		909.84		
SAN JUAN	PR	00909		Transaction ID : SE-S434215 Date of Disbursement or Obligation		
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		11 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate:		<b>✗</b> Support	Office	Sought:  House District: 08		
LESKO, DEBBIE, , ,		Oppose		President Senate State: AZ		
Calendar Year-To-Date Per Election for Office Sought		7133.56	Disbu 2022	rsement For: <b>x</b> Primary General  Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expen	ditures		•	1819.68		
(b) SUBTOTAL of Unitermized Independent Exp	enditures		•			
(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	e 11	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Signature						
				FEC Schedule E (Form 3X) Rev. 05/2016		

TEMIZED INDEPENDENT EXPENDITURES				
TEMIZED INDEPENDENT EXPENDITURES			PAGE 308 OF 325 FOR LINE 24 OF FORM 3.	· · ·
NAME OF COMMITTEE (In Full)				
UNITED WOMEN'S HEALTH ALLIAN	CE PAC		FEC IDENTIFICATION NUMBER	•
			C C00755694	_
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	]
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	☐ Memo	M M / D D / Y Y Y Y	Y
Mailing Address 1607 Ponce de Leon ave			11 24 2021	_
Suite GM8			Amount	
City	State	Zip Code	909.84	
SAN JUAN	PR	00909	Transaction ID : SE-S434217 Date of Disbursement or Obligation	_
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	4 11 17 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate:		<b>X</b> Support	Office Sought: House District: 00	
SHAHEEN, JEANNE, , ,		Oppose	President State: NH	_
Calendar Year-To-Date Per Election for Office Sought	7	7133.58	Disbursement For:   ✓ Primary General  Other (specify)   ✓	al 
Full Name of Payee LIVE TRANSFERS AND DONOR CR  Mailing Address  1607 Ponce de Leon ave	EATION LL	.C Memo	Item Date of Public Distribution/Dissemination  M 11	
Suite GM8	Totale	7:- O- d-	000.05	
City SAN JUAN	State PR	Zip Code 00909	909.85  Transaction ID : SE-S434219	_
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	Date of Disbursement or Obligation  1 11 17 2021	′
Name of Federal Candidate:		<b>✗</b> Support	Office Sought: House District: 00	
BLUNT, ROY, , ,		Oppose	President Senate State: MO	_
Calendar Year-To-Date Per Election for Office Sought		7133.61	Disbursement For:   ✓ Primary General  Other (specify)   ✓	al —
(a) SUBTOTAL of Itemized Independent Expenditures			▶ 1819.69	]
(b) SUBTOTAL of Unitemized Independent Expenditure	es		<b>&gt;</b>	
(c) TOTAL Independent Expenditures			· •	]
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	te or authorized	-	•	
MASTROIANNI, STEPHANIE, , ,	Electronically Fil	<i>led]</i> Date	e 11 24 2021	

	PAGE 30	
	FOR LINE	24 OF FORM 3X
FEC	IDENTIFICAT	TON NUMBER ▼
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ent For:	<b>x</b> Primai	ry General
Other (	specify) ▶	
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e of Disk  11  ght: ident  ent For: Other (s	House  Senate  Primal specify)	District: 00 State: MD  ry General  1819.70
nsaction of Disk	House  Senate  Primate  Specify)	District: 00 State: MD  ry General  1819.70
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NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼	
UNITED WOMEN'S HEALTH ALLIAN	ICE PAC			C C00755694	
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	M / D D / Y Y Y Y	
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	ATION LLC	☐ Memo	Item Date o		
Mailing Address 1607 Ponce de Leon ave				11 24 2021	
Suite GM8			Amour	TIL.	
City	State	Zip Code	─ I .	909.85	
SAN JUAN	PR	00909		action ID : SE-S434221 of Disbursement or Obligation	
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		11 17 7 2021	
Name of Federal Candidate:		<b>✗</b> Support	Office Sough	nt: House District: 00	
MURRAY, PATTY, , ,		Oppose	Preside		
Calendar Year-To-Date Per Election for Office Sought	7	7133.60	Disbursemen 2022 O	the respective of the results of th	
Full Name of Payee LIVE TRANSFERS AND DONOR CF	REATION LL	_C Memo		of Public Distribution/Dissemination	
Mailing Address 1607 Ponce de Leon ave			Amour		
Suite GM8 City	State	Zip Code		909.85	
SAN JUAN	PR	00909		saction ID : SE-S434223 of Disbursement or Obligation	
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	M	11 17 2021	
Name of Federal Candidate:  VAN HOLLEN, CHRIS, , ,		Support Oppose	Office Sough	MD	
Calendar Year-To-Date Per Election for Office Sought	7 1 7	7133.60	Disbursemen 2022 O	ther (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 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	<i>led]</i> Date	M M M /	24 2021	
Signature		_ Date	النبا	لىتىا لىا	
				FEC Schedule E (Form 3X) Rev. 05/201	

