

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) **2021 L ST NW STE 101-193**  
Check if different than previously reported. (ACC) **WASHINGTON DC 20036**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C C00755694** 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

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

5. Covering Period  /  /  2021 through  /  /  2021

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

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

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**UNITED WOMEN'S HEALTH ALLIANCE PAC**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2021"/>	<input type="text" value="22856.27"/>	<input type="text" value="22856.27"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="139548.30"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="1027362.90"/>	<input type="text" value="1766517.05"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="1166911.20"/>	<input type="text" value="1789373.32"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="1089222.49"/>	<input type="text" value="1711684.61"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="77688.71"/>	<input type="text" value="77688.71"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="35815.03"/>	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

**UNITED WOMEN'S HEALTH ALLIANCE PAC**

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

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

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	1007784.42	1629071.54
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1007784.42	1629071.54
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	79943.07	79943.07
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	1495.00	2670.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	1495.00	2670.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1089222.49	1711684.61
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1089222.49	1711684.61

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFH`ZG7 <98I @ `CF`#H9A-N5HCB

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. Secondly, if employer/occupation information was still not provided within the above steps, a follow up letter is sent via US mail along with a separate pre-addressed return envelope sent to the contributor, again clearly requesting the name of employer and occupation, without solicitation of a contribution to send back. 3. Lastly, the third/final step if employer/occupation information was still not provided, a follow up phone call is placed to the contributor within 30 days of receipt of the contribution during which the missing information is clearly requested (without solicitation of a contribution) as an FEC compliance requirement. If all of these steps have been exhausted and the employer and occupation information still has not been obtained from the donor, 'best efforts' will be entered into these fields to communicate to the FEC that all above steps were taken. If we are able to obtain missing employer/occupation information, we will amend our report to include the updated information.

Form/Schedule: 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-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFH`G7 <98I @ `CF`-H9A-N5HCB

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-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

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.



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 OF 325
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
ALFORD, JAMES, , ,

Mailing Address 23442 EL TORO RD  
APT W219

City LAKE FOREST State CA Zip Code 92630

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
09 / 08 / 2021  
**Transaction ID : SA11AI-26404445**

Amount of Each Receipt this Period  
35.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
ALFORD, JAMES, , ,

Mailing Address 23442 EL TORO RD  
APT W219

City LAKE FOREST State CA Zip Code 92630

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
09 / 30 / 2021  
**Transaction ID : SA11AI-26409125**

Amount of Each Receipt this Period  
35.00

Memo Item

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

Mailing Address 23442 EL TORO RD  
APT W219

City LAKE FOREST State CA Zip Code 92630

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
09 / 30 / 2021  
**Transaction ID : SA11AI-26409265**

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 only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
ALFORD, JAMES, , ,

Mailing Address 23442 EL TORO RD  
APT W219

City LAKE FOREST State CA Zip Code 92630

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
10 / 05 / 2021  
**Transaction ID : SA11AI-26409915**

Amount of Each Receipt this Period  
35.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
ALFORD, JAMES, , ,

Mailing Address 23442 EL TORO RD  
APT W219

City LAKE FOREST State CA Zip Code 92630

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
12 / 28 / 2021  
**Transaction ID : SA11AI-26425803**

Amount of Each Receipt this Period  
50.00

Memo Item

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

Mailing Address 23442 EL TORO RD  
APT W219

City LAKE FOREST State CA Zip Code 92630

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
12 / 30 / 2021  
**Transaction ID : SA11AI-26426271**

Amount of Each Receipt this Period  
50.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 135.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
ANASTASI, JOHN, , ,

Mailing Address 3180 N LAKE SHORE DR  
APT 22H

City CHICAGO State IL Zip Code 60657

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
540.00

Date of Receipt  
MM / DD / YYYY  
07 / 02 / 2021

**Transaction ID : SA11AI-26391577**

Amount of Each Receipt this Period  
15.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
ANASTASI, JOHN, , ,

Mailing Address 3180 N LAKE SHORE DR  
APT 22H

City CHICAGO State IL Zip Code 60657

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
540.00

Date of Receipt  
MM / DD / YYYY  
07 / 07 / 2021

**Transaction ID : SA11AI-26392555**

Amount of Each Receipt this Period  
20.00

Memo Item

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

Mailing Address 3180 N LAKE SHORE DR  
APT 22H

City CHICAGO State IL Zip Code 60657

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
540.00

Date of Receipt  
MM / DD / YYYY  
07 / 14 / 2021

**Transaction ID : SA11AI-26393661**

Amount of Each Receipt this Period  
20.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	55.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 325
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
ANASTASI, JOHN, , ,

Mailing Address 3180 N LAKE SHORE DR  
APT 22H

City CHICAGO State IL Zip Code 60657

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
540.00

Date of Receipt  
07 / 26 / 2021  
Transaction ID : SA11AI-26395873

Amount of Each Receipt this Period  
35.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
ANASTASI, JOHN, , ,

Mailing Address 3180 N LAKE SHORE DR  
APT 22H

City CHICAGO State IL Zip Code 60657

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
540.00

Date of Receipt  
08 / 16 / 2021  
Transaction ID : SA11AI-26399787

Amount of Each Receipt this Period  
20.00

Memo Item

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

Mailing Address 3180 N LAKE SHORE DR  
APT 22H

City CHICAGO State IL Zip Code 60657

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
540.00

Date of Receipt  
08 / 25 / 2021  
Transaction ID : SA11AI-26401677

Amount of Each Receipt this Period  
30.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	85.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
ANASTASI, JOHN, , ,

Mailing Address 3180 N LAKE SHORE DR  
APT 22H

City CHICAGO State IL Zip Code 60657

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
540.00

Date of Receipt  
10 / 29 / 2021  
**Transaction ID : SA11AI-26414677**

Amount of Each Receipt this Period  
100.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
ANASTASI, JOHN, , ,

Mailing Address 3180 N LAKE SHORE DR  
APT 22H

City CHICAGO State IL Zip Code 60657

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
540.00

Date of Receipt  
11 / 16 / 2021  
**Transaction ID : SA11AI-26417723**

Amount of Each Receipt this Period  
35.00

Memo Item

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

Mailing Address 3180 N LAKE SHORE DR  
APT 22H

City CHICAGO State IL Zip Code 60657

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
540.00

Date of Receipt  
11 / 18 / 2021  
**Transaction ID : SA11AI-26418189**

Amount of Each Receipt this Period  
40.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 175.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 6317 LOCH MOOR DR

City EDINA	State MN	Zip Code 55439
---------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2021

**Transaction ID : SA11AI-26410729**

Amount of Each Receipt this Period  
30.00

Memo Item

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

Mailing Address 6317 LOCH MOOR DR

City EDINA	State MN	Zip Code 55439
---------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		05		2021

**Transaction ID : SA11AI-26416013**

Amount of Each Receipt this Period  
200.00

Memo Item

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

Mailing Address 105 RUDDER RD

City MILLSBORO	State DE	Zip Code 19966
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		03		2021

**Transaction ID : SA11AI-26397363**

Amount of Each Receipt this Period  
25.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	255.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
APICELLA, MYRA, , ,

Mailing Address 105 RUDDER RD

City MILLSBORO	State DE	Zip Code 19966
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		13		2021

**Transaction ID : SA11AI-26399327**

Amount of Each Receipt this Period  
35.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
APICELLA, MYRA, , ,

Mailing Address 105 RUDDER RD

City MILLSBORO	State DE	Zip Code 19966
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		24		2021

**Transaction ID : SA11AI-26401389**

Amount of Each Receipt this Period  
25.00

Memo Item

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

Mailing Address 105 RUDDER RD

City MILLSBORO	State DE	Zip Code 19966
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2021

**Transaction ID : SA11AI-26413311**

Amount of Each Receipt this Period  
20.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	80.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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**

**A. APICELLA, MYRA, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 105 RUDDER RD

City MILLSBORO	State DE	Zip Code 19966
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2021

**Transaction ID : SA11AI-26417607**

Amount of Each Receipt this Period  
25.00

Memo Item

**B. APICELLA, MYRA, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 105 RUDDER RD

City MILLSBORO	State DE	Zip Code 19966
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	19	/	2021

**Transaction ID : SA11AI-26418397**

Amount of Each Receipt this Period  
20.00

Memo Item

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

Mailing Address 112 RIVER HONDO RD

City CLINT	State TX	Zip Code 79836
---------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2021

**Transaction ID : SA11AI-26360555**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	145.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. ARMAS, IGNACIO, , ,**

Mailing Address 112 RIVER HONDO RD

City CLINT	State TX	Zip Code 79836
---------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2021

**Transaction ID : SA11AI-26422597**

Amount of Each Receipt this Period  
125.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. ARTZE, MARIA, , ,**

Mailing Address 14811 SW 50TH TER

City MIAMI	State FL	Zip Code 33185
---------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2021

**Transaction ID : SA11AI-26345563**

Amount of Each Receipt this Period  
40.00

Memo Item

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

Mailing Address 14811 SW 50TH TER

City MIAMI	State FL	Zip Code 33185
---------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	13	/	2021

**Transaction ID : SA11AI-26353465**

Amount of Each Receipt this Period  
30.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	195.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. ARTZE, MARIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14811 SW 50TH TER  
 City MIAMI State FL Zip Code 33185  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 09 / 02 / 2021  
**Transaction ID : SA11AI-26358701**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. ARTZE, MARIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14811 SW 50TH TER  
 City MIAMI State FL Zip Code 33185  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 09 / 16 / 2021  
**Transaction ID : SA11AI-26361321**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**C. ARTZE, MARIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14811 SW 50TH TER  
 City MIAMI State FL Zip Code 33185  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 18 / 2021  
**Transaction ID : SA11AI-26379039**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	120.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. ARTZE, MARIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14811 SW 50TH TER  
 City MIAMI State FL Zip Code 33185  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 16 / 2021  
**Transaction ID : SA11AI-26385509**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

**B. BAKER, FAYE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6527 SAPONY TRL  
 City ELM CITY State NC Zip Code 27822  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Working  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 05 / 2021  
**Transaction ID : SA11AI-26351473**  
 Amount of Each Receipt this Period  
 20.00  
 Memo Item

**C. BAKER, FAYE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6527 SAPONY TRL  
 City ELM CITY State NC Zip Code 27822  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Working  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 13 / 2021  
**Transaction ID : SA11AI-26353841**  
 Amount of Each Receipt this Period  
 15.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	65.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. BAKER, FAYE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6527 SAPONY TRL  
 City ELM CITY State NC Zip Code 27822  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Working  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt 10 / 05 / 2021  
**Transaction ID : SA11AI-26409953**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. BAKER, FAYE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6527 SAPONY TRL  
 City ELM CITY State NC Zip Code 27822  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Working  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt 10 / 28 / 2021  
**Transaction ID : SA11AI-26373439**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**C. BAKER, FAYE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6527 SAPONY TRL  
 City ELM CITY State NC Zip Code 27822  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Working  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt 12 / 09 / 2021  
**Transaction ID : SA11AI-26384235**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 325
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. BAKER, FAYE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6527 SAPONY TRL  
 City ELM CITY State NC Zip Code 27822  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Working  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt 12 / 23 / 2021  
**Transaction ID : SA11AI-26387129**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**B. BENSON, LILA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1725 PARAGOULD DR  
 City JONESBORO State AR Zip Code 72405  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 07 / 02 / 2021  
**Transaction ID : SA11AI-26391579**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. BENSON, GREGORY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2155 OLGA ST  
 City OXNARD State CA Zip Code 93036  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt 08 / 17 / 2021  
**Transaction ID : SA11AI-26399967**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	55.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. BENSON, GREGORY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2155 OLGA ST  
 City OXNARD State CA Zip Code 93036  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 21 / 2021  
**Transaction ID : SA11AI-26407235**  
 Amount of Each Receipt this Period  
 20.00  
 Memo Item

**B. BENSON, GREGORY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2155 OLGA ST  
 City OXNARD State CA Zip Code 93036  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 22 / 2021  
**Transaction ID : SA11AI-26413483**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**C. BENSON, LILA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1725 PARAGOULD DR  
 City JONESBORO State AR Zip Code 72405  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 27 / 2021  
**Transaction ID : SA11AI-26419551**  
 Amount of Each Receipt this Period  
 55.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	100.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. BENSON, GREGORY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2155 OLGA ST  
 City OXNARD State CA Zip Code 93036  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 08 / 2021  
**Transaction ID : SA11AI-26421493**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**B. BENSON, GREGORY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2155 OLGA ST  
 City OXNARD State CA Zip Code 93036  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 15 / 2021  
**Transaction ID : SA11AI-26422877**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**C. BENSON, LILA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1725 PARAGOULD DR  
 City JONESBORO State AR Zip Code 72405  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2021  
**Transaction ID : SA11AI-26423769**  
 Amount of Each Receipt this Period  
 105.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	155.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. BENSON, LILA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1725 PARAGOULD DR  
 City JONESBORO State AR Zip Code 72405  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2021  
**Transaction ID : SA11AI-26424123**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**B. BENSON, GREGORY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2155 OLGA ST  
 City OXNARD State CA Zip Code 93036  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2021  
**Transaction ID : SA11AI-26424271**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**C. BENSON, LILA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1725 PARAGOULD DR  
 City JONESBORO State AR Zip Code 72405  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2021  
**Transaction ID : SA11AI-26424947**  
 Amount of Each Receipt this Period  
 45.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	120.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 325
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. BENSON, GREGORY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2155 OLGA ST  
 City OXNARD State CA Zip Code 93036  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt 12 / 30 / 2021  
**Transaction ID : SA11AI-26426181**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. BEVERSDORF, TOM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8433 WATERTOWN DR  
 City INDIANAPOLIS State IN Zip Code 46216  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DFAS Occupation (for Individual) Information & Technology  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 07 / 09 / 2021  
**Transaction ID : SA11AI-26392999**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. BEVERSDORF, TOM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8433 WATERTOWN DR  
 City INDIANAPOLIS State IN Zip Code 46216  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DFAS Occupation (for Individual) Information & Technology  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 07 / 22 / 2021  
**Transaction ID : SA11AI-26395431**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	125.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 325
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

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

**A. BEVERSDORF, TOM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8433 WATERTOWN DR  
 City INDIANAPOLIS State IN Zip Code 46216  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DFAS Occupation (for Individual) Information & Technology  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 08 / 19 / 2021  
**Transaction ID : SA11AI-26400691**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. BEVERSDORF, TOM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8433 WATERTOWN DR  
 City INDIANAPOLIS State IN Zip Code 46216  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DFAS Occupation (for Individual) Information & Technology  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 08 / 26 / 2021  
**Transaction ID : SA11AI-26402221**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. BEVERSDORF, TOM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8433 WATERTOWN DR  
 City INDIANAPOLIS State IN Zip Code 46216  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DFAS Occupation (for Individual) Information & Technology  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 08 / 26 / 2021  
**Transaction ID : SA11AI-26402227**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	200.00
<b>TOTAL</b> 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 27 OF 325  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A. BEVERSDORF, TOM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8433 WATERTOWN DR  
 City INDIANAPOLIS State IN Zip Code 46216  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DFAS Occupation (for Individual) Information & Technology  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 09 / 07 / 2021  
**Transaction ID : SA11AI-26404297**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. BEVERSDORF, TOM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8433 WATERTOWN DR  
 City INDIANAPOLIS State IN Zip Code 46216  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DFAS Occupation (for Individual) Information & Technology  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 09 / 07 / 2021  
**Transaction ID : SA11AI-26404299**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. BEVERSDORF, TOM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8433 WATERTOWN DR  
 City INDIANAPOLIS State IN Zip Code 46216  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DFAS Occupation (for Individual) Information & Technology  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 10 / 07 / 2021  
**Transaction ID : SA11AI-26410569**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. BEVERSDORF, TOM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8433 WATERTOWN DR  
 City INDIANAPOLIS State IN Zip Code 46216  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DFAS Occupation (for Individual) Information & Technology  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 10 / 26 / 2021  
**Transaction ID : SA11AI-26413867**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. BEVERSDORF, TOM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8433 WATERTOWN DR  
 City INDIANAPOLIS State IN Zip Code 46216  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DFAS Occupation (for Individual) Information & Technology  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 11 / 15 / 2021  
**Transaction ID : SA11AI-26417439**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. BEVERSDORF, TOM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8433 WATERTOWN DR  
 City INDIANAPOLIS State IN Zip Code 46216  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DFAS Occupation (for Individual) Information & Technology  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 12 / 27 / 2021  
**Transaction ID : SA11AI-26425511**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. BISGROVE, RICHARD, , ,</b>		Date of Receipt MM / DD / YYYY 08 / 25 / 2021 <b>Transaction ID : SA11AI-26401897</b>
Mailing Address 15091 FORD RD APT 404		Amount of Each Receipt this Period 35.00
City DEARBORN	State MI	Zip Code 48126
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 265.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. BISGROVE, RICHARD, , ,</b>		Date of Receipt MM / DD / YYYY 09 / 09 / 2021 <b>Transaction ID : SA11AI-26360693</b>
Mailing Address 15091 FORD RD APT 404		Amount of Each Receipt this Period 35.00
City DEARBORN	State MI	Zip Code 48126
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 265.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. BISGROVE, RICHARD, , ,</b>		Date of Receipt MM / DD / YYYY 11 / 23 / 2021 <b>Transaction ID : SA11AI-26418839</b>
Mailing Address 15091 FORD RD APT 404		Amount of Each Receipt this Period 35.00
City DEARBORN	State MI	Zip Code 48126
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 265.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	105.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. BIGSGROVE, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15091 FORD RD  
 APT 404  
 City DEARBORN State MI Zip Code 48126  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 265.00

Date of Receipt 12 / 01 / 2021  
**Transaction ID : SA11AI-26420207**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. BIGSGROVE, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15091 FORD RD  
 APT 404  
 City DEARBORN State MI Zip Code 48126  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 265.00

Date of Receipt 12 / 17 / 2021  
**Transaction ID : SA11AI-26423147**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. BLACK, ANTHONY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1305 NORTHCLIFF AVE  
 APT B13  
 City NORMAN State OK Zip Code 73071  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 08 / 06 / 2021  
**Transaction ID : SA11AI-26397669**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 110.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. BLACK, ANTHONY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1305 NORTHCLIFF AVE  
 APT B13  
 City NORMAN State OK Zip Code 73071  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 08 / 09 / 2021  
**Transaction ID : SA11AI-26398407**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**B. BLACK, ANTHONY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1305 NORTHCLIFF AVE  
 APT B13  
 City NORMAN State OK Zip Code 73071  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 12 / 08 / 2021  
**Transaction ID : SA11AI-26421499**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. BLACK, ANTHONY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1305 NORTHCLIFF AVE  
 APT B13  
 City NORMAN State OK Zip Code 73071  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 12 / 17 / 2021  
**Transaction ID : SA11AI-26423217**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	210.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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**

**A. BOERBOOM, NEIL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 415 N 1ST ST  
 APT 502  
 City MINNEAPOLIS State MN Zip Code 55401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 406.00

Date of Receipt 07 / 05 / 2021  
**Transaction ID : SA11AI-26392037**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. BOERBOOM, NEIL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 415 N 1ST ST  
 APT 502  
 City MINNEAPOLIS State MN Zip Code 55401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 406.00

Date of Receipt 12 / 01 / 2021  
**Transaction ID : SA11AI-26420277**  
 Amount of Each Receipt this Period 153.00  
 Memo Item

**C. BOERBOOM, NEIL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 415 N 1ST ST  
 APT 502  
 City MINNEAPOLIS State MN Zip Code 55401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 406.00

Date of Receipt 12 / 01 / 2021  
**Transaction ID : SA11AI-26420395**  
 Amount of Each Receipt this Period 153.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	406.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 325
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**BOOTH, ROBERT, , ,**

Mailing Address 1660 GRANDLE CT

City CINCINNATI	State OH	Zip Code 45230
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 01 / 2021

**Transaction ID : SA11AI-26340963**

Amount of Each Receipt this Period  
50.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**BOOTH, ROBERT, , ,**

Mailing Address 1660 GRANDLE CT

City CINCINNATI	State OH	Zip Code 45230
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 23 / 2021

**Transaction ID : SA11AI-26364469**

Amount of Each Receipt this Period  
50.00

Memo Item

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

Mailing Address 1660 GRANDLE CT

City CINCINNATI	State OH	Zip Code 45230
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2021

**Transaction ID : SA11AI-26369045**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. BOOTH, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1660 GRANDLE CT  
 City CINCINNATI State OH Zip Code 45230  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **11 / 26 / 2021**  
**Transaction ID : SA11AI-26380851**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. BRADY, NANCY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8808 OMEARA CT  
 City BAKERSFIELD State CA Zip Code 93311  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt **07 / 15 / 2021**  
**Transaction ID : SA11AI-26346091**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**C. BRADY, NANCY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8808 OMEARA CT  
 City BAKERSFIELD State CA Zip Code 93311  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt **07 / 21 / 2021**  
**Transaction ID : SA11AI-26395097**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	170.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. BRADY, NANCY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8808 OMEARA CT

City BAKERSFIELD	State CA	Zip Code 93311
---------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
245.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2021

**Transaction ID : SA11AI-26408641**

Amount of Each Receipt this Period  

35.00
-------

 Memo Item

**B. BRADY, NANCY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8808 OMEARA CT

City BAKERSFIELD	State CA	Zip Code 93311
---------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
245.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2021

**Transaction ID : SA11AI-26410685**

Amount of Each Receipt this Period  

35.00
-------

 Memo Item

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

Mailing Address 8808 OMEARA CT

City BAKERSFIELD	State CA	Zip Code 93311
---------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
245.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		24		2021

**Transaction ID : SA11AI-26424955**

Amount of Each Receipt this Period  

35.00
-------

 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	105.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. BRAVO, BONNIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3660 VISTA CAMPANA N  
 City OCEANSIDE State CA Zip Code 92057  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 12 / 20 / 2021  
**Transaction ID : SA11AI-26423913**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

**B. BRICK, LARRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9071 W SHARON WAY  
 City LA HABRA State CA Zip Code 90631  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 07 / 01 / 2021  
**Transaction ID : SA11AI-26341303**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. BRICK, LARRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9071 W SHARON WAY  
 City LA HABRA State CA Zip Code 90631  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 08 / 13 / 2021  
**Transaction ID : SA11AI-26353585**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	250.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. BRICK, LARRY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9071 W SHARON WAY

City LA HABRA	State CA	Zip Code 90631
------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2021

**Transaction ID : SA11AI-26367115**

Amount of Each Receipt this Period  
35.00

Memo Item

**B. BRICK, LARRY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9071 W SHARON WAY

City LA HABRA	State CA	Zip Code 90631
------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		02		2021

**Transaction ID : SA11AI-26382525**

Amount of Each Receipt this Period  
75.00

Memo Item

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

Mailing Address 419 W MAIN ST

City OAKDALE	State IL	Zip Code 62268
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		26		2021

**Transaction ID : SA11AI-26401975**

Amount of Each Receipt this Period  
35.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
BROADWATER, WILMA, , ,

Mailing Address 419 W MAIN ST

City OAKDALE	State IL	Zip Code 62268
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		27		2021

**Transaction ID : SA11AI-26402307**

Amount of Each Receipt this Period  
30.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
BROADWATER, WILMA, , ,

Mailing Address 419 W MAIN ST

City OAKDALE	State IL	Zip Code 62268
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2021

**Transaction ID : SA11AI-26406705**

Amount of Each Receipt this Period  
20.00

Memo Item

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

Mailing Address 419 W MAIN ST

City OAKDALE	State IL	Zip Code 62268
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		02		2021

**Transaction ID : SA11AI-26420553**

Amount of Each Receipt this Period  
60.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	110.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 325
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. BROADWATER, WILMA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 419 W MAIN ST  
 City OAKDALE State IL Zip Code 62268  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 12 / 23 / 2021  
**Transaction ID : SA11AI-26424833**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. BROWN, CORNELIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1955 SAN PABLO AVE APT 220B  
 City OAKLAND State CA Zip Code 94612  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt 07 / 04 / 2021  
**Transaction ID : SA11AI-26391735**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**C. BROWN, CORNELIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1955 SAN PABLO AVE APT 220B  
 City OAKLAND State CA Zip Code 94612  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt 07 / 08 / 2021  
**Transaction ID : SA11AI-26343701**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	120.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. BROWN, CORNELIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1955 SAN PABLO AVE  
 APT 220B  
 City OAKLAND State CA Zip Code 94612  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt 07 / 08 / 2021  
**Transaction ID : SA11AI-26392773**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**B. BROWN, CORNELIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1955 SAN PABLO AVE  
 APT 220B  
 City OAKLAND State CA Zip Code 94612  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt 07 / 12 / 2021  
**Transaction ID : SA11AI-26393191**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**C. BROWN, WILLIAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 SECLUDED PL  
 City LAFAYETTE State CA Zip Code 94549  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 08 / 10 / 2021  
**Transaction ID : SA11AI-26398665**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	145.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 325
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. BROWN, WILLIAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 SECLUDED PL  
 City LAFAYETTE State CA Zip Code 94549  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 08 / 23 / 2021  
**Transaction ID : SA11AI-26401157**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. BROWN, CORNELIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1955 SAN PABLO AVE APT 220B  
 City OAKLAND State CA Zip Code 94612  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt 08 / 26 / 2021  
**Transaction ID : SA11AI-26402257**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**C. BROWN, CORNELIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1955 SAN PABLO AVE APT 220B  
 City OAKLAND State CA Zip Code 94612  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt 09 / 01 / 2021  
**Transaction ID : SA11AI-26403319**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	90.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 325
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. BROWN, CORNELIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1955 SAN PABLO AVE  
 APT 220B