PAGE 310 OF 325 FOR LINE 24 OF FORM 3X
FEC IDENTIFICATION NUMBER ▼
C C00755694
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of Public Distribution/Dissemination
12 01 2021
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action ID : SE-S434225 of Disbursement or Obligation
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t: District: 00
ent Senate State: TX
t For: 🗶 Primary General
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of Public Distribution/Dissemination
12 01 2021
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saction ID : SE-S434227 of Disbursement or Obligation
11 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
t: House District:00
ent Senate State: NC
t For: 🗶 Primary General
ther (specify)
1819.70
cooperation, consultation, or concert

NAME OF COMMITTEE (In Full)  FEC IDENTIFICATION NUMBER ▼						
UNITED WOMEN'S HEALTH ALLIAN	ICE PAC			C C00755694		
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed	on M M / D D / Y Y Y Y		
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	☐ Memo	Item	Date of Public Distribution/Dissemination		
Mailing Address 1607 Ponce de Leon ave				12 01 2021		
Suite GM8				Amount		
City	State	Zip Code		909.85		
SAN JUAN	PR	00909		Transaction ID : SE-S434225 Date of Disbursement or Obligation		
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		11 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate:		<b>✗</b> Support	Office	e Sought: House District: 00		
CORNYN, JOHN, , Sen,		Oppose		President Senate State: TX		
Calendar Year-To-Date Per Election for Office Sought	7	8043.44	Disbu 2026	ursement For:   ✓ Primary General  Other (specify) ►		
Full Name of Davis			.			
Full Name of Payee LIVE TRANSFERS AND DONOR CR	REATION LL	C Memo	Item	Date of Public Distribution/Dissemination		
Mailing Address 1607 Ponce de Leon ave				12 01 2021		
Suite GM8				Amount		
City	State	Zip Code		909.85		
SAN JUAN	PR	00909		Transaction ID : SE-S434227 Date of Disbursement or Obligation		
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		11 24 2021		
Name of Federal Candidate:		<b>∡</b> Support	Office	e Sought: House District: 00		
TILLIS, THOM, R., Sen,		Oppose		President Senate State: NC		
Calendar Year-To-Date		9042 44		ırsement For: 🗶 Primary 🗌 General		
Per Election for Office Sought	7 7	8043.41	2026	Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			•	1819.70		
(b) SUBTOTAL of Unitemized Independent Expenditure	res		•			
(c) TOTAL Independent Expenditures			•			
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized					
	Electronically Fil	ed] Date	e 1	1 29 2021		
Signature						

SCHEDULE E (FEC Form 3X)				
TEMIZED INDEPENDENT EXPENDITURES	i			PAGE 311 OF 325
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
UNITED WOMEN'S HEALTH ALLIAN	ICE PAC			FEC IDENTIFICATION NUMBER ▼
				C C00755694
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed	on M M / D D / Y Y Y Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	ATION LLC	☐ Memo	Item	Date of Public Distribution/Dissemination
Mailing Address				12 01 2021
1607 Ponce de Leon ave				Amount
Suite GM8	State	Zin Codo		909.85
City	State	Zip Code 00909		Transaction ID : SE-S434229
SAN JUAN	PR	00909		Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	•	11 24 2021
Name of Federal Candidate:		<b>X</b> Support	Office	e Sought: X House District: 14
LAWRENCE, BRENDA, LULENAR, ,		Oppose		President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	7	8043.41	Disbu 2022	orsement For:   Primary General  Other (specify) ▶
Full Name of Payee LIVE TRANSFERS AND DONOR CF	REATION LL	C Memo	Item	Date of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave				
Suite GM8				Amount
City	State	Zip Code		909.84
SAN JUAN	PR	00909		Transaction ID : SE-S434231 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		11 24 / 2021
Name of Federal Candidate:		<b>✗</b> Support	Office	e Sought: K House District: 08
LESKO, DEBBIE, , ,		Oppose		President Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought	7	8043.40	Disbu 2022	ursement For:   Primary General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	3		•	1819.69
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidaparty committee) any political party committee or its	ate or authorized			
MASTROIANNI, STEPHANIE, , ,	[Electronically File	[ed] Date	e 1	1 29 2021

	PAGE 312 OF 325
	FOR LINE 24 OF FORM 3X
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	Senate State: NH
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NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
UNITED WOMEN'S HEALTH ALLIAN	ICE PAC			C C00755694
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed	on M M / D D / Y Y Y Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	☐ Memo	Item	Date of Public Distribution/Dissemination  12 01 2021
Mailing Address 1607 Ponce de Leon ave				Amount
Suite GM8				7 Miles III
City	State	Zip Code		909.84
SAN JUAN	PR	00909		Transaction ID : SE-S434233 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		11 24 2021
Name of Federal Candidate:		<b>✗</b> Support	Office	e Sought: House District: 00
SHAHEEN, JEANNE, , ,		Oppose		President Senate State: NH
Calendar Year-To-Date Per Election for Office Sought	7	8043.42	Disbu 2026	ursement For:   ✓ Primary General  Other (specify) ►
Full Name of Payee LIVE TRANSFERS AND DONOR CR	REATION LL	.C Memo	Item	Date of Public Distribution/Dissemination  12 01 2021
Mailing Address 1607 Ponce de Leon ave Suite GM8				Amount
City	State	Zip Code		909.84
SAN JUAN	PR	00909		Transaction ID : SE-S434235  Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		11 24 7 2021
Name of Federal Candidate:		<b>✗</b> Support	Office	e Sought: House District: 00
BLUNT, ROY, , ,		Oppose		President Senate State: MO
Calendar Year-To-Date Per Election for Office Sought	7	8043.45	Disbu 2022	ursement For: <b>x</b> Primary General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	;		•	1819.68
(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 candidaparty committee) any political party committee or its	ate or authorized			
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Signature				
				FEC Schedule E (Form 3X) Rev. 05/201