City OAKLAND State CA Zip Code 94612

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 345.00

Date of Receipt  
 09 / 08 / 2021  
**Transaction ID : SA11AI-26404505**

Amount of Each Receipt this Period  
 50.00

Memo Item

**B. BROWN, CORNELIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1955 SAN PABLO AVE  
 APT 220B

City OAKLAND State CA Zip Code 94612

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 345.00

Date of Receipt  
 09 / 21 / 2021  
**Transaction ID : SA11AI-26407229**

Amount of Each Receipt this Period  
 50.00

Memo Item

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

Mailing Address 100 SECLUDED PL

City LAFAYETTE State CA Zip Code 94549

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
 320.00

Date of Receipt  
 11 / 27 / 2021  
**Transaction ID : SA11AI-26419475**

Amount of Each Receipt this Period  
 55.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	155.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**BUDDINGH, HENRY, , ,**

Mailing Address 1689 JUNIPER ST

City LIVERMORE	State CA	Zip Code 94551
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	01	/	2021

**Transaction ID : SA11AI-26415027**

Amount of Each Receipt this Period  
50.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**BUDDINGH, HENRY, , ,**

Mailing Address 1689 JUNIPER ST

City LIVERMORE	State CA	Zip Code 94551
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	22	/	2021

**Transaction ID : SA11AI-26418667**

Amount of Each Receipt this Period  
50.00

Memo Item

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

Mailing Address 1689 JUNIPER ST

City LIVERMORE	State CA	Zip Code 94551
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2021

**Transaction ID : SA11AI-26424037**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> 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 44 OF 325  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. BURROUGHS, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3315 33RD PL N  
 City BIRMINGHAM State AL Zip Code 35207  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 410.00

Date of Receipt 08 / 18 / 2021  
**Transaction ID : SA11AI-26400137**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. BURROUGHS, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3315 33RD PL N  
 City BIRMINGHAM State AL Zip Code 35207  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 410.00

Date of Receipt 09 / 09 / 2021  
**Transaction ID : SA11AI-26359853**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. BURROUGHS, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3315 33RD PL N  
 City BIRMINGHAM State AL Zip Code 35207  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 410.00

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)..... ▶ 175.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. BURROUGHS, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3315 33RD PL N  
 City BIRMINGHAM State AL Zip Code 35207  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 410.00

Date of Receipt 12 / 17 / 2021  
**Transaction ID : SA11AI-26423103**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. BURROUGHS, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3315 33RD PL N  
 City BIRMINGHAM State AL Zip Code 35207  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 410.00

Date of Receipt 12 / 27 / 2021  
**Transaction ID : SA11AI-26425501**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**C. CASSELBURY, SUSIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 25849 PA-29  
 City HALLSTEAD State WI Zip Code 18822  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 26 / 2021  
**Transaction ID : SA11AI-26395919**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 160.00  
**TOTAL** This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 46 OF 325  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. CASSELBURY, SUSIE, , ,**

Mailing Address 25849 PA-29

City HALLSTEAD	State WI	Zip Code 18822
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2021

**Transaction ID : SA11AI-26404893**

Amount of Each Receipt this Period  
20.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. CASSELBURY, SUSIE, , ,**

Mailing Address 25849 PA-29

City HALLSTEAD	State WI	Zip Code 18822
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2021

**Transaction ID : SA11AI-26416755**

Amount of Each Receipt this Period  
40.00

Memo Item

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

Mailing Address 25849 PA-29

City HALLSTEAD	State WI	Zip Code 18822
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary    General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2021

**Transaction ID : SA11AI-26418861**

Amount of Each Receipt this Period  
40.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. CASSELBURY, SUSIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 25849 PA-29  
 City HALLSTEAD State WI Zip Code 18822  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **12 / 27 / 2021**  
**Transaction ID : SA11AI-26425563**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. COLLINS, BEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1225 RIVEROAKS DR  
 City COLONIAL HEIGHTS State VA Zip Code 23834  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt **08 / 13 / 2021**  
**Transaction ID : SA11AI-26352979**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. COLLINS, BEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1225 RIVEROAKS DR  
 City COLONIAL HEIGHTS State VA Zip Code 23834  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt **12 / 21 / 2021**  
**Transaction ID : SA11AI-26424287**  
 Amount of Each Receipt this Period 155.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	235.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
CONNER, JOHN, , ,

Mailing Address 512 S MARKET ST

City WINAMAC	State IN	Zip Code 46996
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
205.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		05		2021

**Transaction ID : SA11AI-26391889**

Amount of Each Receipt this Period  
35.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
CONNER, JOHN, , ,

Mailing Address 512 S MARKET ST

City WINAMAC	State IN	Zip Code 46996
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
205.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2021

**Transaction ID : SA11AI-26403167**

Amount of Each Receipt this Period  
35.00

Memo Item

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

Mailing Address 512 S MARKET ST

City WINAMAC	State IN	Zip Code 46996
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
205.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2021

**Transaction ID : SA11AI-26409161**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	120.00
<b>TOTAL</b> 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 49 OF 325  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. CONNER, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 512 S MARKET ST  
 City WINAMAC State IN Zip Code 46996  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt 11 / 03 / 2021  
**Transaction ID : SA11AI-26415569**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**B. CONNER, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 512 S MARKET ST  
 City WINAMAC State IN Zip Code 46996  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt 12 / 09 / 2021  
**Transaction ID : SA11AI-26421799**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. COOPER, SANDRA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 534 NITA DR  
 City FULTON State MS Zip Code 38843  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 07 / 23 / 2021  
**Transaction ID : SA11AI-26395525**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 160.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. COOPER, SANDRA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 534 NITA DR  
 City FULTON State MS Zip Code 38843  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt **08 / 12 / 2021**  
**Transaction ID : SA11AI-26399207**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. COOPER, SANDRA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 534 NITA DR  
 City FULTON State MS Zip Code 38843  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt **09 / 01 / 2021**  
**Transaction ID : SA11AI-26403277**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. COOPER, SANDRA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 534 NITA DR  
 City FULTON State MS Zip Code 38843  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt **10 / 05 / 2021**  
**Transaction ID : SA11AI-26410155**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	110.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. COOPER, SANDRA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 534 NITA DR  
 City FULTON State MS Zip Code 38843  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 11 / 08 / 2021  
**Transaction ID : SA11AI-26416287**  
 Amount of Each Receipt this Period 105.00  
 Memo Item

**B. COURTNEY, REBECCA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3656 LOWER SAXTOWN RD  
 City WATERLOO State IL Zip Code 62298  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 09 / 27 / 2021  
**Transaction ID : SA11AI-26408381**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. COURTNEY, REBECCA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3656 LOWER SAXTOWN RD  
 City WATERLOO State IL Zip Code 62298  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 10 / 25 / 2021  
**Transaction ID : SA11AI-26413709**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	240.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 325
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. COURTNEY, REBECCA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3656 LOWER SAXTOWN RD  
 City WATERLOO State IL Zip Code 62298  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 05 / 2021  
**Transaction ID : SA11AI-26420933**  
 Amount of Each Receipt this Period 70.00  
 Memo Item

**B. CRADDOCK, KENNETH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6073 HOLLOW HILL LN  
 City SPRINGFIELD State VA Zip Code 22152  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 07 / 01 / 2021  
**Transaction ID : SA11AI-26341289**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. CRADDOCK, KENNETH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6073 HOLLOW HILL LN  
 City SPRINGFIELD State VA Zip Code 22152  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 08 / 16 / 2021  
**Transaction ID : SA11AI-26399651**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	170.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 325
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. CRADDOCK, KENNETH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6073 HOLLOW HILL LN  
 City SPRINGFIELD State VA Zip Code 22152  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 09 / 02 / 2021  
**Transaction ID : SA11AI-26358507**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. CUDDY, ROSEMARY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 599 GAITHER RD  
 City SYKESVILLE State MD Zip Code 21784  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 08 / 25 / 2021  
**Transaction ID : SA11AI-26401693**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**C. CUDDY, ROSEMARY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 599 GAITHER RD  
 City SYKESVILLE State MD Zip Code 21784  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 12 / 19 / 2021  
**Transaction ID : SA11AI-26423615**  
 Amount of Each Receipt this Period 60.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. DARBY, JANICE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 918 WESTWINDS DR

City COLUMBIA	State MO	Zip Code 65203
------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
205.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2021

**Transaction ID : SA11AI-26411963**

Amount of Each Receipt this Period  
50.00

Memo Item

**B. DARBY, JANICE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 918 WESTWINDS DR

City COLUMBIA	State MO	Zip Code 65203
------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
205.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		22		2021

**Transaction ID : SA11AI-26418717**

Amount of Each Receipt this Period  
60.00

Memo Item

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

Mailing Address 34554 MERION CT

City DADE CITY	State FL	Zip Code 33525
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
280.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2021

**Transaction ID : SA11AI-26409659**

Amount of Each Receipt this Period  
35.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	145.00
<b>TOTAL</b> 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 55 OF 325
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. DAVIS, SALLY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 34554 MERION CT

City DADE CITY	State FL	Zip Code 33525
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
280.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		03		2021

**Transaction ID : SA11AI-26415361**

Amount of Each Receipt this Period  
45.00

Memo Item

**B. DAVIS, SALLY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 34554 MERION CT

City DADE CITY	State FL	Zip Code 33525
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
280.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		18		2021

**Transaction ID : SA11AI-26418119**

Amount of Each Receipt this Period  
55.00

Memo Item

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

Mailing Address 34554 MERION CT

City DADE CITY	State FL	Zip Code 33525
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
280.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		07		2021

**Transaction ID : SA11AI-26421239**

Amount of Each Receipt this Period  
60.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	160.00
<b>TOTAL</b> 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 56 OF 325
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. DELAMAR, EARNESTINE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3839 SAINT BARNABAS RD  
 APT T3  
 City SUITLAND State MD Zip Code 20746  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt **07 / 15 / 2021**  
**Transaction ID : SA11AI-26344873**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. DELAMAR, EARNESTINE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3839 SAINT BARNABAS RD  
 APT T3  
 City SUITLAND State MD Zip Code 20746  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt **08 / 12 / 2021**  
**Transaction ID : SA11AI-26399165**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. DELAMAR, EARNESTINE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3839 SAINT BARNABAS RD  
 APT T3  
 City SUITLAND State MD Zip Code 20746  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt **08 / 19 / 2021**  
**Transaction ID : SA11AI-26355551**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. DELAMAR, EARNESTINE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3839 SAINT BARNABAS RD  
 APT T3  
 City SUITLAND State MD Zip Code 20746  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 09 / 22 / 2021  
**Transaction ID : SA11AI-26407489**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**B. DELAMAR, EARNESTINE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3839 SAINT BARNABAS RD  
 APT T3  
 City SUITLAND State MD Zip Code 20746  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 28 / 2021  
**Transaction ID : SA11AI-26414501**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. DESPO, NICHOLAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7781 LAKE BLVD  
 City JAMESTOWN State PA Zip Code 16134  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt 09 / 23 / 2021  
**Transaction ID : SA11AI-26363999**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 325
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**UNITED WOMEN'S HEALTH ALLIANCE PAC**

**A. DESPO, NICHOLAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7781 LAKE BLVD  
 City JAMESTOWN State PA Zip Code 16134  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 03 / 2021  
**Transaction ID : SA11AI-26415521**  
 Amount of Each Receipt this Period  
 60.00  
 Memo Item

**B. DEWOLF, MAXINE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 514 N JENNINGS RD  
 City INDEPENDENCE State MO Zip Code 64056  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 265.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 08 / 2021  
**Transaction ID : SA11AI-26343117**  
 Amount of Each Receipt this Period  
 35.00  
 Memo Item

**C. DEWOLF, MAXINE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 514 N JENNINGS RD  
 City INDEPENDENCE State MO Zip Code 64056  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 265.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 22 / 2021  
**Transaction ID : SA11AI-26346505**  
 Amount of Each Receipt this Period  
 35.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	130.00
<b>TOTAL</b> 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 59 OF 325  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**DEWOLF, MAXINE, , ,**

Mailing Address **514 N JENNINGS RD**

City **INDEPENDENCE** State **MO** Zip Code **64056**

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **265.00**

Date of Receipt **07 / 22 / 2021**

**Transaction ID : SA11AI-26347785**

Amount of Each Receipt this Period **25.00**

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**DEWOLF, MAXINE, , ,**

Mailing Address **514 N JENNINGS RD**

City **INDEPENDENCE** State **MO** Zip Code **64056**

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **265.00**

Date of Receipt **10 / 14 / 2021**

**Transaction ID : SA11AI-26370397**

Amount of Each Receipt this Period **50.00**

Memo Item

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

Mailing Address **514 N JENNINGS RD**

City **INDEPENDENCE** State **MO** Zip Code **64056**

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼ **265.00**

Date of Receipt **12 / 23 / 2021**

**Transaction ID : SA11AI-26387971**

Amount of Each Receipt this Period **50.00**

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **125.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 325
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**UNITED WOMEN'S HEALTH ALLIANCE PAC**

**A. DIETZ, KAY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3851 DECLARATION AVE  
 City CALABASAS State CA Zip Code 91302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 415.00

Date of Receipt 07 / 09 / 2021  
**Transaction ID : SA11AI-26392941**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. DIETZ, GREGORY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 53 CLIFF ST  
 City DAYTON State OH Zip Code 45405  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt 09 / 07 / 2021  
**Transaction ID : SA11AI-26404091**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**C. DIETZ, KAY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3851 DECLARATION AVE  
 City CALABASAS State CA Zip Code 91302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 415.00

Date of Receipt 10 / 01 / 2021  
**Transaction ID : SA11AI-26409585**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	135.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. DIETZ, KAY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3851 DECLARATION AVE

City CALABASAS	State CA	Zip Code 91302
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
415.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2021

**Transaction ID : SA11AI-26412565**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. DIETZ, KAY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3851 DECLARATION AVE

City CALABASAS	State CA	Zip Code 91302
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
415.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2021

**Transaction ID : SA11AI-26414523**

Amount of Each Receipt this Period  
75.00

Memo Item

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

Mailing Address 53 CLIFF ST

City DAYTON	State OH	Zip Code 45405
----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
215.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		04		2021

**Transaction ID : SA11AI-26415795**

Amount of Each Receipt this Period  
35.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	210.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**DIETZ, GREGORY, , ,**

Mailing Address 53 CLIFF ST

City DAYTON	State OH	Zip Code 45405
----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
215.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2021

**Transaction ID : SA11AI-26419437**

Amount of Each Receipt this Period  
35.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**DIETZ, GREGORY, , ,**

Mailing Address 53 CLIFF ST

City DAYTON	State OH	Zip Code 45405
----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
215.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2021

**Transaction ID : SA11AI-26423785**

Amount of Each Receipt this Period  
50.00

Memo Item

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

Mailing Address 53 CLIFF ST

City DAYTON	State OH	Zip Code 45405
----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
215.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2021

**Transaction ID : SA11AI-26424293**

Amount of Each Receipt this Period  
25.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	110.00
<b>TOTAL</b> 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 63 OF 325  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. DIROSARIO, PATRICIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 87 LYMAN BARNES RD  
 City BRIMFIELD State MA Zip Code 01010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 03 / 2021  
**Transaction ID : SA11AI-26403917**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. DIROSARIO, PATRICIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 87 LYMAN BARNES RD  
 City BRIMFIELD State MA Zip Code 01010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 15 / 2021  
**Transaction ID : SA11AI-26412297**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. DIROSARIO, PATRICIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 87 LYMAN BARNES RD  
 City BRIMFIELD State MA Zip Code 01010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 12 / 17 / 2021  
**Transaction ID : SA11AI-26423031**  
 Amount of Each Receipt this Period 65.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 325
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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**

**A. DIROSARIO, PATRICIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 87 LYMAN BARNES RD  
 City BRIMFIELD State MA Zip Code 01010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt **12 / 28 / 2021**  
**Transaction ID : SA11AI-26425801**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. DIX, TOMMY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 221 OLD CARRIAGE WAY  
 City WILLIAMSBURG State VA Zip Code 23188  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt **08 / 17 / 2021**  
**Transaction ID : SA11AI-26400049**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**C. DIX, TOMMY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 221 OLD CARRIAGE WAY  
 City WILLIAMSBURG State VA Zip Code 23188  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt **09 / 24 / 2021**  
**Transaction ID : SA11AI-26408095**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	320.00
<b>TOTAL</b> 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 65 OF 325  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. DIX, TOMMY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 221 OLD CARRIAGE WAY  
 City WILLIAMSBURG State VA Zip Code 23188  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 12 / 01 / 2021  
**Transaction ID : SA11AI-26420373**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. DOHERTY, BEATRICE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 38 INWOOD DR  
 City MILLTOWN State NJ Zip Code 08850  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt 07 / 08 / 2021  
**Transaction ID : SA11AI-26342285**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. DOHERTY, BEATRICE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 38 INWOOD DR  
 City MILLTOWN State NJ Zip Code 08850  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt 08 / 05 / 2021  
**Transaction ID : SA11AI-26351535**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 110.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 66 OF 325  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. DOHERTY, BEATRICE, , ,**

Mailing Address 38 INWOOD DR

City MILLTOWN	State NJ	Zip Code 08850
------------------	-------------	-------------------

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
205.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	04	/	2021

**Transaction ID : SA11AI-26376607**

Amount of Each Receipt this Period  
35.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. DOHERTY, BEATRICE, , ,**

Mailing Address 38 INWOOD DR

City MILLTOWN	State NJ	Zip Code 08850
------------------	-------------	-------------------

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
205.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	26	/	2021

**Transaction ID : SA11AI-26381505**

Amount of Each Receipt this Period  
35.00

Memo Item

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

Mailing Address 1008 HIDEBOUND RD

City BURNS	State TN	Zip Code 37029
---------------	-------------	-------------------

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

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

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
305.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	22	/	2021

**Transaction ID : SA11AI-26407559**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	120.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. DRASHER, CLAYTON, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1008 HIDEBOUND RD

City BURNS	State TN	Zip Code 37029
---------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
305.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2021

**Transaction ID : SA11AI-26417785**

Amount of Each Receipt this Period  
55.00

Memo Item

**B. DRASHER, CLAYTON, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1008 HIDEBOUND RD

City BURNS	State TN	Zip Code 37029
---------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
305.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2021

**Transaction ID : SA11AI-26425569**

Amount of Each Receipt this Period  
50.00

Memo Item

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

Mailing Address 100 MELROSE AVE E  
APT 309

City SEATTLE	State WA	Zip Code 98102
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2021

**Transaction ID : SA11AI-26360971**

Amount of Each Receipt this Period  
400.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	505.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 325
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. ERICKSON, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 644 WOODS AVE  
 City FLEMINGTON State PA Zip Code 17745  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 07 / 14 / 2021  
**Transaction ID : SA11AI-26393691**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**B. ERICKSON, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 644 WOODS AVE  
 City FLEMINGTON State PA Zip Code 17745  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 07 / 29 / 2021  
**Transaction ID : SA11AI-26396587**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**C. ERICKSON, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 644 WOODS AVE  
 City FLEMINGTON State PA Zip Code 17745  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 10 / 28 / 2021  
**Transaction ID : SA11AI-26414503**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	100.00
<b>TOTAL</b> 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 69 OF 325  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. ERICKSON, ROBERT, , ,**

Mailing Address 644 WOODS AVE

City FLEMINGTON   State PA   Zip Code 17745

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

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

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
 M M M /  D D D /  Y Y Y Y Y Y  
 11 / 03 / 2021

**Transaction ID : SA11AI-26415357**

Amount of Each Receipt this Period  
35.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. FESSLER, DOUGIE, , ,**

Mailing Address 80 W SIERRA MADRE BLVD

City SIERRA MADRE   State CA   Zip Code 91024

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

Name of Employer (for Individual) Best Efforts   Occupation (for Individual) Best Efforts

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
235.00

Date of Receipt  
 M M M /  D D D /  Y Y Y Y Y Y  
 11 / 23 / 2021

**Transaction ID : SA11AI-26418799**

Amount of Each Receipt this Period  
100.00

Memo Item

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

Mailing Address 80 W SIERRA MADRE BLVD

City SIERRA MADRE   State CA   Zip Code 91024

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

Name of Employer (for Individual) Best Efforts   Occupation (for Individual) Best Efforts

Receipt For:  
 Primary    General  
 Other (specify)

Aggregate Year-to-Date ▼  
235.00

Date of Receipt  
 M M M /  D D D /  Y Y Y Y Y Y  
 12 / 09 / 2021

**Transaction ID : SA11AI-26384895**

Amount of Each Receipt this Period  
100.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 235.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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**

**A. FETTERS, LINDA, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3718 ASPEN RD

City MOOSE LAKE	State MN	Zip Code 55767
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2021

**Transaction ID : SA11AI-26408657**

Amount of Each Receipt this Period  
75.00

Memo Item

**B. FETTERS, LINDA, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3718 ASPEN RD

City MOOSE LAKE	State MN	Zip Code 55767
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		30		2021

**Transaction ID : SA11AI-26426193**

Amount of Each Receipt this Period  
75.00

Memo Item

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

Mailing Address 500 W JACKSON ST  
APT 203

City SAINT PETER	State MN	Zip Code 56082
---------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2021

**Transaction ID : SA11AI-26405851**

Amount of Each Receipt this Period  
50.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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**

**A. FIENEN, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 500 W JACKSON ST  
 APT 203  
 City SAINT PETER State MN Zip Code 56082  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 16 / 2021  
**Transaction ID : SA11AI-26406363**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**B. FIENEN, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 500 W JACKSON ST  
 APT 203  
 City SAINT PETER State MN Zip Code 56082  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 24 / 2021  
**Transaction ID : SA11AI-26419029**  
 Amount of Each Receipt this Period  
 35.00  
 Memo Item

**C. FIENEN, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 500 W JACKSON ST  
 APT 203  
 City SAINT PETER State MN Zip Code 56082  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 18 / 2021  
**Transaction ID : SA11AI-26423495**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 325
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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**

**A. FINGER, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 420 ANDREW DR  
 City DACONO State CO Zip Code 80514  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 295.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 01 / 2021  
**Transaction ID : SA11AI-26391421**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**B. FINGER, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 420 ANDREW DR  
 City DACONO State CO Zip Code 80514  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 295.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 14 / 2021  
**Transaction ID : SA11AI-26393689**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**C. FINGER, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 420 ANDREW DR  
 City DACONO State CO Zip Code 80514  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 295.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 09 / 2021  
**Transaction ID : SA11AI-26404947**  
 Amount of Each Receipt this Period  
 35.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	135.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. FINGER, JOHN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 420 ANDREW DR

City DACONO	State CO	Zip Code 80514
----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
295.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2021

**Transaction ID : SA11AI-26408033**

Amount of Each Receipt this Period  
50.00

Memo Item

**B. FINGER, JOHN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 420 ANDREW DR

City DACONO	State CO	Zip Code 80514
----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
295.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		23		2021

**Transaction ID : SA11AI-26418851**

Amount of Each Receipt this Period  
60.00

Memo Item

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

Mailing Address 9198 WISTERIA ST

City LADSON	State SC	Zip Code 29456
----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2021

**Transaction ID : SA11AI-26374487**

Amount of Each Receipt this Period  
350.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	460.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. FRANKLIN, MARK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1017 SHADOWLAWN DR  
 City TOLEDO State OH Zip Code 43609  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **09 / 23 / 2021**  
**Transaction ID : SA11AI-26364243**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. FREEMAN, KELMITH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1151 NW 92ND ST  
 City OKLAHOMA CITY State OK Zip Code 73114  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 585.00

Date of Receipt **08 / 17 / 2021**  
**Transaction ID : SA11AI-26399941**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. FREEMAN, JANICE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2613 TEABERRY DR  
 City NORTH CHESTERFIELD State VA Zip Code 23236  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt **08 / 24 / 2021**  
**Transaction ID : SA11AI-26401445**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	350.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. FREEMAN, KELMITH, , ,**

Mailing Address 1151 NW 92ND ST

City OKLAHOMA CITY	State OK	Zip Code 73114
-----------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
585.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		01		2021

**Transaction ID : SA11AI-26403413**

Amount of Each Receipt this Period  
100.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. FREEMAN, KELMITH, , ,**

Mailing Address 1151 NW 92ND ST

City OKLAHOMA CITY	State OK	Zip Code 73114
-----------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
585.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		23		2021

**Transaction ID : SA11AI-26418779**

Amount of Each Receipt this Period  
25.00

Memo Item

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

Mailing Address 1151 NW 92ND ST

City OKLAHOMA CITY	State OK	Zip Code 73114
-----------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
585.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		23		2021

**Transaction ID : SA11AI-26418843**

Amount of Each Receipt this Period  
105.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	230.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 325
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. FREEMAN, JANICE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2613 TEABERRY DR  
 City NORTH CHESTERFIELD State VA Zip Code 23236  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 12 / 01 / 2021  
**Transaction ID : SA11AI-26420247**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. FREEMAN, KELMITH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1151 NW 92ND ST  
 City OKLAHOMA CITY State OK Zip Code 73114  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 585.00

Date of Receipt 12 / 10 / 2021  
**Transaction ID : SA11AI-26421953**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

**C. FREEMAN, JANICE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2613 TEABERRY DR  
 City NORTH CHESTERFIELD State VA Zip Code 23236  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 12 / 21 / 2021  
**Transaction ID : SA11AI-26424289**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. FREEMAN, KELMITH, , ,**

Mailing Address 1151 NW 92ND ST

City OKLAHOMA CITY	State OK	Zip Code 73114
-----------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
585.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	22	/	2021

**Transaction ID : SA11AI-26424573**

Amount of Each Receipt this Period  
120.00

Memo Item

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

Mailing Address 501 HARRIET LN

City HAVERTOWN	State PA	Zip Code 19083
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
895.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	13	/	2021

**Transaction ID : SA11AI-26399363**

Amount of Each Receipt this Period  
50.00

Memo Item

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

Mailing Address 501 HARRIET LN

City HAVERTOWN	State PA	Zip Code 19083
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
895.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	19	/	2021

**Transaction ID : SA11AI-26400413**

Amount of Each Receipt this Period  
200.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	370.00
<b>TOTAL</b> 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 78 OF 325
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 501 HARRIET LN

City HAVERTOWN	State PA	Zip Code 19083
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
895.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	04	/	2021

**Transaction ID : SA11AI-26415827**

Amount of Each Receipt this Period  
105.00

Memo Item

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

Mailing Address 501 HARRIET LN

City HAVERTOWN	State PA	Zip Code 19083
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
895.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	18	/	2021

**Transaction ID : SA11AI-26418185**

Amount of Each Receipt this Period  
310.00

Memo Item

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

Mailing Address 310 W 4TH ST

City SAN DIMAS	State CA	Zip Code 91773
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
205.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	01	/	2021

**Transaction ID : SA11AI-26391491**

Amount of Each Receipt this Period  
35.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	450.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 325
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. GATTI, GEORGE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 310 W 4TH ST  
 City SAN DIMAS State CA Zip Code 91773  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt 08 / 09 / 2021  
**Transaction ID : SA11AI-26398493**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**B. GAYDEN, BRIGETTE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4808 CRESTFIELD RD  
 City MILLINGTON State TN Zip Code 38053  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) DIRECTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 16 / 2021  
**Transaction ID : SA11AI-26386875**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. GEPHARK, ANN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 337 GRACE VILLAGE DR  
 City WINONA LAKE State IN Zip Code 46590  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 08 / 07 / 2021  
**Transaction ID : SA11AI-26398177**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	320.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. GEPHARK, ANN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 337 GRACE VILLAGE DR

City WINONA LAKE	State IN	Zip Code 46590
---------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		01		2021

**Transaction ID : SA11AI-26414909**

Amount of Each Receipt this Period  
35.00

Memo Item

**B. GEPHARK, ANN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 337 GRACE VILLAGE DR

City WINONA LAKE	State IN	Zip Code 46590
---------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2021

**Transaction ID : SA11AI-26420123**

Amount of Each Receipt this Period  
50.00

Memo Item

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

Mailing Address 337 GRACE VILLAGE DR

City WINONA LAKE	State IN	Zip Code 46590
---------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		12		2021

**Transaction ID : SA11AI-26422157**

Amount of Each Receipt this Period  
40.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	125.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 325
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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**

**A. GEPHARK, ANN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 337 GRACE VILLAGE DR  
 City WINONA LAKE State IN Zip Code 46590  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 12 / 17 / 2021  
**Transaction ID : SA11AI-26423357**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. GEPHARK, ANN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 337 GRACE VILLAGE DR  
 City WINONA LAKE State IN Zip Code 46590  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 12 / 27 / 2021  
**Transaction ID : SA11AI-26425443**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. GRAHAM, WEST, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4635 BORDER VILLAGE RD APT 6-2  
 City SAN YSIDRO State CA Zip Code 92173  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 290.00

Date of Receipt 08 / 23 / 2021  
**Transaction ID : SA11AI-26401063**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	100.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. GRAHAM, WEST, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4635 BORDER VILLAGE RD  
 APT 6-2  
 City SAN YSIDRO State CA Zip Code 92173  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 290.00

Date of Receipt 08 / 24 / 2021  
**Transaction ID : SA11AI-26401413**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. GRAHAM, WEST, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4635 BORDER VILLAGE RD  
 APT 6-2  
 City SAN YSIDRO State CA Zip Code 92173  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 290.00

Date of Receipt 11 / 24 / 2021  
**Transaction ID : SA11AI-26419021**  
 Amount of Each Receipt this Period 105.00  
 Memo Item

**C. GRAHAM, WEST, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4635 BORDER VILLAGE RD  
 APT 6-2  
 City SAN YSIDRO State CA Zip Code 92173  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 290.00

Date of Receipt 11 / 26 / 2021  
**Transaction ID : SA11AI-26419175**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	240.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
GRAY, DORIS, , ,

Mailing Address 16319 122ND AVE E

City PUYALLUP	State WA	Zip Code 98374
------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
295.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		11		2021

**Transaction ID : SA11AI-26398783**

Amount of Each Receipt this Period  
35.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
GRAY, DORIS, , ,

Mailing Address 16319 122ND AVE E

City PUYALLUP	State WA	Zip Code 98374
------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
295.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		13		2021

**Transaction ID : SA11AI-26399451**

Amount of Each Receipt this Period  
35.00

Memo Item

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

Mailing Address 16319 122ND AVE E

City PUYALLUP	State WA	Zip Code 98374
------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
295.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		17		2021

**Transaction ID : SA11AI-26423253**

Amount of Each Receipt this Period  
70.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	140.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. GREENE, BETTY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5886 DE ZAVALA RD  
 City SAN ANTONIO State TX Zip Code 78249  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 655.00

Date of Receipt 08 / 25 / 2021  
**Transaction ID : SA11AI-26401691**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

**B. GREENE, BETTY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5886 DE ZAVALA RD  
 City SAN ANTONIO State TX Zip Code 78249  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 655.00

Date of Receipt 09 / 03 / 2021  
**Transaction ID : SA11AI-26403845**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**C. GREENE, BETTY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5886 DE ZAVALA RD  
 City SAN ANTONIO State TX Zip Code 78249  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 655.00

Date of Receipt 10 / 18 / 2021  
**Transaction ID : SA11AI-26412525**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	210.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. GREENE, BETTY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5886 DE ZAVALA RD  
 City SAN ANTONIO State TX Zip Code 78249  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 655.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2021  
**Transaction ID : SA11AI-26414507**  
 Amount of Each Receipt this Period  
 40.00  
 Memo Item

**B. GREENE, BETTY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5886 DE ZAVALA RD  
 City SAN ANTONIO State TX Zip Code 78249  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 655.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 12 / 2021  
**Transaction ID : SA11AI-26417101**  
 Amount of Each Receipt this Period  
 105.00  
 Memo Item

**C. GREENE, BETTY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5886 DE ZAVALA RD  
 City SAN ANTONIO State TX Zip Code 78249  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 655.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 23 / 2021  
**Transaction ID : SA11AI-26418761**  
 Amount of Each Receipt this Period  
 60.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	205.00
<b>TOTAL</b> 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 86 OF 325  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. GREENE, BETTY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5886 DE ZAVALA RD  
 City SAN ANTONIO State TX Zip Code 78249  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 655.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 22 / 2021  
**Transaction ID : SA11AI-26424557**  
 Amount of Each Receipt this Period  
 60.00  
 Memo Item

**B. GUENTHER, JUDITH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6841 W FOND DU LAC AVE  
 City MILWAUKEE State WI Zip Code 53218  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 01 / 2021  
**Transaction ID : SA11AI-26391479**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**C. GUENTHER, JUDITH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6841 W FOND DU LAC AVE  
 City MILWAUKEE State WI Zip Code 53218  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 16 / 2021  
**Transaction ID : SA11AI-26394121**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 135.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. GUENTHER, JUDITH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6841 W FOND DU LAC AVE  
 City MILWAUKEE State WI Zip Code 53218  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 11 / 29 / 2021  
**Transaction ID : SA11AI-26419655**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. HAGER, THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 695 SUMMER LN  
 City WHITE SALMON State WA Zip Code 98672  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 07 / 07 / 2021  
**Transaction ID : SA11AI-26392575**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. HAGER, THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 695 SUMMER LN  
 City WHITE SALMON State WA Zip Code 98672  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 12 / 09 / 2021  
**Transaction ID : SA11AI-26384519**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 180.00  
**TOTAL** This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: (check only one)	PAGE 88 OF 325
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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

**A. HAM, LEWIS, , ,**

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

Mailing Address 5500 CALLE REAL  
APT C-226

City SANTA BARBARA	State CA	Zip Code 93111
-----------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
385.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 07 / 2021

**Transaction ID : SA11AI-26398157**

Amount of Each Receipt this Period  
50.00

Memo Item

**B. HAM, LEWIS, , ,**

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

Mailing Address 5500 CALLE REAL  
APT C-226

City SANTA BARBARA	State CA	Zip Code 93111
-----------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
385.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 02 / 2021

**Transaction ID : SA11AI-26420555**

Amount of Each Receipt this Period  
150.00

Memo Item

**C. HAM, LEWIS, , ,**

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

Mailing Address 5500 CALLE REAL  
APT C-226

City SANTA BARBARA	State CA	Zip Code 93111
-----------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
385.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2021

**Transaction ID : SA11AI-26424403**

Amount of Each Receipt this Period  
75.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	275.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 89 OF 325
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. HAM, LEWIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5500 CALLE REAL  
 APT C-226  
 City SANTA BARBARA State CA Zip Code 93111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 385.00

Date of Receipt **12 / 22 / 2021**  
**Transaction ID : SA11AI-26424623**  
 Amount of Each Receipt this Period 110.00  
 Memo Item

**B. HAMMELL, SUSAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 817 SUMMIT AVE  
 City WESTFIELD State NJ Zip Code 07090  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt **08 / 05 / 2021**  
**Transaction ID : SA11AI-26350373**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

**C. HAMMELL, SUSAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 817 SUMMIT AVE  
 City WESTFIELD State NJ Zip Code 07090  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt **09 / 09 / 2021**  
**Transaction ID : SA11AI-26359579**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	260.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. HAMMELL, SUSAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 817 SUMMIT AVE  
 City WESTFIELD State NJ Zip Code 07090  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 11 / 26 / 2021  
**Transaction ID : SA11AI-26382195**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. HAMMELL, SUSAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 817 SUMMIT AVE  
 City WESTFIELD State NJ Zip Code 07090  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 12 / 09 / 2021  
**Transaction ID : SA11AI-26384769**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

**C. HEINOLD, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 142 WATCH HILL RD  
 City WESTERLY State RI Zip Code 02891  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 07 / 15 / 2021  
**Transaction ID : SA11AI-26346205**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	175.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 142 WATCH HILL RD

City WESTERLY	State RI	Zip Code 02891
------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2021

**Transaction ID : SA11AI-26408653**

Amount of Each Receipt this Period  
50.00

Memo Item

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

Mailing Address 142 WATCH HILL RD

City WESTERLY	State RI	Zip Code 02891
------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		20		2021

**Transaction ID : SA11AI-26423685**

Amount of Each Receipt this Period  
110.00

Memo Item

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

Mailing Address 8545 CARMEL VALLEY RD

City CARMEL	State CA	Zip Code 93923
----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
205.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2021

**Transaction ID : SA11AI-26410775**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	210.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. HOLMES, GAYLE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8545 CARMEL VALLEY RD  
 City CARMEL State CA Zip Code 93923  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt 10 / 28 / 2021  
**Transaction ID : SA11AI-26414379**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. HOLMES, GAYLE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8545 CARMEL VALLEY RD  
 City CARMEL State CA Zip Code 93923  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt 11 / 30 / 2021  
**Transaction ID : SA11AI-26419941**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**C. HOLMES, GAYLE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8545 CARMEL VALLEY RD  
 City CARMEL State CA Zip Code 93923  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt 12 / 01 / 2021  
**Transaction ID : SA11AI-26420329**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. HOLMES, GAYLE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8545 CARMEL VALLEY RD  
 City CARMEL State CA Zip Code 93923  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt **12 / 06 / 2021**  
**Transaction ID : SA11AI-26421041**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. HOOD, LLOYD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7830 CAMINO REAL APT 409  
 City MIAMI State FL Zip Code 33143  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt **08 / 07 / 2021**  
**Transaction ID : SA11AI-26398161**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. HOOD, LLOYD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7830 CAMINO REAL APT 409  
 City MIAMI State FL Zip Code 33143  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt **09 / 16 / 2021**  
**Transaction ID : SA11AI-26406577**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 100.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. HOOD, LLOYD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7830 CAMINO REAL  
 APT 409  
 City MIAMI State FL Zip Code 33143  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt 10 / 15 / 2021  
**Transaction ID : SA11AI-26412191**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**B. HOOD, LLOYD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7830 CAMINO REAL  
 APT 409  
 City MIAMI State FL Zip Code 33143  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt 10 / 22 / 2021  
**Transaction ID : SA11AI-26413411**  
 Amount of Each Receipt this Period 45.00  
 Memo Item

**C. HOOD, LLOYD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7830 CAMINO REAL  
 APT 409  
 City MIAMI State FL Zip Code 33143  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt 12 / 01 / 2021  
**Transaction ID : SA11AI-26420245**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	115.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**HUDSON, JODIE, , ,**

Mailing Address **PO BOX 692**

City <b>LAKE ARTHUR</b>	State <b>LA</b>	Zip Code <b>70549</b>
----------------------------	--------------------	--------------------------

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

Name of Employer (for Individual) <b>Retired</b>	Occupation (for Individual) <b>Retired</b>
---	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**295.00**

Date of Receipt  
**07 / 01 / 2021**

**Transaction ID : SA11AI-26391477**

Amount of Each Receipt this Period  
**35.00**

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**HUDSON, JODIE, , ,**

Mailing Address **PO BOX 692**

City <b>LAKE ARTHUR</b>	State <b>LA</b>	Zip Code <b>70549</b>
----------------------------	--------------------	--------------------------

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

Name of Employer (for Individual) <b>Retired</b>	Occupation (for Individual) <b>Retired</b>
---	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**295.00**

Date of Receipt  
**07 / 08 / 2021**

**Transaction ID : SA11AI-26392703**

Amount of Each Receipt this Period  
**35.00**

Memo Item

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

Mailing Address **PO BOX 692**

City <b>LAKE ARTHUR</b>	State <b>LA</b>	Zip Code <b>70549</b>
----------------------------	--------------------	--------------------------

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

Name of Employer (for Individual) <b>Retired</b>	Occupation (for Individual) <b>Retired</b>
---	---

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
**295.00**

Date of Receipt  
**07 / 20 / 2021**

**Transaction ID : SA11AI-26394663**

Amount of Each Receipt this Period  
**35.00**

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>105.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. HUDSON, JODIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 692  
 City LAKE ARTHUR State LA Zip Code 70549  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 295.00

Date of Receipt 09 / 27 / 2021  
**Transaction ID : SA11AI-26408427**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**B. HUDSON, JODIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 692  
 City LAKE ARTHUR State LA Zip Code 70549  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 295.00

Date of Receipt 10 / 05 / 2021  
**Transaction ID : SA11AI-26409959**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. IGLESIAS, SHIRLEY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1802 TULPEHOCKEN RD APT 279  
 City READING State PA Zip Code 19610  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt 08 / 26 / 2021  
**Transaction ID : SA11AI-26402209**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	135.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 325
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**JOCHER, RONALD, , ,**

Mailing Address **5513 N GARELOCH AVE**

City <b>AZUSA</b>	State <b>CA</b>	Zip Code <b>91702</b>
----------------------	--------------------	--------------------------

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

Name of Employer (for Individual) <b>Retired</b>	Occupation (for Individual) <b>Retired</b>
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		05		2021

**Transaction ID : SA11AI-26391891**

Amount of Each Receipt this Period  

35.00
-------

 Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**JOCHER, RONALD, , ,**

Mailing Address **5513 N GARELOCH AVE**

City <b>AZUSA</b>	State <b>CA</b>	Zip Code <b>91702</b>
----------------------	--------------------	--------------------------

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

Name of Employer (for Individual) <b>Retired</b>	Occupation (for Individual) <b>Retired</b>
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		17		2021

**Transaction ID : SA11AI-26399861**

Amount of Each Receipt this Period  

35.00
-------

 Memo Item

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

Mailing Address **5513 N GARELOCH AVE**

City <b>AZUSA</b>	State <b>CA</b>	Zip Code <b>91702</b>
----------------------	--------------------	--------------------------

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

Name of Employer (for Individual) <b>Retired</b>	Occupation (for Individual) <b>Retired</b>
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2021

**Transaction ID : SA11AI-26411865**

Amount of Each Receipt this Period  

60.00
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 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>130.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. JOCHER, RONALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5513 N GARELOCH AVE  
 City AZUSA State CA Zip Code 91702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 16 / 2021  
**Transaction ID : SA11AI-26417727**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. JOCHER, RONALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5513 N GARELOCH AVE  
 City AZUSA State CA Zip Code 91702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 12 / 20 / 2021  
**Transaction ID : SA11AI-26423693**  
 Amount of Each Receipt this Period 55.00  
 Memo Item

**C. JOHNSON, HENRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2950 KIRKBRIDE WAY APT 212  
 City INDIANAPOLIS State IN Zip Code 46222  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt 07 / 01 / 2021  
**Transaction ID : SA11AI-26391481**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	95.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**JOHNSON, HENRY, , ,**

Mailing Address 2950 KIRKBRIDE WAY  
APT 212

City INDIANAPOLIS State IN Zip Code 46222

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
235.00

Date of Receipt  
08 / 24 / 2021  
**Transaction ID : SA11AI-26401595**

Amount of Each Receipt this Period  
20.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**JOHNSON, HENRY, , ,**

Mailing Address 2950 KIRKBRIDE WAY  
APT 212

City INDIANAPOLIS State IN Zip Code 46222

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
235.00

Date of Receipt  
09 / 09 / 2021  
**Transaction ID : SA11AI-26404991**

Amount of Each Receipt this Period  
25.00

Memo Item

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

Mailing Address 2950 KIRKBRIDE WAY  
APT 212

City INDIANAPOLIS State IN Zip Code 46222

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
235.00

Date of Receipt  
09 / 30 / 2021  
**Transaction ID : SA11AI-26409267**

Amount of Each Receipt this Period  
25.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	70.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. JOHNSON, HENRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2950 KIRKBRIDE WAY  
APT 212

City INDIANAPOLIS State IN Zip Code 46222

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
235.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2021

**Transaction ID : SA11AI-26422599**

Amount of Each Receipt this Period  
 25.00

Memo Item

**B. JOHNSON, HENRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2950 KIRKBRIDE WAY  
APT 212

City INDIANAPOLIS State IN Zip Code 46222

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
235.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 22 / 2021

**Transaction ID : SA11AI-26424669**

Amount of Each Receipt this Period  
 25.00

Memo Item

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

Mailing Address 2550 KENSINGTON GARDNES  
UNIT 205

City ELLICOTT CITY State MD Zip Code 21043

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 08 / 2021

**Transaction ID : SA11AI-26392775**

Amount of Each Receipt this Period  
 25.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 2550 KENSINGTON GARDNES  
UNIT 205

City ELLICOTT CITY State MD Zip Code 21043

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
09 / 13 / 2021  
**Transaction ID : SA11AI-26405549**

Amount of Each Receipt this Period  
25.00

Memo Item

**B. JONES, CAROLE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2550 KENSINGTON GARDNES  
UNIT 205

City ELLICOTT CITY State MD Zip Code 21043

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
11 / 15 / 2021  
**Transaction ID : SA11AI-26417373**

Amount of Each Receipt this Period  
50.00

Memo Item

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

Mailing Address 2550 KENSINGTON GARDNES  
UNIT 205

City ELLICOTT CITY State MD Zip Code 21043

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
12 / 18 / 2021  
**Transaction ID : SA11AI-26423395**

Amount of Each Receipt this Period  
35.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	110.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. JORJORIAN, ELEANOR, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 232 FAIRFAX DR  
 City WARWICK State RI Zip Code 02888  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **07 / 15 / 2021**  
**Transaction ID : SA11AI-26344603**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. JORJORIAN, ELEANOR, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 232 FAIRFAX DR  
 City WARWICK State RI Zip Code 02888  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **08 / 03 / 2021**  
**Transaction ID : SA11AI-26397401**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. JORJORIAN, ELEANOR, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 232 FAIRFAX DR  
 City WARWICK State RI Zip Code 02888  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **10 / 05 / 2021**  
**Transaction ID : SA11AI-26409975**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 55.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 OF 325
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. JORJORIAN, ELEANOR, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 232 FAIRFAX DR  
 City WARWICK State RI Zip Code 02888  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 10 / 08 / 2021  
**Transaction ID : SA11AI-26410751**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**B. JORJORIAN, ELEANOR, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 232 FAIRFAX DR  
 City WARWICK State RI Zip Code 02888  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 11 / 02 / 2021  
**Transaction ID : SA11AI-26415249**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. JORJORIAN, ELEANOR, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 232 FAIRFAX DR  
 City WARWICK State RI Zip Code 02888  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 11 / 05 / 2021  
**Transaction ID : SA11AI-26415915**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	55.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. JORJORIAN, ELEANOR, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 232 FAIRFAX DR  
 City WARWICK State RI Zip Code 02888  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 12 / 03 / 2021  
**Transaction ID : SA11AI-26420813**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. JORJORIAN, ELEANOR, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 232 FAIRFAX DR  
 City WARWICK State RI Zip Code 02888  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 12 / 21 / 2021  
**Transaction ID : SA11AI-26424213**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. JUDD, JUDY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1241 ISLAND DR APT 101  
 City ANN ARBOR State MI Zip Code 48105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 08 / 26 / 2021  
**Transaction ID : SA11AI-26356133**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	340.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. KARRISH, GEORGE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1042 NEUMARK AVE  
 City PLEASANTVILLE State NJ Zip Code 08232  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 09 / 30 / 2021  
**Transaction ID : SA11AI-26365495**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. KARRISH, GEORGE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1042 NEUMARK AVE  
 City PLEASANTVILLE State NJ Zip Code 08232  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 09 / 30 / 2021  
**Transaction ID : SA11AI-26365725**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**C. KARRISH, GEORGE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1042 NEUMARK AVE  
 City PLEASANTVILLE State NJ Zip Code 08232  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 10 / 21 / 2021  
**Transaction ID : SA11AI-26370733**  
 Amount of Each Receipt this Period 60.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	145.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. KARRISH, GEORGE, , ,</b>		Date of Receipt
Mailing Address 1042 NEUMARK AVE		<input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2021"/>
City PLEASANTVILLE	State NJ	Zip Code 08232
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI-26376735</b>
Name of Employer (for Individual) Retired		Occupation (for Individual) Retired
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="230.00"/>	Amount of Each Receipt this Period <input type="text" value="35.00"/>
		<input type="checkbox"/> Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. KEENAN, WILLIAM, , ,</b>		Date of Receipt
Mailing Address 5100 SHARON RD UNIT 1201		<input type="text" value="07"/> / <input type="text" value="05"/> / <input type="text" value="2021"/>
City CHARLOTTE	State NC	Zip Code 28210
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI-26391875</b>
Name of Employer (for Individual) Retired		Occupation (for Individual) Retired
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="385.00"/>	Amount of Each Receipt this Period <input type="text" value="35.00"/>
		<input type="checkbox"/> Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. KEENAN, WILLIAM, , ,</b>		Date of Receipt
Mailing Address 5100 SHARON RD UNIT 1201		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2021"/>
City CHARLOTTE	State NC	Zip Code 28210
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI-26412105</b>
Name of Employer (for Individual) Retired		Occupation (for Individual) Retired
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="385.00"/>	Amount of Each Receipt this Period <input type="text" value="200.00"/>
		<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="270.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
KELLIHER, ANNE, , ,

Mailing Address 32 GRANT AVE

City NORWOOD	State MA	Zip Code 02062
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		01		2021

**Transaction ID : SA11AI-26340813**

Amount of Each Receipt this Period  
25.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
KELLIHER, ANNE, , ,

Mailing Address 32 GRANT AVE

City NORWOOD	State MA	Zip Code 02062
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		18		2021

**Transaction ID : SA11AI-26400219**

Amount of Each Receipt this Period  
50.00

Memo Item

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

Mailing Address 32 GRANT AVE

City NORWOOD	State MA	Zip Code 02062
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2021

**Transaction ID : SA11AI-26406361**

Amount of Each Receipt this Period  
35.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	110.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
KELLIHER, ANNE, , ,

Mailing Address 32 GRANT AVE

City NORWOOD	State MA	Zip Code 02062
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	22	/	2021

**Transaction ID : SA11AI-26407619**

Amount of Each Receipt this Period  
35.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
KELLIHER, ANNE, , ,

Mailing Address 32 GRANT AVE

City NORWOOD	State MA	Zip Code 02062
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2021