PAGE 313 OF 325 FOR LINE 24 OF FORM 3X
FOR LINE 24 OF FORW 3A
FEC IDENTIFICATION NUMBER ▼
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of Public Distribution/Dissemination
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NAME OF COMMITTEE (In Full)  FEC IDENTIFICATION NUMBER ▼					
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	Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	☐ Memo	Item	Date of Public Distribution/Dissemination
	Mailing Address 1607 Ponce de Leon ave				12 01 2021
	Suite GM8				Amount
	City	State	Zip Code		909.84
	SAN JUAN	PR	00909		Transaction ID : SE-S434237 Date of Disbursement or Obligation
	Purpose of Expenditure Telephone Fundraising		Category/ Type 004		11 24 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate:		<b>X</b> Support	Office	e Sought: House District:00
	MURRAY, PATTY, , ,		Oppose		President Senate State: WA
	Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	8043.44	Disbu 2022	ursement For:   ✓ Primary General  Other (specify) ►
-	Full Name of Payee		Memo	Itom	Date of Public Distribution/Dissemination
	LIVE TRANSFERS AND DONOR CR	EATION LL		item	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 1607 Ponce de Leon ave				
	Suite GM8				Amount
	City	State	Zip Code		909.84
	SAN JUAN	PR	00909		Transaction ID : SE-S434239 Date of Disbursement or Obligation
	Purpose of Expenditure Telephone Fundraising		Category/ Type 004		11 24 2021
	Name of Federal Candidate:		<b>✗</b> Support	Office	e Sought: House District: 00
	VAN HOLLEN, CHRIS, , ,		Oppose		President Senate State: MD
	Calendar Year-To-Date		8043.44		ursement For: 🗶 Primary 🗌 General
	Per Election for Office Sought	7	6043.44	2022	Other (specify) ▶
(	a) SUBTOTAL of Itemized Independent Expenditures			•	1819.68
(	b) SUBTOTAL of Unitemized Independent Expenditur	es			
(	c) TOTAL Independent Expenditures			•	
٧	Inder penalty of perjury I certify that the independent vith, or at the request or suggestion of, any candida arty committee) any political party committee or its	te or authorized			
		Electronically File	ed] Date	e 1	1 29 2021
	Signature				

PAGE 314 OF 325 FOR LINE 24 OF FORM 3X
FEC IDENTIFICATION NUMBER ▼
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of Public Distribution/Dissemination
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action ID : SE-S434241 of Disbursement or Obligation
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ent Senate State: TX
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ent Senate State: NC
t For: 🗶 Primary General
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UNITED WOMEN'S HEALTH ALLIANCE PAC  C 000755694							
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	M = M / D = D / Y = Y = Y			
Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC    Memo Item							
Mailing Address 1607 Ponce de Leon ave			A	12 08 2021 mount			
Suite GM8		7: 0 !	r	000.40			
City SAN JUAN	State PR	Zip Code 00909		980.13  ransaction ID : SE-S434241			
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		ate of Disbursement or Obligation  12 01 2021			
Name of Federal Candidate:		Support	Office S	ought: House District: 00			
CORNYN, JOHN, , Sen,		Oppose		esident Senate State: TX			
Calendar Year-To-Date Per Election for Office Sought	7 7	9023.57	Disburse 2026	ement For:   ■ Primary   General  Other (specify)   ■			
Full Name of Payee		Memo	Item D	ate of Public Distribution/Dissemination			
LIVE TRANSFERS AND DONOR CR	EATION LL	C		12 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 1607 Ponce de Leon ave							
Suite GM8			A	mount			
City	State	Zip Code		980.13			
SAN JUAN	PR	00909		ransaction ID : SE-S434243 ate of Disbursement or Obligation			
Purpose of Expenditure Telephone Fundraising	1	Category/ Type 004		12 / 01 / 2021			
Name of Federal Candidate:		Support	Office S	ought: House District:00			
TILLIS, THOM, R., Sen,		Oppose		esident Senate State: NC			
Calendar Year-To-Date Per Election for Office Sought	7 1 7	9023.54	Disburse 2026	ment For: <b>x</b> Primary General  Other (specify) ▶			
(a) SUBTOTAL of Itemized Independent Expenditures			<b>•</b> [	1960.26			
(b) SUBTOTAL of Unitemized Independent Expenditure	'es		•				
(c) TOTAL Independent Expenditures			•				
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ite or authorized						
MASTROIANNI, STEPHANIE, , ,	Electronically File	ed] Date	M = M 12	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Signature		_ Date	12	النتيا النا ا			
				FEC Schedule E (Form 3X) Rev. 05/2016			

PAGE 315 OF 325
FOR LINE 24 OF FORM 3X
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Other (specify)
of Public Distribution/Dissemination
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ht: 🗶 House District:08
dent Senate State: AZ
nt For: 🗶 Primary 🔲 General
Other (specify)
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cooperation, consultation, or concert

UNITED WOMEN'S HEALTH ALLIAN	ICE PAC			C C00755694	
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y	
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	☐ Memo	Item Date	e of Public Distribution/Dissemination	
Mailing Address 1607 Ponce de Leon ave			Amo	12 08 2021 ount	
Suite GM8					
City	State	Zip Code		980.13	
SAN JUAN	PR	00909		nsaction ID: SE-S434245 e of Disbursement or Obligation	
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		12 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate:		<b>X</b> Support	Office Sou	ight: X House District: 14	
LAWRENCE, BRENDA, LULENAR, ,		Oppose		sident Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	9023.54	Disbursem 2022	ent For: <b>x</b> Primary General  Other (specify) ▶	
Full Name of Payee		Memo	Item Date	e of Public Distribution/Dissemination	
LIVE TRANSFERS AND DONOR CREATION LLC					
Mailing Address 1607 Ponce de Leon ave			Δ		
Suite GM8			Amo	ount	
City	State	Zip Code		980.13	
SAN JUAN	PR	00909		e of Disbursement or Obligation	
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		12 01 2021	
Name of Federal Candidate:		<b>✗</b> Support	Office Sou	ight: 🗶 House District: 08	
LESKO, DEBBIE, , ,		Oppose		sident Senate State: AZ	
Calendar Year-To-Date Per Election for Office Sought	7 7	9023.53	Disbursem 2022	ent For:   Primary General  Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures			·	1960.26	
(b) SUBTOTAL of Unitemized Independent Expenditu	res		<b>•</b>		
(c) TOTAL Independent Expenditures	(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independed with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized				
MASTROIANNI, STEPHANIE, , ,	Electronically Fil	[ed] Date	e 12	01 2021	
Signature					
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		PAGE 316 OF	325
		FOR LINE 24 OF FOR	M 3X
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		n ID: SE-S434249 bursement or Obligation	
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Soug	ght:	House District:	00
Presi		Senate State:	NH
seme	ent For:		eneral
	Other (s	specify) ▶	
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UNITED WOMEN'S HEALTH ALLIAN	ICE PAC			C C00755694
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Full Name of Payee LIVE TRANSFERS AND DONOR CREA	ATION LLC	□ Memo	item	M M / D D / Y Y Y Y
Mailing Address				12 08 2021
1607 Ponce de Leon ave				Amount
Suite GM8 City	State	Zip Code		980.13
SAN JUAN	PR	00909		Transaction ID : SE-S434249
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	1	Date of Disbursement or Obligation  12 01 2021
Name of Federal Candidate:		Cumm and	Office	Sought House District 00
SHAHEEN, JEANNE, , ,		Support Oppose		President Senate State: NH
Calendar Year-To-Date Per Election for Office Sought	7	9023.55	Disbu 2026	rrsement For:   ✓ Primary General  Other (specify)  ✓
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
LIVE TRANSFERS AND DONOR CR	REATION LL	C		12 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1607 Ponce de Leon ave				Amount
Suite GM8	State	Zip Code		980.13
SAN JUAN	PR	00909		Transaction ID : SE-S434251 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		12 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		<b>✗</b> Support	Office	e Sought: House District: 00
BLUNT, ROY, , ,		Oppose		President Senate State: MO
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	9023.58	Disbu 2022	orsement For:   ✓ Primary General  Other (specify)  ✓
(a) SUBTOTAL of Itemized Independent Expenditures	s		. •	1960.26
(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 candidate party committee) any political party committee or its	ate or authorized			
MASTROIANNI, STEPHANIE, , ,	[Electronically Fil	ed]	e 1	2 01 2021
Signature		_ Date	- 1	2 01 2021
				FEC Schedule E (Form 3X) Rev. 05/201