**Transaction ID : SA11AI-26368883**

Amount of Each Receipt this Period  
35.00

Memo Item

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

Mailing Address 32 GRANT AVE

City NORWOOD	State MA	Zip Code 02062
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	17	/	2021

**Transaction ID : SA11AI-26423349**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	120.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 109 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. KELLY, ROSALEEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 54 HACIENDA CIR  
 City ORINDA State CA Zip Code 94563  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **07 / 28 / 2021**  
**Transaction ID : SA11AI-26396327**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. KELLY, ROSALEEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 54 HACIENDA CIR  
 City ORINDA State CA Zip Code 94563  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **09 / 27 / 2021**  
**Transaction ID : SA11AI-26408343**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. KENT, PHILIP, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1601 W GILFORD RD  
 City CARO State MI Zip Code 48723  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt **08 / 13 / 2021**  
**Transaction ID : SA11AI-26399379**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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**

**A. KENT, PHILIP, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1601 W GILFORD RD  
 City CARO State MI Zip Code 48723  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 07 / 2021  
**Transaction ID : SA11AI-26404225**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. KENT, PHILIP, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1601 W GILFORD RD  
 City CARO State MI Zip Code 48723  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 23 / 2021  
**Transaction ID : SA11AI-26424797**  
 Amount of Each Receipt this Period 60.00  
 Memo Item

**C. KING, EARL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20815 ADELIN DR  
 City COLFAX State CA Zip Code 95713  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 11 / 2021  
**Transaction ID : SA11AI-26399057**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	135.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 111 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. KING, EARL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20815 ADELINE DR  
 City COLFAX State CA Zip Code 95713  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **09 / 02 / 2021**  
**Transaction ID : SA11AI-26403695**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. KING, EARL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20815 ADELINE DR  
 City COLFAX State CA Zip Code 95713  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **11 / 03 / 2021**  
**Transaction ID : SA11AI-26415409**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**C. KING, EARL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20815 ADELINE DR  
 City COLFAX State CA Zip Code 95713  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **11 / 18 / 2021**  
**Transaction ID : SA11AI-26418251**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	85.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. KOCHISS, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 88 EAGER RD  
 City NORTH FRANKLIN State CT Zip Code 06254  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 26 / 2021  
**Transaction ID : SA11AI-26355931**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**B. KOCHISS, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 88 EAGER RD  
 City NORTH FRANKLIN State CT Zip Code 06254  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 10 / 07 / 2021  
**Transaction ID : SA11AI-26367351**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**C. KOCHISS, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 88 EAGER RD  
 City NORTH FRANKLIN State CT Zip Code 06254  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 10 / 21 / 2021  
**Transaction ID : SA11AI-26370737**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	105.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. KOCHISS, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 88 EAGER RD  
 City NORTH FRANKLIN State CT Zip Code 06254  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 21 / 2021  
**Transaction ID : SA11AI-26371215**  
 Amount of Each Receipt this Period  
 35.00  
 Memo Item

**B. KOCHISS, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 88 EAGER RD  
 City NORTH FRANKLIN State CT Zip Code 06254  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 16 / 2021  
**Transaction ID : SA11AI-26385621**  
 Amount of Each Receipt this Period  
 35.00  
 Memo Item

**C. KULE, NANCY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 74 FOX TRACE LN  
 City HUDSON State OH Zip Code 44236  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 07 / 2021  
**Transaction ID : SA11AI-26398109**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	120.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
KULE, NANCY, , ,

Mailing Address 74 FOX TRACE LN

City HUDSON	State OH	Zip Code 44236
----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
245.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	03	/	2021

**Transaction ID : SA11AI-26415515**

Amount of Each Receipt this Period  
55.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
KULE, NANCY, , ,

Mailing Address 74 FOX TRACE LN

City HUDSON	State OH	Zip Code 44236
----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
245.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2021

**Transaction ID : SA11AI-26421691**

Amount of Each Receipt this Period  
140.00

Memo Item

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

Mailing Address 2101 BIRCH TRACE DR

City AUSTINTOWN	State OH	Zip Code 44515
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
445.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	27	/	2021

**Transaction ID : SA11AI-26396121**

Amount of Each Receipt this Period  
75.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	270.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 OF 325
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. KULIK, MICHELE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2101 BIRCH TRACE DR  
 City AUSTINTOWN State OH Zip Code 44515  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 445.00

Date of Receipt 08 / 18 / 2021  
**Transaction ID : SA11AI-26400385**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**B. KULIK, MICHELE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2101 BIRCH TRACE DR  
 City AUSTINTOWN State OH Zip Code 44515  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 445.00

Date of Receipt 08 / 25 / 2021  
**Transaction ID : SA11AI-26401761**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**C. LABELLE, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 182 W 126TH AVE  
 City CROWN POINT State IN Zip Code 46307  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt 09 / 24 / 2021  
**Transaction ID : SA11AI-26407971**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	120.00
<b>TOTAL</b> 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 116 OF 325  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. LABELLE, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 182 W 126TH AVE  
 City CROWN POINT State IN Zip Code 46307  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2021  
**Transaction ID : SA11AI-26410279**  
 Amount of Each Receipt this Period  
 35.00  
 Memo Item

**B. LABELLE, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 182 W 126TH AVE  
 City CROWN POINT State IN Zip Code 46307  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2021  
**Transaction ID : SA11AI-26422601**  
 Amount of Each Receipt this Period  
 35.00  
 Memo Item

**C. LABELLE, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 182 W 126TH AVE  
 City CROWN POINT State IN Zip Code 46307  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2021  
**Transaction ID : SA11AI-26423777**  
 Amount of Each Receipt this Period  
 70.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 140.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 117 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**LEBLANC, WADE, , ,**

Mailing Address **4862 KEITHDALE LN**

City <b>BLOOMFIELD TWP</b>	State <b>MI</b>	Zip Code <b>48302</b>
-------------------------------	--------------------	--------------------------

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

Name of Employer (for Individual) <b>Retired</b>	Occupation (for Individual) <b>Retired</b>
---	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**215.00**

Date of Receipt  
**07 / 19 / 2021**

**Transaction ID : SA11AI-26394487**

Amount of Each Receipt this Period  
**35.00**

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**LEBLANC, WADE, , ,**

Mailing Address **4862 KEITHDALE LN**

City <b>BLOOMFIELD TWP</b>	State <b>MI</b>	Zip Code <b>48302</b>
-------------------------------	--------------------	--------------------------

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

Name of Employer (for Individual) <b>Retired</b>	Occupation (for Individual) <b>Retired</b>
---	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**215.00**

Date of Receipt  
**08 / 26 / 2021**

**Transaction ID : SA11AI-26402213**

Amount of Each Receipt this Period  
**50.00**

Memo Item

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

Mailing Address **4862 KEITHDALE LN**

City <b>BLOOMFIELD TWP</b>	State <b>MI</b>	Zip Code <b>48302</b>
-------------------------------	--------------------	--------------------------

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

Name of Employer (for Individual) <b>Retired</b>	Occupation (for Individual) <b>Retired</b>
---	---

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
**215.00**

Date of Receipt  
**08 / 27 / 2021**

**Transaction ID : SA11AI-26402523**

Amount of Each Receipt this Period  
**35.00**

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>120.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 118 OF 325
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**LEE, JANE, , ,**

Mailing Address **1640 CORTE DE MEDEA**

City <b>SAN JOSE</b>	State <b>CA</b>	Zip Code <b>95124</b>
-------------------------	--------------------	--------------------------

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

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

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	29	/	2021

**Transaction ID : SA11AI-26349139**

Amount of Each Receipt this Period  

35.00
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 Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**LEE, JANE, , ,**

Mailing Address **1640 CORTE DE MEDEA**

City <b>SAN JOSE</b>	State <b>CA</b>	Zip Code <b>95124</b>
-------------------------	--------------------	--------------------------

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

Name of Employer (for Individual) <b>Retired</b>	Occupation (for Individual) <b>Retired</b>
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2021

**Transaction ID : SA11AI-26366027**

Amount of Each Receipt this Period  

35.00
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 Memo Item

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

Mailing Address **4705 RANGER LN**

City <b>CHATTANOOGA</b>	State <b>TN</b>	Zip Code <b>37416</b>
----------------------------	--------------------	--------------------------

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

Name of Employer (for Individual) <b>Retired</b>	Occupation (for Individual) <b>Retired</b>
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2021

**Transaction ID : SA11AI-26409271**

Amount of Each Receipt this Period  

75.00
-------

 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>145.00</b>
<b>TOTAL</b> 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 119 OF 325  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. LEE, JANE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1640 CORTE DE MEDEA  
 City SAN JOSE State CA Zip Code 95124  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 11 / 18 / 2021  
**Transaction ID : SA11AI-26379893**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**B. LEE, LOIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4705 RANGER LN  
 City CHATTANOOGA State TN Zip Code 37416  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 22 / 2021  
**Transaction ID : SA11AI-26418599**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. LEE, JANE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1640 CORTE DE MEDEA  
 City SAN JOSE State CA Zip Code 95124  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 12 / 23 / 2021  
**Transaction ID : SA11AI-26387783**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 170.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. LEUBE, JENNIFER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6 ORCHARDCREST DR  
 City OROVILLE State CA Zip Code 95965  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 08 / 02 / 2021  
**Transaction ID : SA11AI-26397093**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. LEUBE, JENNIFER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6 ORCHARDCREST DR  
 City OROVILLE State CA Zip Code 95965  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 10 / 21 / 2021  
**Transaction ID : SA11AI-26371469**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. LEUBE, JENNIFER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6 ORCHARDCREST DR  
 City OROVILLE State CA Zip Code 95965  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 12 / 08 / 2021  
**Transaction ID : SA11AI-26421503**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	125.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 121 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. LEWIS, LANA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7801 JOYCE DR  
 City SEBASTOPOL State CA Zip Code 95472  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 01 / 2021  
**Transaction ID : SA11AI-26391397**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**B. LEWIS, LANA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7801 JOYCE DR  
 City SEBASTOPOL State CA Zip Code 95472  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 19 / 2021  
**Transaction ID : SA11AI-26394535**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. LEWIS, ROY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 214 LAKEVIEW ST  
 City MILFORD State KS Zip Code 66514  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 07 / 30 / 2021  
**Transaction ID : SA11AI-26396907**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 122 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**LEWIS, ROY, , ,**

Mailing Address **214 LAKEVIEW ST**

City <b>MILFORD</b>	State <b>KS</b>	Zip Code <b>66514</b>
------------------------	--------------------	--------------------------

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

Name of Employer (for Individual) <b>Retired</b>	Occupation (for Individual) <b>Retired</b>
---	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**320.00**

Date of Receipt  
**08 / 25 / 2021**

**Transaction ID : SA11AI-26401703**

Amount of Each Receipt this Period  
**35.00**

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**LEWIS, ROY, , ,**

Mailing Address **214 LAKEVIEW ST**

City <b>MILFORD</b>	State <b>KS</b>	Zip Code <b>66514</b>
------------------------	--------------------	--------------------------

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

Name of Employer (for Individual) <b>Retired</b>	Occupation (for Individual) <b>Retired</b>
---	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**320.00**

Date of Receipt  
**09 / 24 / 2021**

**Transaction ID : SA11AI-26407977**

Amount of Each Receipt this Period  
**50.00**

Memo Item

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

Mailing Address **214 LAKEVIEW ST**

City <b>MILFORD</b>	State <b>KS</b>	Zip Code <b>66514</b>
------------------------	--------------------	--------------------------

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

Name of Employer (for Individual) <b>Retired</b>	Occupation (for Individual) <b>Retired</b>
---	---

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
**320.00**

Date of Receipt  
**12 / 27 / 2021**

**Transaction ID : SA11AI-26425427**

Amount of Each Receipt this Period  
**50.00**

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>135.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 123 OF 325
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**LITTLE, GILBERT, , ,**

Mailing Address **405 AVENIDA DR**

City <b>HAUGHTON</b>	State <b>LA</b>	Zip Code <b>71037</b>
-------------------------	--------------------	--------------------------

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

Name of Employer (for Individual) <b>Retired</b>	Occupation (for Individual) <b>Retired</b>
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	01	/	2021

**Transaction ID : SA11AI-26340855**

Amount of Each Receipt this Period  

100.00
--------

 Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**LITTLE, GILBERT, , ,**

Mailing Address **405 AVENIDA DR**

City <b>HAUGHTON</b>	State <b>LA</b>	Zip Code <b>71037</b>
-------------------------	--------------------	--------------------------

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

Name of Employer (for Individual) <b>Retired</b>	Occupation (for Individual) <b>Retired</b>
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2021

**Transaction ID : SA11AI-26370351**

Amount of Each Receipt this Period  

100.00
--------

 Memo Item

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

Mailing Address **405 AVENIDA DR**

City <b>HAUGHTON</b>	State <b>LA</b>	Zip Code <b>71037</b>
-------------------------	--------------------	--------------------------

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

Name of Employer (for Individual) <b>Retired</b>	Occupation (for Individual) <b>Retired</b>
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	02	/	2021

**Transaction ID : SA11AI-26415139**

Amount of Each Receipt this Period  

100.00
--------

 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>300.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 124 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. LOPEZ, MARY LOU, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 380 WALNUT LN  
 City GILROY State CA Zip Code 95020  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 18 / 2021  
**Transaction ID : SA11AI-26418085**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**B. LOPEZ, MARY LOU, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 380 WALNUT LN  
 City GILROY State CA Zip Code 95020  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2021  
**Transaction ID : SA11AI-26422129**  
 Amount of Each Receipt this Period  
 45.00  
 Memo Item

**C. LYNCH, LOUISE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2529 ZINFANDEL DR  
 City RANCHO CORDOVA State CA Zip Code 95670  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 265.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 01 / 2021  
**Transaction ID : SA11AI-26391489**  
 Amount of Each Receipt this Period  
 15.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	85.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 125 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. LYNCH, LOUISE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2529 ZINFANDEL DR

City RANCHO CORDOVA	State CA	Zip Code 95670
------------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
265.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	13	/	2021

**Transaction ID : SA11AI-26399365**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. LYNCH, LOUISE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2529 ZINFANDEL DR

City RANCHO CORDOVA	State CA	Zip Code 95670
------------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
265.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	04	/	2021

**Transaction ID : SA11AI-26409891**

Amount of Each Receipt this Period  
75.00

Memo Item

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

Mailing Address 916 SANTIAGO AVE

City LONG BEACH	State CA	Zip Code 90804
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
215.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	22	/	2021

**Transaction ID : SA11AI-26395321**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	225.00
<b>TOTAL</b> 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 126 OF 325  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. MANUAL, SHIRLEY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 916 SANTIAGO AVE  
 City LONG BEACH State CA Zip Code 90804  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt 11 / 17 / 2021  
**Transaction ID : SA11AI-26417895**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**B. MATSUTANI, WENDY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 609 W SIERRA MADRE BLVD APT 8  
 City SIERRA MADRE State CA Zip Code 91024  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt 08 / 29 / 2021  
**Transaction ID : SA11AI-26402567**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**C. MATSUTANI, WENDY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 609 W SIERRA MADRE BLVD APT 8  
 City SIERRA MADRE State CA Zip Code 91024  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt 10 / 14 / 2021  
**Transaction ID : SA11AI-26412071**  
 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 only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 127 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MATSUTANI, WENDY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 609 W SIERRA MADRE BLVD  
 APT 8

City SIERRA MADRE	State CA	Zip Code 91024
----------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 205.00

Date of Receipt  
 11 / 08 / 2021  
**Transaction ID : SA11AI-26416175**

Amount of Each Receipt this Period  
 35.00

Memo Item

**B. MATSUTANI, WENDY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 609 W SIERRA MADRE BLVD  
 APT 8

City SIERRA MADRE	State CA	Zip Code 91024
----------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 205.00

Date of Receipt  
 12 / 01 / 2021  
**Transaction ID : SA11AI-26420321**

Amount of Each Receipt this Period  
 50.00

Memo Item

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

Mailing Address 609 W SIERRA MADRE BLVD  
 APT 8

City SIERRA MADRE	State CA	Zip Code 91024
----------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
 205.00

Date of Receipt  
 12 / 20 / 2021  
**Transaction ID : SA11AI-26423821**

Amount of Each Receipt this Period  
 35.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	120.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 128 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. MCCARTHY, ROBERT, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4 TAMARACK RD

City NATICK	State MA	Zip Code 01760
----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		01		2021

**Transaction ID : SA11AI-26341347**

Amount of Each Receipt this Period  
25.00

Memo Item

**B. MCCARTHY, ROBERT, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4 TAMARACK RD

City NATICK	State MA	Zip Code 01760
----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		22		2021

**Transaction ID : SA11AI-26347151**

Amount of Each Receipt this Period  
15.00

Memo Item

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

Mailing Address 4 TAMARACK RD

City NATICK	State MA	Zip Code 01760
----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		05		2021

**Transaction ID : SA11AI-26351133**

Amount of Each Receipt this Period  
35.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 129 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MCCARTHY, ROBERT, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4 TAMARACK RD

City NATICK	State MA	Zip Code 01760
----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	11	/	2021

**Transaction ID : SA11AI-26377401**

Amount of Each Receipt this Period  
50.00

Memo Item

**B. MCCARTHY, ROBERT, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4 TAMARACK RD

City NATICK	State MA	Zip Code 01760
----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2021

**Transaction ID : SA11AI-26384851**

Amount of Each Receipt this Period  
15.00

Memo Item

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

Mailing Address 2 GALESVILLE CT

City GAITHERSBURG	State MD	Zip Code 20878
----------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
295.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	01	/	2021

**Transaction ID : SA11AI-26403445**

Amount of Each Receipt this Period  
35.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 130 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MCNAIRY, BOBBIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2 GALESVILLE CT  
 City GAITHERSBURG State MD Zip Code 20878  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 295.00

Date of Receipt 11 / 15 / 2021  
**Transaction ID : SA11AI-26417401**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**B. MCNAIRY, BOBBIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2 GALESVILLE CT  
 City GAITHERSBURG State MD Zip Code 20878  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 295.00

Date of Receipt 12 / 14 / 2021  
**Transaction ID : SA11AI-26422595**  
 Amount of Each Receipt this Period 80.00  
 Memo Item

**C. MCNAIRY, BOBBIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2 GALESVILLE CT  
 City GAITHERSBURG State MD Zip Code 20878  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 295.00

Date of Receipt 12 / 14 / 2021  
**Transaction ID : SA11AI-26422739**  
 Amount of Each Receipt this Period 105.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	225.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 131 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. MELVILLE, TERESA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1564 N KING ST  
 APT 1C  
 City HAMPTON State VA Zip Code 23669  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt **07 / 08 / 2021**  
**Transaction ID : SA11AI-26343935**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**B. MELVILLE, TERESA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1564 N KING ST  
 APT 1C  
 City HAMPTON State VA Zip Code 23669  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt **10 / 01 / 2021**  
**Transaction ID : SA11AI-26409435**  
 Amount of Each Receipt this Period 60.00  
 Memo Item

**C. MILLER, JOAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 119 PUESTA DEL SOL  
 City LOS GATOS State CA Zip Code 95032  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **07 / 14 / 2021**  
**Transaction ID : SA11AI-26393763**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	195.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 132 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MILLER, JOAN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 119 PUESTA DEL SOL

City LOS GATOS	State CA	Zip Code 95032
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2021

**Transaction ID : SA11AI-26421899**

Amount of Each Receipt this Period  
50.00

Memo Item

**B. MILLS, NORMA, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2725 S NELLIS BLVD  
UNIT 2004

City LAS VEGAS	State NV	Zip Code 89121
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
235.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	13	/	2021

**Transaction ID : SA11AI-26393581**

Amount of Each Receipt this Period  
35.00

Memo Item

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

Mailing Address 2725 S NELLIS BLVD  
UNIT 2004

City LAS VEGAS	State NV	Zip Code 89121
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
235.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	16	/	2021

**Transaction ID : SA11AI-26406351**

Amount of Each Receipt this Period  
35.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	120.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 133 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MILLS, LANYCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1845 QUAIL DR  
 City SAN LUIS OBISPO State CA Zip Code 93405  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt 09 / 24 / 2021  
**Transaction ID : SA11AI-26408125**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. MILLS, NORMA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2725 S NELLIS BLVD UNIT 2004  
 City LAS VEGAS State NV Zip Code 89121  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt 10 / 27 / 2021  
**Transaction ID : SA11AI-26414297**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**C. MILLS, NORMA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2725 S NELLIS BLVD UNIT 2004  
 City LAS VEGAS State NV Zip Code 89121  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt 12 / 03 / 2021  
**Transaction ID : SA11AI-26420809**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	170.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 134 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MILLS, NORMA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2725 S NELLIS BLVD  
 UNIT 2004  
 City LAS VEGAS State NV Zip Code 89121  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt **12 / 22 / 2021**  
**Transaction ID : SA11AI-26424421**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**B. MOORE, BRADLEY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 25 DIVISION ST  
 APT 1  
 City SOMERVILLE State NJ Zip Code 08876  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt **07 / 02 / 2021**  
**Transaction ID : SA11AI-26391573**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. MOORE, BRADLEY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 25 DIVISION ST  
 APT 1  
 City SOMERVILLE State NJ Zip Code 08876  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt **07 / 12 / 2021**  
**Transaction ID : SA11AI-26393201**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 135 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. MOORE, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17 GORDON AVE  
 APT 17  
 City NEWMARKET State NH Zip Code 03857  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 08 / 13 / 2021  
**Transaction ID : SA11AI-26352559**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. MOORE, BRADLEY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 25 DIVISION ST  
 APT 1  
 City SOMERVILLE State NJ Zip Code 08876  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt 09 / 22 / 2021  
**Transaction ID : SA11AI-26407585**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. MOORE, BRADLEY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 25 DIVISION ST  
 APT 1  
 City SOMERVILLE State NJ Zip Code 08876  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt 09 / 29 / 2021  
**Transaction ID : SA11AI-26408905**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	90.00
<b>TOTAL</b> 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 136 OF 325  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. MOORE, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17 GORDON AVE  
 APT 17  
 City NEWMARKET State NH Zip Code 03857  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 09 / 30 / 2021  
**Transaction ID : SA11AI-26365579**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. MOORE, BRADLEY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 25 DIVISION ST  
 APT 1  
 City SOMERVILLE State NJ Zip Code 08876  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt 10 / 07 / 2021  
**Transaction ID : SA11AI-26410463**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. MOORE, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17 GORDON AVE  
 APT 17  
 City NEWMARKET State NH Zip Code 03857  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 10 / 21 / 2021  
**Transaction ID : SA11AI-26371725**  
 Amount of Each Receipt this Period 70.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 140.00  
**TOTAL** This Period (last page this line number only).....▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 137 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MOORE, BRADLEY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 25 DIVISION ST  
 APT 1  
 City SOMERVILLE State NJ Zip Code 08876  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt 10 / 29 / 2021  
**Transaction ID : SA11AI-26414621**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. MOORE, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17 GORDON AVE  
 APT 17  
 City NEWMARKET State NH Zip Code 03857  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 18 / 2021  
**Transaction ID : SA11AI-26379903**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

**C. MOORE, BRADLEY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 25 DIVISION ST  
 APT 1  
 City SOMERVILLE State NJ Zip Code 08876  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt 12 / 22 / 2021  
**Transaction ID : SA11AI-26424571**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	120.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 138 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MYERS, STEPHEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12413 LICK RUN RD  
 City NEWCOMERSTOWN State OH Zip Code 43832  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 01 / 2021  
**Transaction ID : SA11AI-26409535**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**B. MYERS, STEPHEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12413 LICK RUN RD  
 City NEWCOMERSTOWN State OH Zip Code 43832  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 19 / 2021  
**Transaction ID : SA11AI-26412709**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**C. MYERS, STEPHEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12413 LICK RUN RD  
 City NEWCOMERSTOWN State OH Zip Code 43832  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 10 / 2021  
**Transaction ID : SA11AI-26416831**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	105.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 139 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MYERS, STEPHEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12413 LICK RUN RD  
 City NEWCOMERSTOWN State OH Zip Code 43832  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 12 / 2021  
**Transaction ID : SA11AI-26417125**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. NATHAN, BARBARA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 350 DEMOTT LN APT 202  
 City SOMERSET State NJ Zip Code 08873  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 07 / 15 / 2021  
**Transaction ID : SA11AI-26346111**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**C. NATHAN, BARBARA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 350 DEMOTT LN APT 202  
 City SOMERSET State NJ Zip Code 08873  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 12 / 30 / 2021  
**Transaction ID : SA11AI-26388921**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	165.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 140 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. NEWTON, GEORGE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 42 BLACKBERRY LN  
 City WEST DOVER State VT Zip Code 05356  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **12 / 23 / 2021**  
**Transaction ID : SA11AI-26387101**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. NGUYEN, THUY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8325 W SAHARA AVE APT 2072  
 City LAS VEGAS State NV Zip Code 89117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **09 / 30 / 2021**  
**Transaction ID : SA11AI-26366755**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**C. NGUYEN, THANH THUY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3823 RAINIER AVE S  
 City SEATTLE State WA Zip Code 98118  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **10 / 14 / 2021**  
**Transaction ID : SA11AI-26369921**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	700.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 141 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. OAS, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 106 10TH ST NE  
 APT 124  
 City AUBURN State WA Zip Code 98002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 226.00

Date of Receipt 08 / 19 / 2021  
**Transaction ID : SA11AI-26390021**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. OCONNOR, JUDITH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3321  
 STEEPLE HL  
 City SAINT CHARLES State MO Zip Code 63301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 07 / 23 / 2021  
**Transaction ID : SA11AI-26395603**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**C. OCONNOR, JUDITH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3321  
 STEEPLE HL  
 City SAINT CHARLES State MO Zip Code 63301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 08 / 06 / 2021  
**Transaction ID : SA11AI-26397869**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 142 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
OCONNOR, JUDITH, , ,

Mailing Address 3321  
STEEPLE HL

City SAINT CHARLES State MO Zip Code 63301

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  
08 / 13 / 2021  
Transaction ID : SA11AI-26399361

Amount of Each Receipt this Period  
30.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
OCONNOR, JUDITH, , ,

Mailing Address 3321  
STEEPLE HL

City SAINT CHARLES State MO Zip Code 63301

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  
09 / 15 / 2021  
Transaction ID : SA11AI-26406075

Amount of Each Receipt this Period  
25.00

Memo Item

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

Mailing Address 3321  
STEEPLE HL

City SAINT CHARLES State MO Zip Code 63301

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  
10 / 26 / 2021  
Transaction ID : SA11AI-26413951

Amount of Each Receipt this Period  
35.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 90.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 143 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**OLIVER, PAUL, , ,**

Mailing Address **71192 DUNDEE ST**

City <b>ABITA SPRINGS</b>	State <b>LA</b>	Zip Code <b>70420</b>
------------------------------	--------------------	--------------------------

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

Name of Employer (for Individual) <b>Retired</b>	Occupation (for Individual) <b>Retired</b>
---	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**230.00**

Date of Receipt  
**09 / 08 / 2021**

**Transaction ID : SA11AI-26404733**

Amount of Each Receipt this Period  
**15.00**

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**OLIVER, PAUL, , ,**

Mailing Address **71192 DUNDEE ST**

City <b>ABITA SPRINGS</b>	State <b>LA</b>	Zip Code <b>70420</b>
------------------------------	--------------------	--------------------------

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

Name of Employer (for Individual) <b>Retired</b>	Occupation (for Individual) <b>Retired</b>
---	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**230.00**

Date of Receipt  
**11 / 03 / 2021**

**Transaction ID : SA11AI-26415473**

Amount of Each Receipt this Period  
**25.00**

Memo Item

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

Mailing Address **71192 DUNDEE ST**

City <b>ABITA SPRINGS</b>	State <b>LA</b>	Zip Code <b>70420</b>
------------------------------	--------------------	--------------------------

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

Name of Employer (for Individual) <b>Retired</b>	Occupation (for Individual) <b>Retired</b>
---	---

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
**230.00**

Date of Receipt  
**11 / 12 / 2021**

**Transaction ID : SA11AI-26417257**

Amount of Each Receipt this Period  
**15.00**

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>55.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 144 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. PANNABECKER, BETTY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16623 N WEST POINT PKWY  
 APT 227  
 City SURPRISE State AZ Zip Code 85374  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 12 / 2021  
**Transaction ID : SA11AI-26393169**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. PANNABECKER, BETTY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16623 N WEST POINT PKWY  
 APT 227  
 City SURPRISE State AZ Zip Code 85374  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 21 / 2021  
**Transaction ID : SA11AI-26395055**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. PANNABECKER, BETTY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16623 N WEST POINT PKWY  
 APT 227  
 City SURPRISE State AZ Zip Code 85374  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 21 / 2021  
**Transaction ID : SA11AI-26395099**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 145 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. PATRIARCA, ANTHONY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6 8TH AVE  
 City SEASIDE HEIGHTS State NJ Zip Code 08751  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 28 / 2021  
**Transaction ID : SA11AI-26374293**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. PATRIARCA, ANTHONY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6 8TH AVE  
 City SEASIDE HEIGHTS State NJ Zip Code 08751  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 26 / 2021  
**Transaction ID : SA11AI-26381701**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. PATTON, LOWELL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7855 BOULEVARD E APT 9I  
 City NORTH BERGEN State NJ Zip Code 07047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 28 / 2021  
**Transaction ID : SA11AI-26373865**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 146 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. PATTON, LOWELL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7855 BOULEVARD E  
 APT 9I  
 City NORTH BERGEN State NJ Zip Code 07047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 04 / 2021  
**Transaction ID : SA11AI-26375883**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. PATTON, LOWELL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7855 BOULEVARD E  
 APT 9I  
 City NORTH BERGEN State NJ Zip Code 07047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 12 / 02 / 2021  
**Transaction ID : SA11AI-26420501**  
 Amount of Each Receipt this Period 70.00  
 Memo Item

**C. PEERS, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 SETTLERS ROW N  
 City PONTE VEDRA BEACH State FL Zip Code 32082  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 560.00

Date of Receipt 12 / 06 / 2021  
**Transaction ID : SA11AI-26421117**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	620.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 147 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. PEERS, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 SETTLERS ROW N  
 City PONTE VEDRA BEACH State FL Zip Code 32082  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 560.00

Date of Receipt **12 / 13 / 2021**  
**Transaction ID : SA11AI-26422317**  
 Amount of Each Receipt this Period 60.00  
 Memo Item

**B. PHILLIPS, BETTY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 108 N 8TH AVE  
 City MAYODAN State NC Zip Code 27027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt **07 / 08 / 2021**  
**Transaction ID : SA11AI-26343253**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. PHILLIPS, BETTY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 108 N 8TH AVE  
 City MAYODAN State NC Zip Code 27027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt **07 / 08 / 2021**  
**Transaction ID : SA11AI-26343809**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	95.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 148 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. PHILLIPS, BETTY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 108 N 8TH AVE

City MAYODAN	State NC	Zip Code 27027
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
330.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 29 / 2021

**Transaction ID : SA11AI-26349995**

Amount of Each Receipt this Period  
15.00

Memo Item

**B. PHILLIPS, BETTY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 108 N 8TH AVE

City MAYODAN	State NC	Zip Code 27027
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
330.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 26 / 2021

**Transaction ID : SA11AI-26355967**

Amount of Each Receipt this Period  
20.00

Memo Item

**C. PHILLIPS, BETTY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 108 N 8TH AVE

City MAYODAN	State NC	Zip Code 27027
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
330.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2021

**Transaction ID : SA11AI-26422479**

Amount of Each Receipt this Period  
200.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	235.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 149 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. PHILLIPS, BETTY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 108 N 8TH AVE  
 City MAYODAN State NC Zip Code 27027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt **12 / 30 / 2021**  
**Transaction ID : SA11AI-26388659**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. POTTS, WILLIAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1550 E RIVER RD APT 234  
 City TUCSON State AZ Zip Code 85718  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt **07 / 16 / 2021**  
**Transaction ID : SA11AI-26394115**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**C. POTTS, WILLIAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1550 E RIVER RD APT 234  
 City TUCSON State AZ Zip Code 85718  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt **08 / 19 / 2021**  
**Transaction ID : SA11AI-26400573**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 90.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 150 OF 325
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**UNITED WOMEN'S HEALTH ALLIANCE PAC**

**A. POTTS, WILLIAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1550 E RIVER RD  
 APT 234  
 City TUCSON State AZ Zip Code 85718  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2021  
**Transaction ID : SA11AI-26409263**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**B. POTTS, WILLIAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1550 E RIVER RD  
 APT 234  
 City TUCSON State AZ Zip Code 85718  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 11 / 2021  
**Transaction ID : SA11AI-26411031**  
 Amount of Each Receipt this Period  
 40.00  
 Memo Item

**C. POTTS, WILLIAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1550 E RIVER RD  
 APT 234  
 City TUCSON State AZ Zip Code 85718  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2021  
**Transaction ID : SA11AI-26413845**  
 Amount of Each Receipt this Period  
 40.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	130.00
<b>TOTAL</b> 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 151 OF 325  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. POWERS, DENNIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5420 W INTERURBAN BLVD  
 City BOTHELL State WA Zip Code 98012  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 02 / 2021  
**Transaction ID : SA11AI-26415253**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. POWERS, DENNIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5420 W INTERURBAN BLVD  
 City BOTHELL State WA Zip Code 98012  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 18 / 2021  
**Transaction ID : SA11AI-26379897**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. REDMAN, MARY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 867 S HANSON DR  
 City WATSEKA State IL Zip Code 60970  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 22 / 2021  
**Transaction ID : SA11AI-26401013**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 152 OF 325
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**UNITED WOMEN'S HEALTH ALLIANCE PAC**

**A. REDMAN, MARY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 867 S HANSON DR  
 City WATSEKA State IL Zip Code 60970  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 08 / 2021  
**Transaction ID : SA11AI-26404501**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. REVERE, HENRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 43 RED WING LN  
 City WARSAW State VA Zip Code 22572  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 370.00

Date of Receipt 07 / 22 / 2021  
**Transaction ID : SA11AI-26395323**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

**C. REVERE, HENRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 43 RED WING LN  
 City WARSAW State VA Zip Code 22572  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 370.00

Date of Receipt 11 / 05 / 2021  
**Transaction ID : SA11AI-26416103**  
 Amount of Each Receipt this Period 60.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	260.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 153 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. REVERE, HENRY, , ,**

Mailing Address 43 RED WING LN

City WARSAW	State VA	Zip Code 22572
----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
370.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2021

**Transaction ID : SA11AI-26417453**

Amount of Each Receipt this Period  
110.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. RICE, CAROL, , ,**

Mailing Address 9 CHESTER ST

City WORCESTER	State MA	Zip Code 01605
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
430.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	03	/	2021

**Transaction ID : SA11AI-26403899**

Amount of Each Receipt this Period  
35.00

Memo Item

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

Mailing Address 9 CHESTER ST

City WORCESTER	State MA	Zip Code 01605
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
430.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2021

**Transaction ID : SA11AI-26412857**

Amount of Each Receipt this Period  
25.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	170.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 154 OF 325
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

**A. RICE, CAROL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9 CHESTER ST  
 City WORCESTER State MA Zip Code 01605  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 430.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 29 / 2021  
**Transaction ID : SA11AI-26414743**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**B. RICE, CAROL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9 CHESTER ST  
 City WORCESTER State MA Zip Code 01605  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 430.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 08 / 2021  
**Transaction ID : SA11AI-26421511**  
 Amount of Each Receipt this Period  
 40.00  
 Memo Item

**C. RICE, CAROL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9 CHESTER ST  
 City WORCESTER State MA Zip Code 01605  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 430.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2021  
**Transaction ID : SA11AI-26424295**  
 Amount of Each Receipt this Period  
 105.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	195.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 155 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. RICE, CAROL, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9 CHESTER ST

City WORCESTER	State MA	Zip Code 01605
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
430.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	26	/	2021

**Transaction ID : SA11AI-26425087**

Amount of Each Receipt this Period  
75.00

Memo Item

**B. RICE, CAROL, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9 CHESTER ST

City WORCESTER	State MA	Zip Code 01605
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
430.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	26	/	2021

**Transaction ID : SA11AI-26425093**

Amount of Each Receipt this Period  
75.00

Memo Item

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

Mailing Address 11 NORTHWAY CT

City ANDERSON	State IN	Zip Code 46011
------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	21	/	2021

**Transaction ID : SA11AI-26395067**

Amount of Each Receipt this Period  
50.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 156 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. ROESCH, WILLIAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11 NORTHWAY CT  
 City ANDERSON State IN Zip Code 46011  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2021  
**Transaction ID : SA11AI-26422727**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

**B. ROGERS, EUGENIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12339 TIGER CREEK LN  
 City JACKSONVILLE State FL Zip Code 32225  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 26 / 2021  
**Transaction ID : SA11AI-26357523**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**C. ROGERS, EUGENIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12339 TIGER CREEK LN  
 City JACKSONVILLE State FL Zip Code 32225  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 09 / 2021  
**Transaction ID : SA11AI-26359577**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	350.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 157 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. ROGERS, EUGENIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12339 TIGER CREEK LN  
 City JACKSONVILLE State FL Zip Code 32225  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **09 / 23 / 2021**  
**Transaction ID : SA11AI-26364317**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. ROGERS, EUGENIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12339 TIGER CREEK LN  
 City JACKSONVILLE State FL Zip Code 32225  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **10 / 14 / 2021**  
**Transaction ID : SA11AI-26368989**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. ROSE, GERALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 792 SALEM ST  
 City GROVELAND State MA Zip Code 01834  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt **08 / 13 / 2021**  
**Transaction ID : SA11AI-26399487**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 158 OF 325
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. ROSE, GERALD, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 792 SALEM ST

City GROVELAND	State MA	Zip Code 01834
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
345.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	17	/	2021

**Transaction ID : SA11AI-26417911**

Amount of Each Receipt this Period  
40.00

Memo Item

**B. ROSE, GERALD, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 792 SALEM ST

City GROVELAND	State MA	Zip Code 01834
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
345.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	19	/	2021

**Transaction ID : SA11AI-26418365**

Amount of Each Receipt this Period  
40.00

Memo Item

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

Mailing Address 792 SALEM ST

City GROVELAND	State MA	Zip Code 01834
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
345.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	17	/	2021

**Transaction ID : SA11AI-26423223**

Amount of Each Receipt this Period  
40.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	120.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 159 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. ROSS, THURMAN, , ,</b>		Date of Receipt
Mailing Address 3710 CATALPA ST		<input type="text" value="07"/> / <input type="text" value="01"/> / <input type="text" value="2021"/>
City EAST CHICAGO	State IN	Zip Code 46312
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI-26391383</b>
Name of Employer (for Individual) Retired		Occupation (for Individual) Retired
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="440.00"/>	Amount of Each Receipt this Period <input type="text" value="50.00"/>
		<input type="checkbox"/> Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. ROSS, THURMAN, , ,</b>		Date of Receipt
Mailing Address 3710 CATALPA ST		<input type="text" value="10"/> / <input type="text" value="14"/> / <input type="text" value="2021"/>
City EAST CHICAGO	State IN	Zip Code 46312
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI-26412047</b>
Name of Employer (for Individual) Retired		Occupation (for Individual) Retired
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="440.00"/>	Amount of Each Receipt this Period <input type="text" value="60.00"/>
		<input type="checkbox"/> Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. ROSS, THURMAN, , ,</b>		Date of Receipt
Mailing Address 3710 CATALPA ST		<input type="text" value="11"/> / <input type="text" value="09"/> / <input type="text" value="2021"/>
City EAST CHICAGO	State IN	Zip Code 46312
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI-26416493</b>
Name of Employer (for Individual) Retired		Occupation (for Individual) Retired
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="440.00"/>	Amount of Each Receipt this Period <input type="text" value="40.00"/>
		<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="150.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 160 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. ROSS, THURMAN, , ,</b>		Date of Receipt
Mailing Address 3710 CATALPA ST		<input type="text" value="12"/> / <input type="text" value="25"/> / <input type="text" value="2021"/>
City EAST CHICAGO	State IN	Zip Code 46312
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI-26425013</b>
Name of Employer (for Individual) Retired		Amount of Each Receipt this Period <input type="text" value="80.00"/>
Occupation (for Individual) Retired		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="440.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. ROSS, THURMAN, , ,</b>		Date of Receipt
Mailing Address 3710 CATALPA ST		<input type="text" value="12"/> / <input type="text" value="26"/> / <input type="text" value="2021"/>
City EAST CHICAGO	State IN	Zip Code 46312
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI-26425085</b>
Name of Employer (for Individual) Retired		Amount of Each Receipt this Period <input type="text" value="30.00"/>
Occupation (for Individual) Retired		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="440.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. ROSS, THURMAN, , ,</b>		Date of Receipt
Mailing Address 3710 CATALPA ST		<input type="text" value="12"/> / <input type="text" value="26"/> / <input type="text" value="2021"/>
City EAST CHICAGO	State IN	Zip Code 46312
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI-26425115</b>
Name of Employer (for Individual) Retired		Amount of Each Receipt this Period <input type="text" value="30.00"/>
Occupation (for Individual) Retired		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="440.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="140.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 161 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. RUST, JOSEPH, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1614 GOLF COURSE RD  
APT 245

City GRAND RAPIDS State MN Zip Code 55744

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
255.00

Date of Receipt  
MM / DD / YYYY  
07 / 09 / 2021

Transaction ID : SA11AI-26392897

Amount of Each Receipt this Period  
15.00

Memo Item

**B. RUST, JOSEPH, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1614 GOLF COURSE RD  
APT 245

City GRAND RAPIDS State MN Zip Code 55744

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
255.00

Date of Receipt  
MM / DD / YYYY  
09 / 19 / 2021

Transaction ID : SA11AI-26406855

Amount of Each Receipt this Period  
50.00

Memo Item

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

Mailing Address 1614 GOLF COURSE RD  
APT 245

City GRAND RAPIDS State MN Zip Code 55744

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
255.00

Date of Receipt  
MM / DD / YYYY  
09 / 21 / 2021

Transaction ID : SA11AI-26407293

Amount of Each Receipt this Period  
10.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 162 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. RUST, JOSEPH, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1614 GOLF COURSE RD  
APT 245

City GRAND RAPIDS State MN Zip Code 55744

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
255.00

Date of Receipt  
09 / 24 / 2021  
**Transaction ID : SA11AI-26407969**

Amount of Each Receipt this Period  
50.00

Memo Item

**B. RUST, JOSEPH, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1614 GOLF COURSE RD  
APT 245

City GRAND RAPIDS State MN Zip Code 55744

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
255.00

Date of Receipt  
11 / 03 / 2021  
**Transaction ID : SA11AI-26415523**

Amount of Each Receipt this Period  
35.00

Memo Item

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

Mailing Address 1614 GOLF COURSE RD  
APT 245

City GRAND RAPIDS State MN Zip Code 55744

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
255.00

Date of Receipt  
12 / 17 / 2021  
**Transaction ID : SA11AI-26423377**

Amount of Each Receipt this Period  
25.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 110.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 163 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. SABATO, STEPHEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1400 HIGH ST  
 City BURLINGTON State NJ Zip Code 08016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 09 / 2021  
**Transaction ID : SA11AI-26359501**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**B. SABATO, STEPHEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1400 HIGH ST  
 City BURLINGTON State NJ Zip Code 08016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 23 / 2021  
**Transaction ID : SA11AI-26364155**  
 Amount of Each Receipt this Period  
 35.00  
 Memo Item

**C. SABATO, STEPHEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1400 HIGH ST  
 City BURLINGTON State NJ Zip Code 08016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2021  
**Transaction ID : SA11AI-26366265**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	135.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 164 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. SABATO, STEPHEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1400 HIGH ST  
 City BURLINGTON State NJ Zip Code 08016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt **10 / 28 / 2021**  
**Transaction ID : SA11AI-26373277**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. SABATO, STEPHEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1400 HIGH ST  
 City BURLINGTON State NJ Zip Code 08016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt **11 / 04 / 2021**  
**Transaction ID : SA11AI-26375983**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**C. SABATO, STEPHEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1400 HIGH ST  
 City BURLINGTON State NJ Zip Code 08016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt **11 / 04 / 2021**  
**Transaction ID : SA11AI-26376047**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	120.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 165 OF 325
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. SANCHEZ, SERGIO, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1494 N 9TH ST  
 City COLTON State CA Zip Code 92324  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 30 / 2021  
**Transaction ID : SA11AI-26396839**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**B. SCHARF, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3521 E VINEYARD DR N  
 City PAHRUMP State NV Zip Code 89048  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 07 / 01 / 2021  
**Transaction ID : SA11AI-26391493**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**C. SCHARF, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3521 E VINEYARD DR N  
 City PAHRUMP State NV Zip Code 89048  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 08 / 10 / 2021  
**Transaction ID : SA11AI-26398651**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	105.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 166 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. SCHARF, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3521 E VINEYARD DR N  
 City PAHRUMP State NV Zip Code 89048  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt **08 / 18 / 2021**  
**Transaction ID : SA11AI-26400223**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. SCHARF, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3521 E VINEYARD DR N  
 City PAHRUMP State NV Zip Code 89048  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt **10 / 07 / 2021**  
**Transaction ID : SA11AI-26368213**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**C. SCHARF, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3521 E VINEYARD DR N  
 City PAHRUMP State NV Zip Code 89048  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt **11 / 03 / 2021**  
**Transaction ID : SA11AI-26415401**  
 Amount of Each Receipt this Period 70.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	135.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 167 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. SCHARF, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3521 E VINEYARD DR N  
 City PAHRUMP State NV Zip Code 89048  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 11 / 15 / 2021  
**Transaction ID : SA11AI-26417385**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. SCHARF, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3521 E VINEYARD DR N  
 City PAHRUMP State NV Zip Code 89048  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 11 / 16 / 2021  
**Transaction ID : SA11AI-26417717**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. SCHAUFFERT, KATHLEEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 519 WINSTON CT  
 City BENICIA State CA Zip Code 94510  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 01 / 2021  
**Transaction ID : SA11AI-26341285**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	85.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 168 OF 325
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. SCHAUFFERT, KATHLEEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 519 WINSTON CT  
 City BENICIA State CA Zip Code 94510  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 08 / 26 / 2021  
**Transaction ID : SA11AI-26357115**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**B. SCHAUFFERT, KATHLEEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 519 WINSTON CT  
 City BENICIA State CA Zip Code 94510  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 09 / 2021  
**Transaction ID : SA11AI-26360873**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**C. SCHAUFFERT, KATHLEEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 519 WINSTON CT  
 City BENICIA State CA Zip Code 94510  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 10 / 14 / 2021  
**Transaction ID : SA11AI-26369613**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	90.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 169 OF 325
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. SCHAUFFERT, KATHLEEN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 519 WINSTON CT

City BENICIA	State CA	Zip Code 94510
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	02	/	2021

**Transaction ID : SA11AI-26383237**

Amount of Each Receipt this Period  
15.00

Memo Item

**B. SCHAUFFERT, KATHLEEN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 519 WINSTON CT

City BENICIA	State CA	Zip Code 94510
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2021

**Transaction ID : SA11AI-26386963**

Amount of Each Receipt this Period  
35.00

Memo Item

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

Mailing Address 1661 PINE ST  
APT 723

City SAN FRANCISCO	State CA	Zip Code 94109
-----------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	05	/	2021

**Transaction ID : SA11AI-26351439**

Amount of Each Receipt this Period  
20.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	70.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 170 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. SCHLEIN, PHILIP, , ,**

Mailing Address 1661 PINE ST  
APT 723

City SAN FRANCISCO State CA Zip Code 94109

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
09 / 09 / 2021  
**Transaction ID : SA11AI-26360421**

Amount of Each Receipt this Period  
100.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. SCHLEIN, PHILIP, , ,**

Mailing Address 1661 PINE ST  
APT 723

City SAN FRANCISCO State CA Zip Code 94109

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
09 / 23 / 2021  
**Transaction ID : SA11AI-26363435**

Amount of Each Receipt this Period  
50.00

Memo Item

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

Mailing Address PO BOX 5404

City PALM SPRINGS State CA Zip Code 92263

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
07 / 29 / 2021  
**Transaction ID : SA11AI-26396723**

Amount of Each Receipt this Period  
25.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	175.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 171 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. SHEA, EDWARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 81 LIBERTY RD  
 APT 59  
 City OAKDALE State CT Zip Code 06370  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 29 / 2021  
**Transaction ID : SA11AI-26349081**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. SHEA, EDWARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 81 LIBERTY RD  
 APT 59  
 City OAKDALE State CT Zip Code 06370  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 02 / 2021  
**Transaction ID : SA11AI-26357967**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. SHEA, EDWARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 81 LIBERTY RD  
 APT 59  
 City OAKDALE State CT Zip Code 06370  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 02 / 2021  
**Transaction ID : SA11AI-26358265**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 172 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. SHEA, EDWARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 81 LIBERTY RD  
 APT 59  
 City OAKDALE State CT Zip Code 06370  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 02 / 2021  
**Transaction ID : SA11AI-26358683**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. SMITH, MARY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1285 TURNER CHURCH RD  
 City MCDONOUGH State GA Zip Code 30252  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt 07 / 15 / 2021  
**Transaction ID : SA11AI-26345831**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. SMITH, MARY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1285 TURNER CHURCH RD  
 City MCDONOUGH State GA Zip Code 30252  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt 07 / 29 / 2021  
**Transaction ID : SA11AI-26348853**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 65.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 173 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. SMITH, MATTHEW, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11 MOONACHIE RD  
 APT B12  
 City HACKENSACK State NJ Zip Code 07601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 10 / 22 / 2021  
**Transaction ID : SA11AI-26413459**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**B. SMITH, MARY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1285 TURNER CHURCH RD  
 City MCDONOUGH State GA Zip Code 30252  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt 10 / 26 / 2021  
**Transaction ID : SA11AI-26413873**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. SMITH, MATTHEW, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11 MOONACHIE RD  
 APT B12  
 City HACKENSACK State NJ Zip Code 07601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 11 / 03 / 2021  
**Transaction ID : SA11AI-26415359**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	80.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 174 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. SMITH, MARY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1285 TURNER CHURCH RD  
 City MCDONOUGH State GA Zip Code 30252  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt 11 / 11 / 2021  
**Transaction ID : SA11AI-26376819**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. SMITH, MATTHEW, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11 MOONACHIE RD APT B12  
 City HACKENSACK State NJ Zip Code 07601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 10 / 2021  
**Transaction ID : SA11AI-26421961**  
 Amount of Each Receipt this Period 60.00  
 Memo Item