PAGE 317 OF 325 FOR LINE 24 OF FORM 3X
FEC IDENTIFICATION NUMBER ▼
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action ID: SE-S434253  f Disbursement or Obligation
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t: House District: 00
ent Senate State: WA
t For: 🗶 Primary General
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of Public Distribution/Dissemination  12 08 2021
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saction ID : SE-S434255 of Disbursement or Obligation
t: District: 00
ent Senate State: MD
t For: X Primary General
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NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
UNITED WOMEN'S HEALTH ALLIAN	ICE PAC		C C00755694
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on M M M / D D / Y Y Y Y Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	☐ Memo	M M / D D / Y Y Y Y
Mailing Address 1607 Ponce de Leon ave			12 08 2021
Suite GM8			Amount
City	State	Zip Code	980.13
SAN JUAN	PR	00909	Transaction ID : SE-S434253 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	12 01 2021
Name of Federal Candidate:		<b>✗</b> Support	Office Sought: House District: 00
MURRAY, PATTY, , ,		Support Oppose	Office Sought: House District: 00  President Senate State: WA
Calendar Year-To-Date Per Election for Office Sought	7	9023.57	Disbursement For:   ✓ Primary General  2022 Other (specify) ►
- " · · · · · · · · · · · · · · · · · ·			
Full Name of Payee LIVE TRANSFERS AND DONOR CF	REATION LL	.C Memo	Item Date of Public Distribution/Dissemination  12 08 2021
Mailing Address 1607 Ponce de Leon ave			Amount
Suite GM8	_		
City	State	Zip Code	980.13
SAN JUAN	PR	00909	Transaction ID : SE-S434255  Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	12 / 01 / 2021
Name of Federal Candidate:		<b>✗</b> Support	Office Sought: House District: 00
VAN HOLLEN, CHRIS, , ,		Oppose	President State: MD
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	9023.57	Disbursement For:   ✓ Primary General  2022 Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditu			1960.26
(c) TOTAL Independent Expenditures			· •
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidaparty committee) any political party committee or its	ate or authorized		
	[Electronically Fil	led] Date	e 12 01 2021
Signature			
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 $MASTROIANNI,\,STEPHANIE,\,,\,$ 

Signature

CHEDULE E (FEC Form 3X)				
EMIZED INDEPENDENT EXPENDITURES				PAGE 318 OF 325
AME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
JNITED WOMEN'S HEALTH ALLIAN	ICE DAC			FEC IDENTIFICATION NUMBER ▼
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Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	∐ Memo		of Public Distribution/Dissemination  12
Mailing Address 1607 Ponce de Leon ave				12 10 2021
Suite GM8			Amou	nt
City	State	Zip Code	— F	969.33
SAN JUAN	PR	00909		saction ID : SE-S631933 of Disbursement or Obligation
Purpose of Expenditure	ı	Category/		M M / D D / Y Y Y Y
Telephone Fundraising		Type 004		12 08 2021
Name of Federal Candidate:		<b>x</b> Support	Office Sough	nt: House District:00
CORNYN, JOHN, , Sen,		Oppose	Presid	ent Senate State: TX
Calendar Year-To-Date Per Election for Office Sought	7 1 7	9992.90	Disbursemer 2026	nt For: <b>x</b> Primary General Other (specify) ▶
Full Name of Davis	,			of Public Distribution/Dissemination
Full Name of Payee LIVE TRANSFERS AND DONOR CR	REATION LL	.C Memo		12 15 2021
Mailing Address 1607 Ponce de Leon ave				
Suite GM8			Amou	nt
City	State	Zip Code		969.33
SAN JUAN	PR	00909		saction ID : SE-S631935 of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		12 / 08 / 2021
Name of Federal Candidate:		<b>✗</b> Support	Office Sough	nt: House District: 00
TILLIS, THOM, R., Sen,		Oppose	Presid	NC
Calendar Year-To-Date Per Election for Office Sought	2	9992.87	Disbursemer 2026	,
	,			Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures			•	1938.66
(b) SUBTOTAL of Unitemized Independent Expenditure	res		<b>•</b>	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			

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	PAGE 319 OF 325 FOR LINE 24 OF FORM 3X
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e of Publ	lic Distribution/Dissemination
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ght:	➤ House District: 14
ident	Senate State: MI
ent For:	rimary General
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punt  unsactior of Disb  12  ght: ident ent For: Other (s	969.33  n ID: SE-S631939  pursement or Obligation  08  X House District: 08  Senate State: AZ  X Primary General specify)
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UNITED WOMEN'S HEALTH ALLIAN	ICE PAC			C C00755694	
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed o	on M = M / D = D / Y = Y = Y	
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	☐ Memo	Item	Date of Public Distribution/Dissemination  12	
Mailing Address 1607 Ponce de Leon ave				Amount	
Suite GM8					
City	State	Zip Code		969.33	
SAN JUAN	PR	00909		Transaction ID : SE-S631937 Date of Disbursement or Obligation	
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		12 08 2021	
Name of Federal Candidate:		<b>✗</b> Support	Office	Sought:  House District: 14	
LAWRENCE, BRENDA, LULENAR, ,		Oppose		President Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought	<u></u>	9992.87	Disbur 2022	rsement For:   Primary General  Other (specify) ▶	
Full Name of Payee		Memo	Item	Date of Public Distribution/Dissemination	
LIVE TRANSFERS AND DONOR CR	REATION LL	C		12	
Mailing Address 1607 Ponce de Leon ave					
Suite GM8				Amount	
City	State	Zip Code		969.33	
SAN JUAN	PR	00909		Transaction ID : SE-S631939 Date of Disbursement or Obligation	
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		12 08 2021	
Name of Federal Candidate:		<b>✗</b> Support	Office	Sought:	
LESKO, DEBBIE, , ,		Oppose		President Senate State: AZ	
Calendar Year-To-Date Per Election for Office Sought	7	9992.86	Disbur 2022	rsement For:	
(a) SUBTOTAL of Itemized Independent Expenditures			•	1938.66	
(b) SUBTOTAL of Unitemized Independent Expenditure	res		. •	7 7 7	
(c) TOTAL Independent Expenditures					
				7	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
MASTROIANNI, STEPHANIE, , ,	Electronically Fil	ed] Date	M = 12	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Signature		Batt			
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## SCHEDULE E (FEC Form 3X)