**C. SMITH, MATTHEW, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11 MOONACHIE RD APT B12  
 City HACKENSACK State NJ Zip Code 07601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 17 / 2021  
**Transaction ID : SA11AI-26423029**  
 Amount of Each Receipt this Period 110.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	220.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 175 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. SMITH, MARY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1285 TURNER CHURCH RD  
 City MCDONOUGH State GA Zip Code 30252  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt 12 / 23 / 2021  
**Transaction ID : SA11AI-26387429**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

**B. SMITH, MATTHEW, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11 MOONACHIE RD APT B12  
 City HACKENSACK State NJ Zip Code 07601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 30 / 2021  
**Transaction ID : SA11AI-26388925**  
 Amount of Each Receipt this Period 60.00  
 Memo Item

**C. STRATIGOS, PATRICIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 937 E PARK AVE APT 225  
 City COLUMBIANA State OH Zip Code 44408  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 445.00

Date of Receipt 07 / 01 / 2021  
**Transaction ID : SA11AI-26391261**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	170.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 176 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. STRATIGOS, PATRICIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 937 E PARK AVE  
 APT 225  
 City COLUMBIANA State OH Zip Code 44408  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 445.00

Date of Receipt 07 / 22 / 2021  
**Transaction ID : SA11AI-26346815**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**B. STRATIGOS, PATRICIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 937 E PARK AVE  
 APT 225  
 City COLUMBIANA State OH Zip Code 44408  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 445.00

Date of Receipt 09 / 12 / 2021  
**Transaction ID : SA11AI-26405437**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**C. STRATIGOS, PATRICIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 937 E PARK AVE  
 APT 225  
 City COLUMBIANA State OH Zip Code 44408  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 445.00

Date of Receipt 09 / 23 / 2021  
**Transaction ID : SA11AI-26407859**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	105.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 177 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. STRATIGOS, PATRICIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 937 E PARK AVE  
 APT 225  
 City COLUMBIANA State OH Zip Code 44408  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 445.00

Date of Receipt 09 / 30 / 2021  
**Transaction ID : SA11AI-26366167**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**B. STRATIGOS, PATRICIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 937 E PARK AVE  
 APT 225  
 City COLUMBIANA State OH Zip Code 44408  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 445.00

Date of Receipt 11 / 04 / 2021  
**Transaction ID : SA11AI-26415889**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**C. STRATIGOS, PATRICIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 937 E PARK AVE  
 APT 225  
 City COLUMBIANA State OH Zip Code 44408  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 445.00

Date of Receipt 12 / 27 / 2021  
**Transaction ID : SA11AI-26425293**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	270.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 178 OF 325
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**UNITED WOMEN'S HEALTH ALLIANCE PAC**

**A. SUNDSTROM, MAE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 20 W CHESTNUT AVE  
APT 409

City MERCHANTVILLE State NJ Zip Code 08109

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 19 / 2021

**Transaction ID : SA11AI-26394583**

Amount of Each Receipt this Period  
 35.00

Memo Item

**B. SUNDSTROM, MAE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 20 W CHESTNUT AVE  
APT 409

City MERCHANTVILLE State NJ Zip Code 08109

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 26 / 2021

**Transaction ID : SA11AI-26402065**

Amount of Each Receipt this Period  
 25.00

Memo Item

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

Mailing Address 20 W CHESTNUT AVE  
APT 409

City MERCHANTVILLE State NJ Zip Code 08109

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 30 / 2021

**Transaction ID : SA11AI-26402627**

Amount of Each Receipt this Period  
 20.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	80.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 179 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. SUNDSTROM, MAE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 20 W CHESTNUT AVE  
APT 409

City MERCHANTVILLE State NJ Zip Code 08109

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 13 / 2021

**Transaction ID : SA11AI-26405641**

Amount of Each Receipt this Period  
25.00

Memo Item

**B. SUNDSTROM, MAE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 20 W CHESTNUT AVE  
APT 409

City MERCHANTVILLE State NJ Zip Code 08109

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 18 / 2021

**Transaction ID : SA11AI-26423467**

Amount of Each Receipt this Period  
50.00

Memo Item

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

Mailing Address 20 W CHESTNUT AVE  
APT 409

City MERCHANTVILLE State NJ Zip Code 08109

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2021

**Transaction ID : SA11AI-26425819**

Amount of Each Receipt this Period  
65.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	140.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 180 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. TABOR, STEPHEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4301 FORDER GARDENS PL  
 APT G  
 City SAINT LOUIS State MO Zip Code 63129  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 08 / 11 / 2021  
**Transaction ID : SA11AI-26398787**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. TABOR, STEPHEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4301 FORDER GARDENS PL  
 APT G  
 City SAINT LOUIS State MO Zip Code 63129  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 09 / 07 / 2021  
**Transaction ID : SA11AI-26404237**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**C. TABOR, STEPHEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4301 FORDER GARDENS PL  
 APT G  
 City SAINT LOUIS State MO Zip Code 63129  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 01 / 2021  
**Transaction ID : SA11AI-26409581**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	185.00
<b>TOTAL</b> 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 181 OF 325  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. TAORMINO, PATRICIA, , ,**

Mailing Address **2825 VIA CARMEN**

City <b>SAN JOSE</b>	State <b>CA</b>	Zip Code <b>95124</b>
-------------------------	--------------------	--------------------------

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

Name of Employer (for Individual) <b>Best Efforts</b>	Occupation (for Individual) <b>Best Efforts</b>
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**250.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	22	/	2021

**Transaction ID : SA11AI-26346323**

Amount of Each Receipt this Period  
**250.00**

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. THOMAS, DALE, , ,**

Mailing Address **1854 BARTON ST**

City <b>REDWOOD CITY</b>	State <b>CA</b>	Zip Code <b>94061</b>
-----------------------------	--------------------	--------------------------

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

Name of Employer (for Individual) <b>Retired</b>	Occupation (for Individual) <b>Retired</b>
---	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**300.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	02	/	2021

**Transaction ID : SA11AI-26397259**

Amount of Each Receipt this Period  
**100.00**

Memo Item

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

Mailing Address **1413 VILLAGE DR  
APT 9**

City <b>ARLINGTON HEIGHTS</b>	State <b>IL</b>	Zip Code <b>60004</b>
----------------------------------	--------------------	--------------------------

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

Name of Employer (for Individual) <b>Retired</b>	Occupation (for Individual) <b>Retired</b>
---	---

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
**240.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	13	/	2021

**Transaction ID : SA11AI-26393521**

Amount of Each Receipt this Period  
**20.00**

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>370.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 182 OF 325
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**UNITED WOMEN'S HEALTH ALLIANCE PAC**

**A. THOMPSON, HOWARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1413 VILLAGE DR  
APT 9

City ARLINGTON HEIGHTS	State IL	Zip Code 60004
---------------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 28 / 2021

**Transaction ID : SA11AI-26396367**

Amount of Each Receipt this Period  
15.00

Memo Item

**B. THOMPSON, HOWARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1413 VILLAGE DR  
APT 9

City ARLINGTON HEIGHTS	State IL	Zip Code 60004
---------------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 25 / 2021

**Transaction ID : SA11AI-26401725**

Amount of Each Receipt this Period  
15.00

Memo Item

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

Mailing Address 1413 VILLAGE DR  
APT 9

City ARLINGTON HEIGHTS	State IL	Zip Code 60004
---------------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 11 / 2021

**Transaction ID : SA11AI-26411203**

Amount of Each Receipt this Period  
15.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	45.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 183 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. THOMPSON, HOWARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1413 VILLAGE DR  
 APT 9  
 City ARLINGTON HEIGHTS State IL Zip Code 60004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 10 / 14 / 2021  
**Transaction ID : SA11AI-26411973**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. THOMPSON, HOWARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1413 VILLAGE DR  
 APT 9  
 City ARLINGTON HEIGHTS State IL Zip Code 60004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 10 / 26 / 2021  
**Transaction ID : SA11AI-26413983**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. THOMPSON, HOWARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1413 VILLAGE DR  
 APT 9  
 City ARLINGTON HEIGHTS State IL Zip Code 60004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 10 / 27 / 2021  
**Transaction ID : SA11AI-26414129**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 55.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 184 OF 325
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**UNITED WOMEN'S HEALTH ALLIANCE PAC**

**A. THOMPSON, HOWARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1413 VILLAGE DR  
 APT 9  
 City ARLINGTON HEIGHTS State IL Zip Code 60004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 15 / 2021  
**Transaction ID : SA11AI-26417389**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. THOMPSON, HOWARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1413 VILLAGE DR  
 APT 9  
 City ARLINGTON HEIGHTS State IL Zip Code 60004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 29 / 2021  
**Transaction ID : SA11AI-26419829**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. THOMPSON, HOWARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1413 VILLAGE DR  
 APT 9  
 City ARLINGTON HEIGHTS State IL Zip Code 60004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 11 / 2021  
**Transaction ID : SA11AI-26422065**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	60.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 185 OF 325
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. THOMPSON, HOWARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1413 VILLAGE DR  
 APT 9  
 City ARLINGTON HEIGHTS State IL Zip Code 60004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt **12 / 20 / 2021**  
**Transaction ID : SA11AI-26423775**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. THOREN, PAUL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 40 IRVING AVE  
 APT 906  
 City EAST PROVIDENCE State RI Zip Code 02914  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt **08 / 07 / 2021**  
**Transaction ID : SA11AI-26398063**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. THOREN, PAUL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 40 IRVING AVE  
 APT 906  
 City EAST PROVIDENCE State RI Zip Code 02914  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt **08 / 07 / 2021**  
**Transaction ID : SA11AI-26398159**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	65.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 186 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. THOREN, PAUL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 40 IRVING AVE  
 APT 906  
 City EAST PROVIDENCE State RI Zip Code 02914  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 09 / 14 / 2021  
**Transaction ID : SA11AI-26405749**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. THOREN, PAUL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 40 IRVING AVE  
 APT 906  
 City EAST PROVIDENCE State RI Zip Code 02914  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 11 / 09 / 2021  
**Transaction ID : SA11AI-26416617**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**C. THOREN, PAUL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 40 IRVING AVE  
 APT 906  
 City EAST PROVIDENCE State RI Zip Code 02914  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 11 / 15 / 2021  
**Transaction ID : SA11AI-26417405**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 187 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**UNITED WOMEN'S HEALTH ALLIANCE PAC**

**A. THOREN, PAUL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 40 IRVING AVE  
 APT 906  
 City EAST PROVIDENCE State RI Zip Code 02914  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 12 / 01 / 2021  
**Transaction ID : SA11AI-26420259**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**B. THOREN, PAUL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 40 IRVING AVE  
 APT 906  
 City EAST PROVIDENCE State RI Zip Code 02914  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 12 / 27 / 2021  
**Transaction ID : SA11AI-26425571**  
 Amount of Each Receipt this Period 45.00  
 Memo Item

**C. TRIMBUR, NANCY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3556 SPUR CT  
 City CHINO State CA Zip Code 91710  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 08 / 12 / 2021  
**Transaction ID : SA11AI-26399225**  
 Amount of Each Receipt this Period 45.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	125.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 188 OF 325
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**UNITED WOMEN'S HEALTH ALLIANCE PAC**

**A. TRIMBUR, NANCY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3556 SPUR CT  
 City CHINO State CA Zip Code 91710  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 07 / 2021  
**Transaction ID : SA11AI-26404379**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**B. TRIMBUR, NANCY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3556 SPUR CT  
 City CHINO State CA Zip Code 91710  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2021  
**Transaction ID : SA11AI-26423773**  
 Amount of Each Receipt this Period  
 55.00  
 Memo Item

**C. TRIMBUR, NANCY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3556 SPUR CT  
 City CHINO State CA Zip Code 91710  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2021  
**Transaction ID : SA11AI-26423931**  
 Amount of Each Receipt this Period  
 55.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	160.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 189 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**UNITED WOMEN'S HEALTH ALLIANCE PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. TRIMBUR, NANCY, , ,</b>			Date of Receipt
Mailing Address 3556 SPUR CT			<input type="text" value="12"/> / <input type="text" value="27"/> / <input type="text" value="2021"/>
City CHINO	State CA	Zip Code 91710	<b>Transaction ID : SA11AI-26425565</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="55.00"/>
Name of Employer (for Individual) Retired		Occupation (for Individual) Retired	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="260.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. TURNER, EUGENE, , ,</b>			Date of Receipt
Mailing Address 201 CHANDLER ST APT 803			<input type="text" value="08"/> / <input type="text" value="07"/> / <input type="text" value="2021"/>
City CAPE CANAVERAL	State FL	Zip Code 32920	<b>Transaction ID : SA11AI-26397967</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="50.00"/>
Name of Employer (for Individual) Retired		Occupation (for Individual) Retired	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="280.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. TURNER, RAE, , ,</b>			Date of Receipt
Mailing Address 6702 S 33RD ST			<input type="text" value="08"/> / <input type="text" value="17"/> / <input type="text" value="2021"/>
City OMAHA	State NE	Zip Code 68107	<b>Transaction ID : SA11AI-26399839</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="35.00"/>
Name of Employer (for Individual) Retired		Occupation (for Individual) Retired	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ <input type="text" value="235.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="140.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 190 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**UNITED WOMEN'S HEALTH ALLIANCE PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. TURNER, EUGENE, , ,</b>		Date of Receipt
Mailing Address 201 CHANDLER ST APT 803		<input type="text" value="09"/> / <input type="text" value="07"/> / <input type="text" value="2021"/>
City CAPE CANAVERAL	State FL	Zip Code 32920
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI-26404071</b>
Name of Employer (for Individual) Retired		Occupation (for Individual) Retired
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="280.00"/>	Amount of Each Receipt this Period <input type="text" value="50.00"/>
		<input type="checkbox"/> Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. TURNER, RAE, , ,</b>		Date of Receipt
Mailing Address 6702 S 33RD ST		<input type="text" value="10"/> / <input type="text" value="05"/> / <input type="text" value="2021"/>
City OMAHA	State NE	Zip Code 68107
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI-26410123</b>
Name of Employer (for Individual) Retired		Occupation (for Individual) Retired
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="235.00"/>	Amount of Each Receipt this Period <input type="text" value="200.00"/>
		<input type="checkbox"/> Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. TURNER, EUGENE, , ,</b>		Date of Receipt
Mailing Address 201 CHANDLER ST APT 803		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2021"/>
City CAPE CANAVERAL	State FL	Zip Code 32920
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI-26416037</b>
Name of Employer (for Individual) Retired		Occupation (for Individual) Retired
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="280.00"/>	Amount of Each Receipt this Period <input type="text" value="25.00"/>
		<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<input type="text" value="275.00"/>
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 191 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**UNITED WOMEN'S HEALTH ALLIANCE PAC**

**A. TURNER, EUGENE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 201 CHANDLER ST  
 APT 803  
 City CAPE CANAVERAL State FL Zip Code 32920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 11 / 12 / 2021  
**Transaction ID : SA11AI-26417129**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. TURNER, EUGENE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 201 CHANDLER ST  
 APT 803  
 City CAPE CANAVERAL State FL Zip Code 32920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 12 / 21 / 2021  
**Transaction ID : SA11AI-26424279**  
 Amount of Each Receipt this Period 105.00  
 Memo Item

**C. TYHURST, JAMES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 1056  
 City MCCLOUD State CA Zip Code 96057  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 09 / 02 / 2021  
**Transaction ID : SA11AI-26403541**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 170.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 192 OF 325
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**UNITED WOMEN'S HEALTH ALLIANCE PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. TYHURST, JAMES, , ,</b>		Date of Receipt
Mailing Address PO BOX 1056		<input type="text" value="10"/> / <input type="text" value="08"/> / <input type="text" value="2021"/>
City MCCLLOUD	State CA	Zip Code 96057
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI-26410819</b>
Name of Employer (for Individual) Retired		Occupation (for Individual) Retired
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="245.00"/>	Amount of Each Receipt this Period <input type="text" value="35.00"/>
		<input type="checkbox"/> Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. TYHURST, JAMES, , ,</b>		Date of Receipt
Mailing Address PO BOX 1056		<input type="text" value="10"/> / <input type="text" value="08"/> / <input type="text" value="2021"/>
City MCCLLOUD	State CA	Zip Code 96057
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI-26410863</b>
Name of Employer (for Individual) Retired		Occupation (for Individual) Retired
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="245.00"/>	Amount of Each Receipt this Period <input type="text" value="35.00"/>
		<input type="checkbox"/> Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. TYHURST, JAMES, , ,</b>		Date of Receipt
Mailing Address PO BOX 1056		<input type="text" value="12"/> / <input type="text" value="03"/> / <input type="text" value="2021"/>
City MCCLLOUD	State CA	Zip Code 96057
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI-26420887</b>
Name of Employer (for Individual) Retired		Occupation (for Individual) Retired
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="245.00"/>	Amount of Each Receipt this Period <input type="text" value="60.00"/>
		<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="130.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 193 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**UNITED WOMEN'S HEALTH ALLIANCE PAC**

**A. TYLER, PAULA, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 SMETON PL  
APT 1407

City TOWSON State MD Zip Code 21204

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retired Occupation (for Individual) Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
07 / 15 / 2021  
**Transaction ID : SA11AI-26346105**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. TYLER, PAULA, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 SMETON PL  
APT 1407

City TOWSON State MD Zip Code 21204

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retired Occupation (for Individual) Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
09 / 16 / 2021  
**Transaction ID : SA11AI-26362439**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. UTENDORFER, JUDY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7220 YORK AVE S  
APT 217

City MINNEAPOLIS State MN Zip Code 55435

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retired Occupation (for Individual) Retired

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
255.00

Date of Receipt  
09 / 03 / 2021  
**Transaction ID : SA11AI-26403785**

Amount of Each Receipt this Period  
35.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	235.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 194 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**UNITED WOMEN'S HEALTH ALLIANCE PAC**

**A. UTENDORFER, JUDY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7220 YORK AVE S  
APT 217

City MINNEAPOLIS State MN Zip Code 55435

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retired Occupation (for Individual) Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
255.00

Date of Receipt  
 09 / 23 / 2021  
**Transaction ID : SA11AI-26407877**

Amount of Each Receipt this Period  
50.00

Memo Item

**B. UTENDORFER, JUDY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7220 YORK AVE S  
APT 217

City MINNEAPOLIS State MN Zip Code 55435

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retired Occupation (for Individual) Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
255.00

Date of Receipt  
 10 / 04 / 2021  
**Transaction ID : SA11AI-26409665**

Amount of Each Receipt this Period  
35.00

Memo Item

**C. VOELKEL, BARB, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4172 SANDGATE CT

City CINCINNATI State OH Zip Code 45241

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retired Occupation (for Individual) Retired

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 07 / 01 / 2021  
**Transaction ID : SA11AI-26341351**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	135.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 195 OF 325
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**UNITED WOMEN'S HEALTH ALLIANCE PAC**

**A. VOELKEL, BARB, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4172 SANDGATE CT  
 City CINCINNATI State OH Zip Code 45241  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 14 / 2021  
**Transaction ID : SA11AI-26370591**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. VOELKEL, BARB, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4172 SANDGATE CT  
 City CINCINNATI State OH Zip Code 45241  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 18 / 2021  
**Transaction ID : SA11AI-26379941**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. VOELKEL, BARB, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4172 SANDGATE CT  
 City CINCINNATI State OH Zip Code 45241  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 18 / 2021  
**Transaction ID : SA11AI-26380615**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	200.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 196 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**UNITED WOMEN'S HEALTH ALLIANCE PAC**

**A. WARD, RONALD, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1316 FENWICK LN  
APT 1204

City SILVER SPRING	State MD	Zip Code 20910
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retired	Occupation (for Individual) Retired
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
330.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		12		2021

**Transaction ID : SA11AI-26393277**

Amount of Each Receipt this Period  
35.00

Memo Item

**B. WARD, BRANAN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 581 GRIFFITH POINT RD

City NORDLAND	State WA	Zip Code 98358
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retired	Occupation (for Individual) Retired
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
320.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		09		2021

**Transaction ID : SA11AI-26398337**

Amount of Each Receipt this Period  
50.00

Memo Item

**C. WARD, RONALD, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1316 FENWICK LN  
APT 1204

City SILVER SPRING	State MD	Zip Code 20910
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retired	Occupation (for Individual) Retired
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
330.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		23		2021

**Transaction ID : SA11AI-26401305**

Amount of Each Receipt this Period  
35.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	120.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 197 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**UNITED WOMEN'S HEALTH ALLIANCE PAC**

**A. WARD, RONALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1316 FENWICK LN  
 APT 1204  
 City SILVER SPRING State MD Zip Code 20910  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 09 / 24 / 2021  
**Transaction ID : SA11AI-26408131**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**B. WARD, BRANAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 581 GRIFFITH POINT RD  
 City NORDLAND State WA Zip Code 98358  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 10 / 21 / 2021  
**Transaction ID : SA11AI-26413187**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. WARD, BRANAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 581 GRIFFITH POINT RD  
 City NORDLAND State WA Zip Code 98358  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 11 / 15 / 2021  
**Transaction ID : SA11AI-26417375**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	185.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 198 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**UNITED WOMEN'S HEALTH ALLIANCE PAC**

**A. WARD, BRANAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 581 GRIFFITH POINT RD  
 City NORDLAND State WA Zip Code 98358  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 11 / 19 / 2021  
**Transaction ID : SA11AI-26418453**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. WARD, RONALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1316 FENWICK LN APT 1204  
 City SILVER SPRING State MD Zip Code 20910  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 12 / 23 / 2021  
**Transaction ID : SA11AI-26424875**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**C. WARD, RONALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1316 FENWICK LN APT 1204  
 City SILVER SPRING State MD Zip Code 20910  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 12 / 27 / 2021  
**Transaction ID : SA11AI-26425509**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 170.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 199 OF 325
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**UNITED WOMEN'S HEALTH ALLIANCE PAC**

**A. WARD, RONALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1316 FENWICK LN  
 APT 1204

City SILVER SPRING	State MD	Zip Code 20910
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retired	Occupation (for Individual) Retired
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 330.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2021

**Transaction ID : SA11AI-26426369**

Amount of Each Receipt this Period  
 35.00

Memo Item

**B. WEAVER, JOSEPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5022 SKIPPING STONE DR

City INDIANAPOLIS	State IN	Zip Code 46237
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retired	Occupation (for Individual) Retired
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 215.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 02 / 2021

**Transaction ID : SA11AI-26391599**

Amount of Each Receipt this Period  
 15.00

Memo Item

**C. WEAVER, JOSEPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5022 SKIPPING STONE DR

City INDIANAPOLIS	State IN	Zip Code 46237
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retired	Occupation (for Individual) Retired
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
 215.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 22 / 2021

**Transaction ID : SA11AI-26395471**

Amount of Each Receipt this Period  
 15.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	65.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 200 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**UNITED WOMEN'S HEALTH ALLIANCE PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. WEAVER, JOSEPH, , ,</b>		Date of Receipt
Mailing Address 5022 SKIPPING STONE DR		<input type="text" value="09"/> / <input type="text" value="24"/> / <input type="text" value="2021"/>
City INDIANAPOLIS	State IN	Zip Code 46237
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI-26408217</b>
Name of Employer (for Individual) Retired		Occupation (for Individual) Retired
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="215.00"/>	Amount of Each Receipt this Period <input type="text" value="15.00"/>
		<input type="checkbox"/> Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. WEAVER, JOSEPH, , ,</b>		Date of Receipt
Mailing Address 5022 SKIPPING STONE DR		<input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2021"/>
City INDIANAPOLIS	State IN	Zip Code 46237
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI-26414927</b>
Name of Employer (for Individual) Retired		Occupation (for Individual) Retired
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="215.00"/>	Amount of Each Receipt this Period <input type="text" value="50.00"/>
		<input type="checkbox"/> Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. WEAVER, JOSEPH, , ,</b>		Date of Receipt
Mailing Address 5022 SKIPPING STONE DR		<input type="text" value="11"/> / <input type="text" value="08"/> / <input type="text" value="2021"/>
City INDIANAPOLIS	State IN	Zip Code 46237
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI-26416313</b>
Name of Employer (for Individual) Retired		Occupation (for Individual) Retired
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="215.00"/>	Amount of Each Receipt this Period <input type="text" value="15.00"/>
		<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<input type="text" value="80.00"/>
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text"/>



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 201 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**UNITED WOMEN'S HEALTH ALLIANCE PAC**

**A. WEAVER, JOSEPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5022 SKIPPING STONE DR  
 City INDIANAPOLIS State IN Zip Code 46237  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt 12 / 22 / 2021  
**Transaction ID : SA11AI-26424563**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**B. WHITAKER, DONALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1597 HARMONY RD  
 City AKRON State OH Zip Code 44333  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 26 / 2021  
**Transaction ID : SA11AI-26356301**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**C. WHITAKER, DONALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1597 HARMONY RD  
 City AKRON State OH Zip Code 44333  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 26 / 2021  
**Transaction ID : SA11AI-26357481**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	80.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 202 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**UNITED WOMEN'S HEALTH ALLIANCE PAC**