ITEMIZED INDEPENDENT EXPENDITURES				PAGE 320 OF 325
				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIAN	CE DAC			FEC IDENTIFICATION NUMBER ▼
UNITED WOMEN'S HEALTH ALLIAN	CE PAC			C C00755694
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Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	☐ Memo		of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave			L	12 15 2021
Suite GM8			Amou	ınt 
City	State	Zip Code		969.33
SAN JUAN	PR	00909		saction ID : SE-S631941 of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		12 08 2021
Name of Federal Candidate:		<b>X</b> Support	Office Soug	ht: House District: 00
SHAHEEN, JEANNE, , ,		Oppose	Presid	lent Senate State: NH
Calendar Year-To-Date Per Election for Office Sought		9992.88	Disburseme	
Tot Election to Since Sought	7			Other (specify)
Full Name of Payee LIVE TRANSFERS AND DONOR CR	EATION LL	C Memo		of Public Distribution/Dissemination
Mailing Address 4507 Pages de Lagrage			L	12 15 2021
1607 Ponce de Leon ave Suite GM8			Amou	ınt
City	State	Zip Code	$-\Gamma$	969.33
SAN JUAN	PR	00909	Tran	saction ID : SE-S631943 of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		12 08 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
Name of Federal Candidate:		<b>x</b> Support	Office Soug	ht: House District:00
BLUNT, ROY, , ,		Oppose	Presid	MO
Calendar Year-To-Date Per Election for Office Sought		9992.91	Disburseme	
	,,			Other (specify)
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(a) SUBTOTAL of Itemized Independent Expenditures			• •	1938.66
(b) SUBTOTAL of Unitemized Independent Expenditur	200		. [	
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(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
MASTROIANNI, STEPHANIE, , ,	Electronically File	ed] Date	e 12	08 2021
Signature	-	_ Date	12	2021

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

UNITED WOMEN'S HEALTH ALLIANCE

MIZED INDEPENDENT EXPENDITURES	3			PAGE 321 OF 325
				FOR LINE 24 OF FORM 3X
IE OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
IITED WOMEN'S HEALTH ALLIAI	NCE PAC			C C00755694
ek if 24-hour report 48-hour report	New rep	ort Amends rep	ort filed	on M M / D D / Y Y Y Y Y
ull Name of Payee LIVE TRANSFERS AND DONOR CRE	ATION LLC	☐ Memo	Item	Date of Public Distribution/Dissemination
Mailing Address 1607 Ponce de Leon ave				12 13 2021
Suite GM8				Amount
City	State	Zip Code		969.33
SAN JUAN	PR	00909		Transaction ID : SE-S631945 Date of Disbursement or Obligation
Purpose of Expenditure Telephone Fundraising		Category/ Type 00	4	12
lame of Federal Candidate:		<b>✗</b> Support	Office	e Sought: House District: 00
MURRAY, PATTY, , ,		Oppose		President State: WA
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	9992.90	Disbu 2022	ursement For: <b>x</b> Primary General  Other (specify) ▶
ull Name of Payee LIVE TRANSFERS AND DONOR C  failing Address 1607 Ponce de Leon ave	REATION LL	Memo	Item	Date of Public Distribution/Dissemination  12 15 2021  Amount
Suite GM8				Allount
City	State	Zip Code		969.33
SAN JUAN	PR	00909		Transaction ID : SE-S631947 Date of Disbursement or Obligation
urpose of Expenditure Telephone Fundraising		Category/ Type 004	4	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
lame of Federal Candidate:		- Cupport	Office	a Sought: House District: 00
'AN HOLLEN, CHRIS, , ,		Support Oppose	Office	e Sought
,		Oppose		Tresident State State.
Calendar Year-To-Date Per Election for Office Sought	7	9992.90	2022	ursement For:    ✓ Primary   General  Other (specify)
SUBTOTAL of Itemized Independent Expenditure	es			1938.66
SUBTOTAL of Unitemized Independent Expendit	ures		•	
TOTAL Independent Expenditures			•	
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PAGE 322 OF 325 FOR LINE 24 OF FORM 3X
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ction ID : SE-S631981  Disbursement or Obligation
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: House District: 00
nt 🗶 Senate State: TX
For: 🗶 Primary General
her (specify) ▶
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action ID : SE-S631983  Disbursement or Obligation
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12 31 2021
: House District:00
nt 🗶 Senate State: NC
For: 🗶 Primary General
her (specify) ▶
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NIANAE OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)  UNITED WOMEN'S HEALTH ALLIANCE PAC				
				C C00755694
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	M = M / D = D / Y = Y = Y = Y
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	ATIONILLO	<b>✗</b> Memo	Item Da	ate of Public Distribution/Dissemination
Invoice disseminates after close of books	ATION LLC			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1607 Ponce de Leon ave			An	nount
Suite GM8		1	— г	
SAN JUAN	State	Zip Code 00909	Tr	909.09 ransaction ID : SE-S631981
Purpose of Expenditure			Da	ate of Disbursement or Obligation
Telephone Fundraising		Category/ Type 004		12 31 2021
Name of Federal Candidate:		<b>X</b> Support	Office Sc	ought: House District: 00
CORNYN, JOHN, , Sen,		Oppose	Pre	esident State: TX
Calendar Year-To-Date		1818.18		ment For: 🗶 Primary 🗌 General
Per Election for Office Sought	7-1-1-7-	1010.10	2026	Other (specify) ▶
Full Name of Payee	DEATION II	<b>★</b> Memo	Item Da	ate of Public Distribution/Dissemination
LIVE TRANSFERS AND DONOR CI Invoice disseminates after close of books	REATION LL	.C		01 05 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1607 Ponce de Leon ave				
Suite GM8			An	nount
City	State	Zip Code		909.09
SAN JUAN	PR	00909	I .	ransaction ID : SE-S631983
Purpose of Expenditure		Category/	Da	ate of Disbursement or Obligation
Telephone Fundraising		Type 004		12 31 2021
Name of Federal Candidate:		<b>✗</b> Support	Office Sc	ought: House District: 00
TILLIS, THOM, R., Sen,		Oppose		esident State: NC
Calendar Year-To-Date		1818.18		ment For: 🗶 Primary 🔲 General
Per Election for Office Sought	7 7	1010.10	2026	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	s		<b>.</b> [	0.00
(b) SUBTOTAL of Unitemized Independent Expenditu	ires			
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(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	late or authorized	•		
	[Electronically Fil	led] Date	12	29 / 2021
Signature				

PAGE 323 OF 325 FOR LINE 24 OF FORM 3X
FEC IDENTIFICATION NUMBER ▼
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of Public Distribution/Dissemination
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action ID : SE-S631985  If Disbursement or Obligation
12 31 2021
t: X House District: 14
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nt
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ent Senate State: AZ
t For: 🗶 Primary General
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NIANAE OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X	
UNITED WOMEN'S HEALTH ALLIAN	NAME OF COMMITTEE (In Full)  FEC IDENTIFICATION NUMBER  LINITED WOMEN'S HEALTH ALLIANCE DAC				
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Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	M = M / D = D / Y = Y = Y	
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Invoice disseminates after close of books	ATION LLC			01 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 1607 Ponce de Leon ave			A	mount	
Suite GM8		1			
City	State	Zip Code	1 1	909.09	
SAN JUAN	PR	00909		ransaction ID : SE-S631985 ate of Disbursement or Obligation	
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		12 31 7 2021	
Name of Federal Candidate:		<b>✗</b> Support	Office S	ought: 🗶 House District: 14	
LAWRENCE, BRENDA, LULENAR, ,		Oppose		esident Senate State: MI	
Calendar Year-To-Date		1010 10		ement For: 🗶 Primary General	
Per Election for Office Sought	7 7	1818.18	2022	Other (specify) ▶	
Full Name of Payee		<b>✗</b> Memo	Item D	ate of Public Distribution/Dissemination	
LIVE TRANSFERS AND DONOR CF Invoice disseminates after close of books	REATION LL	.C		01 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 1607 Ponce de Leon ave					
Suite GM8			A	mount	
City	State	Zip Code		909.09	
SAN JUAN	PR	00909		ransaction ID : SE-S631987	
Purpose of Expenditure		Category/		ate of Disbursement or Obligation	
Telephone Fundraising		Type 004	_	12 31 2021	
Name of Federal Candidate:		<b>✗</b> Support	Office S	ought:	
LESKO, DEBBIE, , ,		Oppose		esident Senate State: AZ	
Calendar Year-To-Date		1818.18		ement For: 🗶 Primary General	
Per Election for Office Sought	7 7	1010.10	2022	Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures	s			0.00	
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres		•		
(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.					
	[Electronically Fil	ed] Date	M M M	29 / 2021	
Signature					

PAGE 324 OF 325 FOR LINE 24 OF FORM 3X
FEC IDENTIFICATION NUMBER ▼
C C00755694
M / D D / Y Y Y Y
of Public Distribution/Dissemination
01 / 05 / Y Y Y Y Y Y
nt
909.09 action ID : SE-S631989
of Disbursement or Obligation
12 31 7 2021
t: District: 00
ent Senate State: NH
t For: 🗶 Primary General
ther (specify) ►
of Public Distribution/Dissemination
01 05 7 2022
nt
909.09 saction ID : SE-S631991
of Disbursement or Obligation
12 / 31 / 2021
t: District: 00
ent Senate State: MO
t For: 🗶 Primary General
ther (specify) ▶
0.00
7 7 7
cooperation, consultation, or concert