**A. WHITAKER, DONALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1597 HARMONY RD  
 City AKRON State OH Zip Code 44333  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 09 / 30 / 2021  
**Transaction ID : SA11AI-26365727**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**B. WHITAKER, DONALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1597 HARMONY RD  
 City AKRON State OH Zip Code 44333  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 09 / 30 / 2021  
**Transaction ID : SA11AI-26366309**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**C. WHITAKER, DONALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1597 HARMONY RD  
 City AKRON State OH Zip Code 44333  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 26 / 2021  
**Transaction ID : SA11AI-26382039**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	120.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 203 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**UNITED WOMEN'S HEALTH ALLIANCE PAC**

**A. WHITAKER, DONALD, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1597 HARMONY RD

City AKRON	State OH	Zip Code 44333
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retired	Occupation (for Individual) Retired
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	02	/	2021

**Transaction ID : SA11AI-26382407**

Amount of Each Receipt this Period  
50.00

Memo Item

**B. WHITCOMB, HALLIE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 607 HIGHLAND RD

City SPRINGFIELD	State VT	Zip Code 05156
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retired	Occupation (for Individual) Retired
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
235.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	13	/	2021

**Transaction ID : SA11AI-26393451**

Amount of Each Receipt this Period  
50.00

Memo Item

**C. WHITCOMB, HALLIE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 607 HIGHLAND RD

City SPRINGFIELD	State VT	Zip Code 05156
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retired	Occupation (for Individual) Retired
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
235.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	13	/	2021

**Transaction ID : SA11AI-26411711**

Amount of Each Receipt this Period  
40.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	140.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 204 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**UNITED WOMEN'S HEALTH ALLIANCE PAC**

**A. WHITCOMB, HALLIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 607 HIGHLAND RD  
 City SPRINGFIELD State VT Zip Code 05156  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt 12 / 16 / 2021  
**Transaction ID : SA11AI-26422991**  
 Amount of Each Receipt this Period 55.00  
 Memo Item

**B. WILEY, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 109 CLARENDON AVE  
 City NASHVILLE State TN Zip Code 37205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 28 / 2021  
**Transaction ID : SA11AI-26414365**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. WILEY, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 109 CLARENDON AVE  
 City NASHVILLE State TN Zip Code 37205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) WILEY BROTHERS INK  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 04 / 2021  
**Transaction ID : SA11AI-26415809**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 205.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 205 OF 325
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**UNITED WOMEN'S HEALTH ALLIANCE PAC**

**A. WILEY, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 109 CLARENDON AVE  
 City NASHVILLE State TN Zip Code 37205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 05 / 2021  
**Transaction ID : SA11AI-26415989**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. WILLIAMS, RUSSELL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 661 HAMILTON RD  
 City RUTHERFORDTON State NC Zip Code 28139  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 08 / 19 / 2021  
**Transaction ID : SA11AI-26354203**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**C. WILLIAMS, RUSSELL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 661 HAMILTON RD  
 City RUTHERFORDTON State NC Zip Code 28139  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 02 / 2021  
**Transaction ID : SA11AI-26358877**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	170.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 206 OF 325
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**UNITED WOMEN'S HEALTH ALLIANCE PAC**

**A. WILLIAMS, RUSSELL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 661 HAMILTON RD  
 City RUTHERFORDTON State NC Zip Code 28139  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 11 / 04 / 2021  
**Transaction ID : SA11AI-26375175**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**B. WILLIAMS, RUSSELL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 661 HAMILTON RD  
 City RUTHERFORDTON State NC Zip Code 28139  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 12 / 02 / 2021  
**Transaction ID : SA11AI-26383343**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**C. WILLIAMS, RUSSELL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 661 HAMILTON RD  
 City RUTHERFORDTON State NC Zip Code 28139  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 12 / 02 / 2021  
**Transaction ID : SA11AI-26383637**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶  
**TOTAL** This Period (last page this line number only)..... ▶

105.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 207 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**UNITED WOMEN'S HEALTH ALLIANCE PAC**

**A. WILLIAMS, JAMES, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4639 VESTA CT

City WICHITA	State KS	Zip Code 67208
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
276.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	22	/	2021

**Transaction ID : SA11AI-26424535**

Amount of Each Receipt this Period  
40.00

Memo Item

**B. WINN, LINDA, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5708 REGENT CIR

City RICHMOND	State VA	Zip Code 23225
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retired	Occupation (for Individual) Retired
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2021

**Transaction ID : SA11AI-26418931**

Amount of Each Receipt this Period  
60.00

Memo Item

**C. WINN, LINDA, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5708 REGENT CIR

City RICHMOND	State VA	Zip Code 23225
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retired	Occupation (for Individual) Retired
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2021

**Transaction ID : SA11AI-26420059**

Amount of Each Receipt this Period  
35.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	135.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 208 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**UNITED WOMEN'S HEALTH ALLIANCE PAC**

**A. WOOLF, GAYLE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 330 GILL AVE  
 City KIRKWOOD State MO Zip Code 63122  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt **07 / 02 / 2021**  
**Transaction ID : SA11AI-26391645**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**B. WOOLF, GAYLE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 330 GILL AVE  
 City KIRKWOOD State MO Zip Code 63122  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt **08 / 06 / 2021**  
**Transaction ID : SA11AI-26397827**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**C. WOOLF, GAYLE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 330 GILL AVE  
 City KIRKWOOD State MO Zip Code 63122  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt **08 / 27 / 2021**  
**Transaction ID : SA11AI-26402351**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	105.00
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 209 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**UNITED WOMEN'S HEALTH ALLIANCE PAC**

**A. WOOLF, GAYLE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 330 GILL AVE  
 City KIRKWOOD State MO Zip Code 63122  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 10 / 04 / 2021  
**Transaction ID : SA11AI-26409661**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**B. WOOLF, GAYLE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 330 GILL AVE  
 City KIRKWOOD State MO Zip Code 63122  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 11 / 12 / 2021  
**Transaction ID : SA11AI-26417099**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. WOOLF, GAYLE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 330 GILL AVE  
 City KIRKWOOD State MO Zip Code 63122  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 11 / 17 / 2021  
**Transaction ID : SA11AI-26417995**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 105.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 210 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**UNITED WOMEN'S HEALTH ALLIANCE PAC**

**A. YEARWOOD, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21 BROWNING AVE  
 APT 2  
 City DORCHESTER State MA Zip Code 02124  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 295.00

Date of Receipt 07 / 29 / 2021  
**Transaction ID : SA11AI-26396589**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

**B. YEARWOOD, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21 BROWNING AVE  
 APT 2  
 City DORCHESTER State MA Zip Code 02124  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 295.00

Date of Receipt 10 / 22 / 2021  
**Transaction ID : SA11AI-26413547**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**C. YEARWOOD, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21 BROWNING AVE  
 APT 2  
 City DORCHESTER State MA Zip Code 02124  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 295.00

Date of Receipt 11 / 16 / 2021  
**Transaction ID : SA11AI-26417757**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	225.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 211 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**UNITED WOMEN'S HEALTH ALLIANCE PAC**

**A. YOUNG, JEAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 840 SCHOOL RD  
 City MCKINLEYVILLE State CA Zip Code 95119  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 07 / 26 / 2021  
**Transaction ID : SA11AI-26395871**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. ZARNEKE, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2084 TERRACE DR  
 City MOUNDS VIEW State MN Zip Code 55112  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt 07 / 21 / 2021  
**Transaction ID : SA11AI-26395031**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. ZARNEKE, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2084 TERRACE DR  
 City MOUNDS VIEW State MN Zip Code 55112  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt 07 / 26 / 2021  
**Transaction ID : SA11AI-26395875**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 90.00  
**TOTAL** This Period (last page this line number only).....▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 212 OF 325  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**UNITED WOMEN'S HEALTH ALLIANCE PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. ZARNEKE, RICHARD, , ,**

Mailing Address 2084 TERRACE DR

City MOUNDS VIEW	State MN	Zip Code 55112
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retired	Occupation (for Individual) Retired
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
540.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 16 / 2021

**Transaction ID : SA11AI-26406561**

Amount of Each Receipt this Period  
30.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. ZARNEKE, RICHARD, , ,**

Mailing Address 2084 TERRACE DR

City MOUNDS VIEW	State MN	Zip Code 55112
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retired	Occupation (for Individual) Retired
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
540.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 22 / 2021

**Transaction ID : SA11AI-26407465**

Amount of Each Receipt this Period  
30.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. ZARNEKE, RICHARD, , ,**

Mailing Address 2084 TERRACE DR

City MOUNDS VIEW	State MN	Zip Code 55112
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retired	Occupation (for Individual) Retired
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
540.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 27 / 2021

**Transaction ID : SA11AI-26408477**

Amount of Each Receipt this Period  
30.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	90.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 213 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**UNITED WOMEN'S HEALTH ALLIANCE PAC**

**A. ZARNEKE, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2084 TERRACE DR  
 City MOUNDS VIEW State MN Zip Code 55112  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt 10 / 26 / 2021  
**Transaction ID : SA11AI-26413871**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. ZARNEKE, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2084 TERRACE DR  
 City MOUNDS VIEW State MN Zip Code 55112  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt 10 / 27 / 2021  
**Transaction ID : SA11AI-26414291**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. ZARNEKE, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2084 TERRACE DR  
 City MOUNDS VIEW State MN Zip Code 55112  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt 11 / 16 / 2021  
**Transaction ID : SA11AI-26417753**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	100.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 214 OF 325
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**UNITED WOMEN'S HEALTH ALLIANCE PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**ZARNEKE, RICHARD, , ,**

Mailing Address **2084 TERRACE DR**

City <b>MOUNDS VIEW</b>	State <b>MN</b>	Zip Code <b>55112</b>
----------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>Retired</b>	Occupation (for Individual) <b>Retired</b>
---	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **540.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2021

**Transaction ID : SA11AI-26423687**

Amount of Each Receipt this Period  

30.00
-------

 Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Receipt this Period  

--

 Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Receipt this Period  

--

 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>30.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>33001.00</b>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**UNITED WOMEN'S HEALTH ALLIANCE PAC**

**A. Mastroianni, Stephanie, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 2021 L St NW Ste 101-193

City Washington State DC Zip Code 20036

Purpose of Disbursement Wages Category/Type 001

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 07 / 16 / 2021

FEC Identification Number C

Transaction ID : SB21B-54735

Amount of Each Disbursement this Period 1516.67

Memo Item

**B. Mastroianni, Stephanie, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 2021 L St NW Ste 101-193

City Washington State DC Zip Code 20036

Purpose of Disbursement Wages Category/Type 001

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 07 / 16 / 2021

FEC Identification Number C

Transaction ID : SB21B-54735

Amount of Each Disbursement this Period 212.44

Memo Item

**C. Mastroianni, Stephanie, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 2021 L St NW Ste 101-193

City Washington State DC Zip Code 20036

Purpose of Disbursement Wages Category/Type 001

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 08 / 16 / 2021

FEC Identification Number C

Transaction ID : SB21B-54735

Amount of Each Disbursement this Period 1516.67

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 3245.78

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**UNITED WOMEN'S HEALTH ALLIANCE PAC**

**A. Mastroianni, Stephanie, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 2021 L St NW Ste 101-193

City Washington State DC Zip Code 20036

Purpose of Disbursement Wages

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 16 / 2021

FEC Identification Number: C

Transaction ID : SB21B-54736

Amount of Each Disbursement this Period: 212.44

Memo Item

**B. Mastroianni, Stephanie, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 2021 L St NW Ste 101-193

City Washington State DC Zip Code 20036

Purpose of Disbursement Repayment of startup advances See MEMO Schedule B

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 01 / 2021

FEC Identification Number: C

Transaction ID : SB21B-54736

Amount of Each Disbursement this Period: 13000.00

Memo Item

**C. ABC Company**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 2413

City Huntington State NY Zip Code 11743

Purpose of Disbursement Fundraising and Media Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 01 / 2021

FEC Identification Number: C

Transaction ID : SB21B-54736

Amount of Each Disbursement this Period: 6000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 19212.44

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**UNITED WOMEN'S HEALTH ALLIANCE PAC**

Full Name (Last, First, Middle Initial)  
**A. ABC Company**

Mailing Address PO Box 2413

City Huntington State NY Zip Code 11743

Purpose of Disbursement Fundraising and Media Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
09 / 01 / 2021

FEC Identification Number: C

Transaction ID : SB21B-66807

Amount of Each Disbursement this Period: 6000.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. ABC Company**

Mailing Address PO Box 2413

City Huntington State NY Zip Code 11743

Purpose of Disbursement Fundraising and Media Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
10 / 01 / 2021

FEC Identification Number: C

Transaction ID : SB21B-66807

Amount of Each Disbursement this Period: 6000.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. ABC Company**

Mailing Address PO Box 2413

City Huntington State NY Zip Code 11743

Purpose of Disbursement Fundraising and Media Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
11 / 01 / 2021

FEC Identification Number: C

Transaction ID : SB21B-5473t

Amount of Each Disbursement this Period: 6000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 18000.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**UNITED WOMEN'S HEALTH ALLIANCE PAC**

**A. ABC Company**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 2413

City Huntington State NY Zip Code 11743

Purpose of Disbursement Fundraising and Media Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 12 / 01 / 2021

FEC Identification Number: C

Transaction ID : SB21B-54730

Amount of Each Disbursement this Period: 6000.00

Memo Item

**B. Blank Rome LLP**

Full Name (Last, First, Middle Initial)

Mailing Address 1825 Eye Street NW

City Washington State DC Zip Code 20006

Purpose of Disbursement Legal Fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 30 / 2021

FEC Identification Number: C

Transaction ID : SB21B-54728

Amount of Each Disbursement this Period: 486.00

Memo Item

**C. Blank Rome LLP**

Full Name (Last, First, Middle Initial)

Mailing Address 1825 Eye Street NW

City Washington State DC Zip Code 20006

Purpose of Disbursement Legal Fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 20 / 2021

FEC Identification Number: C

Transaction ID : SB21B-54728

Amount of Each Disbursement this Period: 486.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 6972.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**UNITED WOMEN'S HEALTH ALLIANCE PAC**

Full Name (Last, First, Middle Initial)

**A. Blank Rome LLP**

Mailing Address 1825 Eye Street NW

City Washington State DC Zip Code 20006

Purpose of Disbursement Legal  
Candidate Name  
Category/Type 001

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement  
MM / DD / YYYY  
09 / 01 / 2021

FEC Identification Number  
C  
Transaction ID : SB21B-39251  
Amount of Each Disbursement this Period  
2000.00

Memo Item INVOICE BEING REIMBURSED.  
Orig invoice date: 2020-07-29

Full Name (Last, First, Middle Initial)

**B. Blank Rome LLP**

Mailing Address 1825 Eye Street NW

City Washington State DC Zip Code 20006

Purpose of Disbursement Legal  
Candidate Name  
Category/Type 001

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement  
MM / DD / YYYY  
09 / 01 / 2021

FEC Identification Number  
C  
Transaction ID : SB21B-34441  
Amount of Each Disbursement this Period  
4435.00

Memo Item INVOICE BEING REIMBURSED.  
Orig invoice date: 2020-10-01

Full Name (Last, First, Middle Initial)

**C. Blank Rome LLP**

Mailing Address 1825 Eye Street NW

City Washington State DC Zip Code 20006

Purpose of Disbursement Legal  
Candidate Name  
Category/Type 001

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement  
MM / DD / YYYY  
09 / 01 / 2021

FEC Identification Number  
C  
Transaction ID : SB21B-3444:  
Amount of Each Disbursement this Period  
2829.50

Memo Item INVOICE BEING REIMBURSED.  
Orig invoice date: 2020-11-10

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**UNITED WOMEN'S HEALTH ALLIANCE PAC**

Full Name (Last, First, Middle Initial)

**A. Blank Rome LLP**

Mailing Address 1825 Eye Street NW

City Washington State DC Zip Code 20006

Purpose of Disbursement  
Legal Fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-54728**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Canva**

Mailing Address 268 Devonshire Street Surry Hills  
NSW 2010

City Australia State ZZ Zip Code 02010

Purpose of Disbursement  
Graphics/Images

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-39251**  
Amount of Each Disbursement this Period

Memo Item INVOICE BEING REIMBURSED.  
Orig invoice date: 2020-11-27

Full Name (Last, First, Middle Initial)

**C. COA Network Inc.**

Mailing Address 991 Route 22 West  
Suite 200

City Bridgewater Township State NJ Zip Code 08807

Purpose of Disbursement  
800 Telephone numbers

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-54731**  
Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**UNITED WOMEN'S HEALTH ALLIANCE PAC**

Full Name (Last, First, Middle Initial)

**A. COA Network Inc.**

Mailing Address 991 Route 22 West  
Suite 200

City Bridgewater Township State NJ Zip Code 08807

Purpose of Disbursement  
800 Telephone numbers

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-54731**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. COA Network Inc.**

Mailing Address 991 Route 22 West  
Suite 200

City Bridgewater Township State NJ Zip Code 08807

Purpose of Disbursement  
800 Telephone numbers

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-54731**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. COA Network Inc.**

Mailing Address 991 Route 22 West  
Suite 200

City Bridgewater Township State NJ Zip Code 08807

Purpose of Disbursement  
800 Telephone numbers

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-54731**  
Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**UNITED WOMEN'S HEALTH ALLIANCE PAC**

Full Name (Last, First, Middle Initial) <b>A. COA Network Inc.</b>		Date of Disbursement MM / DD / YYYY 11 / 23 / 2021
Mailing Address 991 Route 22 West Suite 200		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-54731</b> Amount of Each Disbursement this Period [REDACTED] 130.45
City Bridgewater Township	State NJ	Zip Code 08807
Purpose of Disbursement 800 Telephone numbers	Category/Type 003	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. COA Network Inc.</b>		Date of Disbursement MM / DD / YYYY 12 / 23 / 2021
Mailing Address 991 Route 22 West Suite 200		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-54731</b> Amount of Each Disbursement this Period [REDACTED] 130.95
City Bridgewater Township	State NJ	Zip Code 08807
Purpose of Disbursement 800 Telephone numbers	Category/Type 003	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. CSF Corporation</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2021
Mailing Address 285 Davidson Avenue		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-3444</b> Amount of Each Disbursement this Period [REDACTED] 109.90
City Somerset	State NJ	Zip Code 08873
Purpose of Disbursement 800 Telephone numbers	Category/Type 001	
Candidate Name	Memo Item <input checked="" type="checkbox"/> INVOICE BEING REIMBURSED. Orig invoice date: '2020-11-23	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 261.40
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**UNITED WOMEN'S HEALTH ALLIANCE PAC**

Full Name (Last, First, Middle Initial) <b>A. CSF Corporation</b>			Date of Disbursement MM / DD / YYYY 09 / 01 / 2021		
Mailing Address 285 Davidson Avenue			FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-34441</b>		
City Somerset	State NJ	Zip Code 08873	Amount of Each Disbursement this Period [REDACTED] 109.90		
Purpose of Disbursement 800 Telephone numbers		Category/Type 001	INVOICE BEING REIMBURSED.		
Candidate Name		<input checked="" type="checkbox"/> Memo Item Orig invoice date: 2020-11-23			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. EagleBank</b>			Date of Disbursement MM / DD / YYYY 07 / 13 / 2021		
Mailing Address 7815 Woodmont ave			FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-54732</b>		
City Bethesda	State MD	Zip Code 20814	Amount of Each Disbursement this Period [REDACTED] 664.43		
Purpose of Disbursement Bank analysis fee		Category/Type 001	<input type="checkbox"/> Memo Item		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. EagleBank</b>			Date of Disbursement MM / DD / YYYY 08 / 10 / 2021		
Mailing Address 7815 Woodmont ave			FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-54732</b>		
City Bethesda	State MD	Zip Code 20814	Amount of Each Disbursement this Period [REDACTED] 675.43		
Purpose of Disbursement Bank analysis fee		Category/Type 001	<input type="checkbox"/> Memo Item		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 1339.86
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**UNITED WOMEN'S HEALTH ALLIANCE PAC**

Full Name (Last, First, Middle Initial)

**A. EagleBank**

Mailing Address 7815 Woodmont ave

City Bethesda State MD Zip Code 20814

Purpose of Disbursement  
Bank analysis fee

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-54732**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. EagleBank**

Mailing Address 7815 Woodmont ave

City Bethesda State MD Zip Code 20814

Purpose of Disbursement  
Bank analysis fee

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-54732**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. EagleBank**

Mailing Address 7815 Woodmont ave

City Bethesda State MD Zip Code 20814

Purpose of Disbursement  
Bank analysis fee

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-54732**  
Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**UNITED WOMEN'S HEALTH ALLIANCE PAC**

Full Name (Last, First, Middle Initial)

**A. EagleBank**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	13	/	2021

Mailing Address 7815 Woodmont ave

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B-54733**  
Amount of Each Disbursement this Period

[REDACTED] 635.93

Memo Item

City Bethesda State MD Zip Code 20814

Purpose of Disbursement Bank analysis fee Category/Type 001

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Full Name (Last, First, Middle Initial)

**B. Google Gsuite**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	02	/	2021

Mailing Address 1600 Amphitheatre Pkwy

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B-54733**  
Amount of Each Disbursement this Period

[REDACTED] 39.11

Memo Item

City Mountain View State CA Zip Code 94043

Purpose of Disbursement Email Services Category/Type 001

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Full Name (Last, First, Middle Initial)

**C. Google Gsuite**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	02	/	2021

Mailing Address 1600 Amphitheatre Pkwy

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B-54733**  
Amount of Each Disbursement this Period

[REDACTED] 39.11

Memo Item

City Mountain View State CA Zip Code 94043

Purpose of Disbursement Email Services Category/Type 001

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

[REDACTED] 714.15

[REDACTED]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**UNITED WOMEN'S HEALTH ALLIANCE PAC**

Full Name (Last, First, Middle Initial)

**A. Google Gsuite**

Mailing Address 1600 Amphitheatre Pkwy

City Mountain View State CA Zip Code 94043

Purpose of Disbursement  
Email Services

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-39252**  
Amount of Each Disbursement this Period

Memo Item INVOICE BEING REIMBURSED.  
Orig invoice date: 2020-08-01

Full Name (Last, First, Middle Initial)

**B. Google Gsuite**

Mailing Address 1600 Amphitheatre Pkwy

City Mountain View State CA Zip Code 94043

Purpose of Disbursement  
Email Services

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-34447**  
Amount of Each Disbursement this Period

Memo Item INVOICE BEING REIMBURSED.  
Orig invoice date: 2020-10-02

Full Name (Last, First, Middle Initial)

**C. Google Gsuite**

Mailing Address 1600 Amphitheatre Pkwy

City Mountain View State CA Zip Code 94043

Purpose of Disbursement  
Email Services

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-34447**  
Amount of Each Disbursement this Period

Memo Item INVOICE BEING REIMBURSED.  
Orig invoice date: 2020-11-01

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**UNITED WOMEN'S HEALTH ALLIANCE PAC**

Full Name (Last, First, Middle Initial)

**A. Google Gsuite**

Mailing Address 1600 Amphitheatre Pkwy

City Mountain View State CA Zip Code 94043

Purpose of Disbursement  
Email Services

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-39252**  
Amount of Each Disbursement this Period

Memo Item INVOICE BEING REIMBURSED.  
Orig invoice date: 2020-12-02

Full Name (Last, First, Middle Initial)

**B. Google Gsuite**

Mailing Address 1600 Amphitheatre Pkwy

City Mountain View State CA Zip Code 94043

Purpose of Disbursement  
Email Services

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-54733**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Google Gsuite**

Mailing Address 1600 Amphitheatre Pkwy

City Mountain View State CA Zip Code 94043

Purpose of Disbursement  
Email Services

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-54733**  
Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**UNITED WOMEN'S HEALTH ALLIANCE PAC**

Full Name (Last, First, Middle Initial)

**A. Google Gsuite**

Mailing Address 1600 Amphitheatre Pkwy

City Mountain View State CA Zip Code 94043

Purpose of Disbursement  
Email Services

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-54734**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Google Gsuite**

Mailing Address 1600 Amphitheatre Pkwy

City Mountain View State CA Zip Code 94043

Purpose of Disbursement  
Email Services

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-54734**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Grasshopper**

Mailing Address 320 Summer St

City Boston State MA Zip Code 02210

Purpose of Disbursement  
Telephone Service

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-54734**  
Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

Form grid for line numbers: 21b, 22, 23, 26, 27, 28a, 28b, 28c, 29, 30b

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NAME OF COMMITTEE (In Full)
UNITED WOMEN'S HEALTH ALLIANCE PAC

Form A: Grasshopper. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, Amount of Each Disbursement, and Memo Item checkbox.

Form B: Grasshopper. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, Amount of Each Disbursement, and Memo Item checkbox with note 'INVOICE BEING REIMBURSED.'

Form C: Grasshopper. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, Amount of Each Disbursement, and Memo Item checkbox with note 'INVOICE BEING REIMBURSED.'

SUBTOTAL of Disbursements This Page (optional) and TOTAL This Period (last page this line number only) summary rows.