UNITED WOMEN'S HEALTH ALLIANCE PAC  C C00755694				
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	Item Date of Public Distribution/Dissemination			
Invoice disseminates after close of books			01 05 2022	
Mailing Address 1607 Ponce de Leon ave			Amount	
Suite GM8				
City	909.09			
SAN JUAN	PR	00909	Transaction ID : SE-S631989  Date of Disbursement or Obligation	
Purpose of Expenditure Telephone Fundraising		Category/ Type 004	12 31 7 2021	
Name of Federal Candidate:		<b>✗</b> Support	Office Sought: House District: 00	
SHAHEEN, JEANNE, , ,		Oppose	President Senate State: NH	
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	1818.18	Disbursement For:   ✓ Primary General  2026 Other (specify) ►	
Full Name of Payee		<b>★</b> Memo		
LIVE TRANSFERS AND DONOR CR Invoice disseminates after close of books	01 05 2022			
Mailing Address 1607 Ponce de Leon ave				
Suite GM8				
City	State	Zip Code	909.09	
SAN JUAN	PR	00909	Transaction ID : SE-S631991 Date of Disbursement or Obligation	
Purpose of Expenditure Telephone Fundraising	·   Catedory/			
Name of Federal Candidate:		<b>✗</b> Support	Office Sought: House District: 00	
BLUNT, ROY, , ,		Oppose	President Senate State: MO	
Calendar Year-To-Date Per Election for Office Sought		1818.18	Disbursement For:    Primary General  2022   Other (specify) ▶	
			Citici (specify) P	
(a) SUBTOTAL of Itemized Independent Expenditures				
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures			<b>•</b>	
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	ed] Date	M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y	
Signature	· · · · · · · · · · · · · · · · · · ·			
			FEC Schedule E (Form 3X) Rev. 05/201	

PAGE 325 OF 325 FOR LINE 24 OF FORM 3X
FEC IDENTIFICATION NUMBER ▼
C C00755694
M / D D / Y Y Y Y
of Public Distribution/Dissemination
01 05 7 2022
oon oo
909.09  action ID : SE-S631993  of Disbursement or Obligation
12 31 2021
t: District: 00
ent Senate State: WA
t For: 🗶 Primary General
ther (specify) ▶
of Public Distribution/Dissemination
01 05 7 2022
nt
909.09
saction ID : SE-S631995 of Disbursement or Obligation
12 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
t: House District:00
ent Senate State: MD
t For: 🗶 Primary General
ther (specify) ▶
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79943.07
1 3343.01

FOR LINE 24 OF FORM 5A					
NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼					
UNITED WOMEN'S HEALTH ALLIANCE PAC					
Check if 24-hour report 48-hour report New report Amends report filed on 48-hour report					
Full Name of Payee				Date of Public Distribution/Dissemination	
LIVE TRANSFERS AND DONOR CREATION LLC Invoice disseminates after close of books				01 05 7 2022	
Mailing Address 1607 Ponce de Leon ave				Amount	
Suite GM8				200.00	
Can Han				909.09 Transaction ID : SE-S631993	
SAN JUAN	PR	00909		Date of Disbursement or Obligation	
Purpose of Expenditure Telephone Fundraising		Category/ Type 004		12 31 7 2021	
Name of Federal Candidate:		<b>✗</b> Support	Office	e Sought: House District: 00	
MURRAY, PATTY, , ,		Oppose		President State: WA	
Calendar Year-To-Date Per Election for Office Sought	<i>A</i>     <i>A</i>	1818.18	Disbu 2022	ursement For:   Primary General  Other (specify) ▶	
Full Name of David	,				
Full Name of Payee  LIVE TRANSFERS AND DONOR CREATION LLC  Invoice disseminates after close of books    Date of Public Distribution/Disseminates   Date of				M M / D D / Y Y Y	
Mailing Address 1607 Ponce de Leon ave				A second	
Suite GM8				Amount	
City	State	Zip Code		909.09	
SAN JUAN	PR	00909		Transaction ID : SE-S631995  Date of Disbursement or Obligation	
Purpose of Expenditure Telephone Fundraising	· · · · · · · · · · · · · · · · · · ·			12 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate:		Support	Office	e Sought: House District: 00	
VAN HOLLEN, CHRIS, , ,		Oppose		President State: MD	
Calendar Year-To-Date		1010 10		ursement For: 🗶 Primary General	
Per Election for Office Sought	7 7	1818.18	2022	Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures				0.00	
(b) SUBTOTAL of Unitemized Independent Expenditur	'es		. •		
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
MASTROIANNI, STEPHANIE, , ,	Electronically File	ed] Date	e 1	2 29 2021	
Signature					