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**UNITED WOMEN'S HEALTH ALLIANCE PAC**

Full Name (Last, First, Middle Initial) <b>A. Grasshopper</b>			Date of Disbursement MM / DD / YYYY 09 / 01 / 2021		
Mailing Address 320 Summer St			FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-34441</b> Amount of Each Disbursement this Period [REDACTED] 108.76		
City Boston	State MA	Zip Code 02210	Purpose of Disbursement Telephone Service Category/Type 001		
Purpose of Disbursement Telephone Service	Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			<input checked="" type="checkbox"/> Memo Item Orig invoice date: 2020-11-17 INVOICE BEING REIMBURSED.		

Full Name (Last, First, Middle Initial) <b>B. Grasshopper</b>			Date of Disbursement MM / DD / YYYY 09 / 20 / 2021		
Mailing Address 320 Summer St			FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-54734</b> Amount of Each Disbursement this Period [REDACTED] 110.39		
City Boston	State MA	Zip Code 02210	Purpose of Disbursement Telephone Service Category/Type 001		
Purpose of Disbursement Telephone Service	Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>C. Grasshopper</b>			Date of Disbursement MM / DD / YYYY 10 / 18 / 2021		
Mailing Address 320 Summer St			FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-54734</b> Amount of Each Disbursement this Period [REDACTED] 109.49		
City Boston	State MA	Zip Code 02210	Purpose of Disbursement Telephone Service Category/Type 001		
Purpose of Disbursement Telephone Service	Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			<input type="checkbox"/> Memo Item		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 219.88
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**UNITED WOMEN'S HEALTH ALLIANCE PAC**

Full Name (Last, First, Middle Initial)

**A. Grasshopper**

Mailing Address 320 Summer St

City Boston State MA Zip Code 02210

Purpose of Disbursement Telephone Service

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement  

M	M	/	D	D	/	Y	Y	Y	Y
11			18			2021			

FEC Identification Number  
  
**Transaction ID : SB21B-54735**  
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Grasshopper**

Mailing Address 320 Summer St

City Boston State MA Zip Code 02210

Purpose of Disbursement Telephone Service

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement  

M	M	/	D	D	/	Y	Y	Y	Y
12			20			2021			

FEC Identification Number  
  
**Transaction ID : SB21B-54735**  
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. GREENSPOON MARDER LLP**

Mailing Address 100 W Cypress Creek Rd #700

City Fort Lauderdale State FL Zip Code 33309

Purpose of Disbursement Attorney

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement  

M	M	/	D	D	/	Y	Y	Y	Y
07			30			2021			

FEC Identification Number  
  
**Transaction ID : SB21B-54725**  
 Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**UNITED WOMEN'S HEALTH ALLIANCE PAC**

Full Name (Last, First, Middle Initial) <b>A. GREENSPOON MARDER LLP</b>		Date of Disbursement MM / DD / YYYY 08 / 20 / 2021	
Mailing Address 100 W Cypress Creek Rd #700		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-54729</b> Amount of Each Disbursement this Period 1082.00	
City Fort Lauderdale	State FL	Zip Code 33309	Category/ Type 001
Purpose of Disbursement Attorney			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. GREENSPOON MARDER LLP</b>		Date of Disbursement MM / DD / YYYY 08 / 20 / 2021	
Mailing Address 100 W Cypress Creek Rd #700		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-54729</b> Amount of Each Disbursement this Period 157.50	
City Fort Lauderdale	State FL	Zip Code 33309	Category/ Type 001
Purpose of Disbursement Attorney			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. GREENSPOON MARDER LLP</b>		Date of Disbursement MM / DD / YYYY 10 / 18 / 2021	
Mailing Address 100 W Cypress Creek Rd #700		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-54729</b> Amount of Each Disbursement this Period 1626.50	
City Fort Lauderdale	State FL	Zip Code 33309	Category/ Type 001
Purpose of Disbursement Attorney			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2866.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

Grid for line numbers 21b through 30b with checkboxes. 21b is checked.

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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC

Form A: GREENSPOON MARDER LLP. Includes fields for Mailing Address (100 W Cypress Creek Rd #700), City (Fort Lauderdale), State (FL), Zip Code (33309), Purpose of Disbursement (Attorney), and Date of Disbursement (12/08/2021).

Form B: Intuit Inc. Includes fields for Mailing Address (2700 Coast Ave), City (Mountain View), State (CA), Zip Code (94043), Purpose of Disbursement (Accounting Software), and Date of Disbursement (07/06/2021).

Form C: Intuit Inc. Includes fields for Mailing Address (2700 Coast Ave), City (Mountain View), State (CA), Zip Code (94043), Purpose of Disbursement (Accounting Software), and Date of Disbursement (08/04/2021).

SUBTOTAL of Disbursements This Page (optional) 1038.15
TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**UNITED WOMEN'S HEALTH ALLIANCE PAC**

Full Name (Last, First, Middle Initial)

**A. Intuit Inc.**

Mailing Address 2700 Coast Ave

City Mountain View State CA Zip Code 94043

Purpose of Disbursement  
Accounting Software

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-54736**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Intuit Inc.**

Mailing Address 2700 Coast Ave

City Mountain View State CA Zip Code 94043

Purpose of Disbursement  
Accounting Software

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-54737**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Intuit Inc.**

Mailing Address 2700 Coast Ave

City Mountain View State CA Zip Code 94043

Purpose of Disbursement  
Accounting Software

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-54737**  
Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**UNITED WOMEN'S HEALTH ALLIANCE PAC**

Full Name (Last, First, Middle Initial)

**A. Intuit Inc.**

Mailing Address 2700 Coast Ave

City Mountain View State CA Zip Code 94043

Purpose of Disbursement Accounting Software

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-54737**  
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. LIVE TRANSFERS AND DONOR CREATION LLC**

Mailing Address 1607 Ponce de Leon ave Suite GM8

City SAN JUAN State PR Zip Code 00909

Purpose of Disbursement Telephone fundraising

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-54737**  
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. LIVE TRANSFERS AND DONOR CREATION LLC**

Mailing Address 1607 Ponce de Leon ave Suite GM8

City SAN JUAN State PR Zip Code 00909

Purpose of Disbursement Telephone fundraising

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-54737**  
 Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**UNITED WOMEN'S HEALTH ALLIANCE PAC**

Full Name (Last, First, Middle Initial) <b>A. LIVE TRANSFERS AND DONOR CREATION LLC</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2021
Mailing Address 1607 Ponce de Leon ave Suite GM8		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-54738</b>
City SAN JUAN	State PR	Zip Code 00909
Purpose of Disbursement Telephone fundraising		Amount of Each Disbursement this Period 30763.66
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. LIVE TRANSFERS AND DONOR CREATION LLC</b>		Date of Disbursement MM / DD / YYYY 07 / 23 / 2021
Mailing Address 1607 Ponce de Leon ave Suite GM8		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-54738</b>
City SAN JUAN	State PR	Zip Code 00909
Purpose of Disbursement Telephone fundraising		Amount of Each Disbursement this Period 33031.92
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. LIVE TRANSFERS AND DONOR CREATION LLC</b>		Date of Disbursement MM / DD / YYYY 07 / 30 / 2021
Mailing Address 1607 Ponce de Leon ave Suite GM8		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-54738</b>
City SAN JUAN	State PR	Zip Code 00909
Purpose of Disbursement Telephone fundraising		Amount of Each Disbursement this Period 31773.69
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	95569.27
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**UNITED WOMEN'S HEALTH ALLIANCE PAC**

Full Name (Last, First, Middle Initial)

**A. LIVE TRANSFERS AND DONOR CREATION LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		09		2021

Mailing Address 1607 Ponce de Leon ave  
Suite GM8

City SAN JUAN State PR Zip Code 00909

Purpose of Disbursement Telephone fundraising

003
Category/Type

FEC Identification Number

C
Transaction ID : SB21B-54738
Amount of Each Disbursement this Period
30769.97

Candidate Name

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	

Memo Item

Full Name (Last, First, Middle Initial)

**B. LIVE TRANSFERS AND DONOR CREATION LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		11		2021

Mailing Address 1607 Ponce de Leon ave  
Suite GM8

City SAN JUAN State PR Zip Code 00909

Purpose of Disbursement Telephone fundraising

003
Category/Type

FEC Identification Number

C
Transaction ID : SB21B-54738
Amount of Each Disbursement this Period
31110.84

Candidate Name

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	

Memo Item

Full Name (Last, First, Middle Initial)

**C. LIVE TRANSFERS AND DONOR CREATION LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		20		2021

Mailing Address 1607 Ponce de Leon ave  
Suite GM8

City SAN JUAN State PR Zip Code 00909

Purpose of Disbursement Telephone fundraising

003
Category/Type

FEC Identification Number

C
Transaction ID : SB21B-54738
Amount of Each Disbursement this Period
32146.73

Candidate Name

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

94027.54
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**UNITED WOMEN'S HEALTH ALLIANCE PAC**

Full Name (Last, First, Middle Initial)

**A. LIVE TRANSFERS AND DONOR CREATION LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	25	/	2021

Mailing Address 1607 Ponce de Leon ave  
Suite GM8

City SAN JUAN State PR Zip Code 00909

Purpose of Disbursement Telephone fundraising  
Candidate Name  
Category/Type **003**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

FEC Identification Number

**C** [Redacted]  
**Transaction ID : SB21B-54739**  
Amount of Each Disbursement this Period  
[Redacted] **32074.77**

Memo Item

Full Name (Last, First, Middle Initial)

**B. LIVE TRANSFERS AND DONOR CREATION LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	09	/	2021

Mailing Address 1607 Ponce de Leon ave  
Suite GM8

City SAN JUAN State PR Zip Code 00909

Purpose of Disbursement Telephone fundraising  
Candidate Name  
Category/Type **003**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

FEC Identification Number

**C** [Redacted]  
**Transaction ID : SB21B-54739**  
Amount of Each Disbursement this Period  
[Redacted] **33926.34**

Memo Item

Full Name (Last, First, Middle Initial)

**C. LIVE TRANSFERS AND DONOR CREATION LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	09	/	2021

Mailing Address 1607 Ponce de Leon ave  
Suite GM8

City SAN JUAN State PR Zip Code 00909

Purpose of Disbursement Telephone fundraising  
Candidate Name  
Category/Type **003**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

FEC Identification Number

**C** [Redacted]  
**Transaction ID : SB21B-54739**  
Amount of Each Disbursement this Period  
[Redacted] **32249.29**

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

[Redacted] <b>98250.40</b>
[Redacted]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**UNITED WOMEN'S HEALTH ALLIANCE PAC**

Full Name (Last, First, Middle Initial) <b>A. LIVE TRANSFERS AND DONOR CREATION LLC</b>			Date of Disbursement MM / DD / YYYY 09 / 16 / 2021	
Mailing Address 1607 Ponce de Leon ave Suite GM8			FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-54739</b> Amount of Each Disbursement this Period [REDACTED] 34369.69	
City SAN JUAN	State PR	Zip Code 00909	Category/Type 003	
Purpose of Disbursement Telephone fundraising		Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:	<input type="checkbox"/> Memo Item			

Full Name (Last, First, Middle Initial) <b>B. LIVE TRANSFERS AND DONOR CREATION LLC</b>			Date of Disbursement MM / DD / YYYY 09 / 30 / 2021	
Mailing Address 1607 Ponce de Leon ave Suite GM8			FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-54740</b> Amount of Each Disbursement this Period [REDACTED] 36873.92	
City SAN JUAN	State PR	Zip Code 00909	Category/Type 003	
Purpose of Disbursement Telephone fundraising		Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:	<input type="checkbox"/> Memo Item			

Full Name (Last, First, Middle Initial) <b>C. LIVE TRANSFERS AND DONOR CREATION LLC</b>			Date of Disbursement MM / DD / YYYY 09 / 30 / 2021	
Mailing Address 1607 Ponce de Leon ave Suite GM8			FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-54741</b> Amount of Each Disbursement this Period [REDACTED] 34841.16	
City SAN JUAN	State PR	Zip Code 00909	Category/Type 003	
Purpose of Disbursement Telephone fundraising		Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:	<input type="checkbox"/> Memo Item			

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

[REDACTED] 106084.77

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**UNITED WOMEN'S HEALTH ALLIANCE PAC**

Full Name (Last, First, Middle Initial) <b>A. LIVE TRANSFERS AND DONOR CREATION LLC</b>			Date of Disbursement MM / DD / YYYY 10 / 06 / 2021	
Mailing Address 1607 Ponce de Leon ave Suite GM8			FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-54740</b> Amount of Each Disbursement this Period [REDACTED] 27180.61	
City SAN JUAN	State PR	Zip Code 00909	Purpose of Disbursement Telephone fundraising Category/Type 003	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>B. LIVE TRANSFERS AND DONOR CREATION LLC</b>			Date of Disbursement MM / DD / YYYY 10 / 18 / 2021	
Mailing Address 1607 Ponce de Leon ave Suite GM8			FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-54740</b> Amount of Each Disbursement this Period [REDACTED] 26138.06	
City SAN JUAN	State PR	Zip Code 00909	Purpose of Disbursement Telephone fundraising Category/Type 003	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>C. LIVE TRANSFERS AND DONOR CREATION LLC</b>			Date of Disbursement MM / DD / YYYY 10 / 21 / 2021	
Mailing Address 1607 Ponce de Leon ave Suite GM8			FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-54740</b> Amount of Each Disbursement this Period [REDACTED] 26152.52	
City SAN JUAN	State PR	Zip Code 00909	Purpose of Disbursement Telephone fundraising Category/Type 003	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		<input type="checkbox"/> Memo Item		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 79471.19
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**UNITED WOMEN'S HEALTH ALLIANCE PAC**

Full Name (Last, First, Middle Initial) <b>A. LIVE TRANSFERS AND DONOR CREATION LLC</b>			Date of Disbursement MM / DD / YYYY 11 / 02 / 2021	
Mailing Address 1607 Ponce de Leon ave Suite GM8			FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-54741</b> Amount of Each Disbursement this Period 24038.82	
City SAN JUAN	State PR	Zip Code 00909	Purpose of Disbursement Telephone fundraising Category/Type 003	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>B. LIVE TRANSFERS AND DONOR CREATION LLC</b>			Date of Disbursement MM / DD / YYYY 11 / 10 / 2021	
Mailing Address 1607 Ponce de Leon ave Suite GM8			FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-54741</b> Amount of Each Disbursement this Period 19415.13	
City SAN JUAN	State PR	Zip Code 00909	Purpose of Disbursement Telephone fundraising Category/Type 003	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>C. LIVE TRANSFERS AND DONOR CREATION LLC</b>			Date of Disbursement MM / DD / YYYY 11 / 10 / 2021	
Mailing Address 1607 Ponce de Leon ave Suite GM8			FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-54741</b> Amount of Each Disbursement this Period 2019.23	
City SAN JUAN	State PR	Zip Code 00909	Purpose of Disbursement Telephone fundraising Category/Type 003	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		<input type="checkbox"/> Memo Item		

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

45473.18

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**UNITED WOMEN'S HEALTH ALLIANCE PAC**

Full Name (Last, First, Middle Initial) <b>A. LIVE TRANSFERS AND DONOR CREATION LLC</b>			Date of Disbursement MM / DD / YYYY 11 / 10 / 2021	
Mailing Address 1607 Ponce de Leon ave Suite GM8			FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-54742</b> Amount of Each Disbursement this Period [REDACTED] 19415.13	
City SAN JUAN	State PR	Zip Code 00909	Purpose of Disbursement Telephone fundraising Category/Type 003	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>B. LIVE TRANSFERS AND DONOR CREATION LLC</b>			Date of Disbursement MM / DD / YYYY 12 / 01 / 2021	
Mailing Address 1607 Ponce de Leon ave Suite GM8			FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-54742</b> Amount of Each Disbursement this Period [REDACTED] 18295.76	
City SAN JUAN	State PR	Zip Code 00909	Purpose of Disbursement Telephone fundraising Category/Type 003	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>C. LIVE TRANSFERS AND DONOR CREATION LLC</b>			Date of Disbursement MM / DD / YYYY 12 / 03 / 2021	
Mailing Address 1607 Ponce de Leon ave Suite GM8			FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-54742</b> Amount of Each Disbursement this Period [REDACTED] 31948.27	
City SAN JUAN	State PR	Zip Code 00909	Purpose of Disbursement Telephone fundraising Category/Type 003	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		<input type="checkbox"/> Memo Item		

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

[REDACTED] 69659.16

**TOTAL** This Period (last page this line number only)..... ▶

[REDACTED]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**UNITED WOMEN'S HEALTH ALLIANCE PAC**

Full Name (Last, First, Middle Initial)

**A. LIVE TRANSFERS AND DONOR CREATION LLC**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			08			2021			

Mailing Address 1607 Ponce de Leon ave  
Suite GM8

City SAN JUAN State PR Zip Code 00909

Purpose of Disbursement  
Telephone fundraising

003  
Category/  
Type

FEC Identification Number

**C**  
**Transaction ID : SB21B-54743**  
Amount of Each Disbursement this Period  
**18094.16**

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Memo Item

Full Name (Last, First, Middle Initial)

**B. LIVE TRANSFERS AND DONOR CREATION LLC**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			15			2021			

Mailing Address 1607 Ponce de Leon ave  
Suite GM8

City SAN JUAN State PR Zip Code 00909

Purpose of Disbursement  
Telephone fundraising

003  
Category/  
Type

FEC Identification Number

**C**  
**Transaction ID : SB21B-71672**  
Amount of Each Disbursement this Period  
**17731.28**  
Invoice unpaid by close of books

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Memo Item

Full Name (Last, First, Middle Initial)

**C. LIVE TRANSFERS AND DONOR CREATION LLC**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			15			2021			

Mailing Address 1607 Ponce de Leon ave  
Suite GM8

City SAN JUAN State PR Zip Code 00909

Purpose of Disbursement  
Independent Expenditures

003  
Category/  
Type

FEC Identification Number

**C**  
**Transaction ID : SB21B-71672**  
Amount of Each Disbursement this Period  
**7599.12**  
See Schedule E. Invoice unpaid by close of books

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

18094.16
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**UNITED WOMEN'S HEALTH ALLIANCE PAC**

Full Name (Last, First, Middle Initial)

**A. LIVE TRANSFERS AND DONOR CREATION LLC**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			22			2021			

Mailing Address 1607 Ponce de Leon ave  
Suite GM8

City SAN JUAN State PR Zip Code 00909

Purpose of Disbursement  
Independent Expenditures

001  
 002  
 003  
Category/  
Type

FEC Identification Number

C  
**Transaction ID : SB21B-71672**  
Amount of Each Disbursement this Period  
7564.56

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Memo Item See Schedule E. Invoice unpaid by close of books

Full Name (Last, First, Middle Initial)

**B. LIVE TRANSFERS AND DONOR CREATION LLC**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			22			2021			

Mailing Address 1607 Ponce de Leon ave  
Suite GM8

City SAN JUAN State PR Zip Code 00909

Purpose of Disbursement  
Telephone fundraising

001  
 002  
 003  
Category/  
Type

FEC Identification Number

C  
**Transaction ID : SB21B-71672**  
Amount of Each Disbursement this Period  
17650.64

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Memo Item

Full Name (Last, First, Middle Initial)

**C. LIVE TRANSFERS AND DONOR CREATION LLC**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			29			2021			

Mailing Address 1607 Ponce de Leon ave  
Suite GM8

City SAN JUAN State PR Zip Code 00909

Purpose of Disbursement  
Telephone fundraising

001  
 002  
 003  
Category/  
Type

FEC Identification Number

C  
**Transaction ID : SB21B-71672**  
Amount of Each Disbursement this Period  
16969.68

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

34620.32

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**UNITED WOMEN'S HEALTH ALLIANCE PAC**

**A. LIVE TRANSFERS AND DONOR CREATION LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 1607 Ponce de Leon ave  
Suite GM8

City SAN JUAN State PR Zip Code 00909

Purpose of Disbursement Sch E disseminating on 1/05/2022

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
12 / 31 / 2021

FEC Identification Number: C

Transaction ID : SB21B-71673

Amount of Each Disbursement this Period: 7272.72

Memo Item

**B. Mailchimp**

Full Name (Last, First, Middle Initial)

Mailing Address 675 Ponce De Leon Ave NE #5000

City Atlanta State GA Zip Code 30308

Purpose of Disbursement Email Campaign

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
09 / 01 / 2021

FEC Identification Number: C

Transaction ID : SB21B-34447

Amount of Each Disbursement this Period: 37.09

INVOICE BEING REIMBURSED.  
Orig invoice date: 2020-10-17

Memo Item

**C. Mailchimp**

Full Name (Last, First, Middle Initial)

Mailing Address 675 Ponce De Leon Ave NE #5000

City Atlanta State GA Zip Code 30308

Purpose of Disbursement Email Campaign

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
09 / 01 / 2021

FEC Identification Number: C

Transaction ID : SB21B-34447

Amount of Each Disbursement this Period: 37.09

INVOICE BEING REIMBURSED.  
Orig invoice date: 2020-11-17

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	7272.72
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**UNITED WOMEN'S HEALTH ALLIANCE PAC**

Full Name (Last, First, Middle Initial)

**A. Nextivia**

Mailing Address 8800 E Chaparral Rd #300

City Scottsdale State AZ Zip Code 85250

Purpose of Disbursement Telephone Service

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement  

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	1			2	0	2	1		

FEC Identification Number  
  
**Transaction ID : SB21B-34447**  
 Amount of Each Disbursement this Period

Memo Item INVOICE BEING REIMBURSED.  
 Orig invoice date: 2020-11-19

Full Name (Last, First, Middle Initial)

**B. Nextivia**

Mailing Address 8800 E Chaparral Rd #300

City Scottsdale State AZ Zip Code 85250

Purpose of Disbursement Telephone Service

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement  

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	1			2	0	2	1		

FEC Identification Number  
  
**Transaction ID : SB21B-47837**  
 Amount of Each Disbursement this Period

Memo Item INVOICE BEING REIMBURSED.  
 Orig invoice date: 2021-01-19

Full Name (Last, First, Middle Initial)

**C. Nextivia**

Mailing Address 8800 E Chaparral Rd #300

City Scottsdale State AZ Zip Code 85250

Purpose of Disbursement Telephone Service

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement  

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	1			2	0	2	1		

FEC Identification Number  
  
**Transaction ID : SB21B-47837**  
 Amount of Each Disbursement this Period

Memo Item INVOICE BEING REIMBURSED.  
 Orig invoice date: 2021-02-19

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**UNITED WOMEN'S HEALTH ALLIANCE PAC**

Full Name (Last, First, Middle Initial)

**A. Nextivia**

Mailing Address 8800 E Chaparral Rd #300

City Scottsdale State AZ Zip Code 85250

Purpose of Disbursement Telephone Service

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement  

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	1		2	0	2	1

FEC Identification Number  
  
**Transaction ID : SB21B-47838**  
 Amount of Each Disbursement this Period

Memo Item INVOICE BEING REIMBURSED.  
 Orig invoice date: 2021-03-19

Full Name (Last, First, Middle Initial)

**B. Nextivia**

Mailing Address 8800 E Chaparral Rd #300

City Scottsdale State AZ Zip Code 85250

Purpose of Disbursement Telephone Service

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement  

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	1		2	0	2	1

FEC Identification Number  
  
**Transaction ID : SB21B-47838**  
 Amount of Each Disbursement this Period

Memo Item INVOICE BEING REIMBURSED.  
 Orig invoice date: 2021-04-19

Full Name (Last, First, Middle Initial)

**C. Nextivia**

Mailing Address 8800 E Chaparral Rd #300

City Scottsdale State AZ Zip Code 85250

Purpose of Disbursement Telephone Service

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement  

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	1		2	0	2	1

FEC Identification Number  
  
**Transaction ID : SB21B-47838**  
 Amount of Each Disbursement this Period

Memo Item INVOICE BEING REIMBURSED.  
 Orig invoice date: 2021-05-19

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**UNITED WOMEN'S HEALTH ALLIANCE PAC**

Full Name (Last, First, Middle Initial)

**A. Nextivia**

Mailing Address 8800 E Chaparral Rd #300

City Scottsdale State AZ Zip Code 85250

Purpose of Disbursement Telephone Service

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement  
MM / DD / YYYY  
09 / 01 / 2021

FEC Identification Number  
  
**Transaction ID : SB21B-47838**  
Amount of Each Disbursement this Period

Memo Item INVOICE BEING REIMBURSED.  
Orig invoice date: 2021-06-19

Full Name (Last, First, Middle Initial)

**B. Nextivia**

Mailing Address 8800 E Chaparral Rd #300

City Scottsdale State AZ Zip Code 85250

Purpose of Disbursement Phone/Dialer Software

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement  
MM / DD / YYYY  
09 / 01 / 2021

FEC Identification Number  
  
**Transaction ID : SB21B-39254**  
Amount of Each Disbursement this Period

Memo Item INVOICE BEING REIMBURSED.  
Orig invoice date: 2020-07-19

Full Name (Last, First, Middle Initial)

**C. Nextivia**

Mailing Address 8800 E Chaparral Rd #300

City Scottsdale State AZ Zip Code 85250

Purpose of Disbursement Telephone Service

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement  
MM / DD / YYYY  
09 / 01 / 2021

FEC Identification Number  
  
**Transaction ID : SB21B-3444;**  
Amount of Each Disbursement this Period

Memo Item INVOICE BEING REIMBURSED.  
Orig invoice date: 2020-10-19

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**UNITED WOMEN'S HEALTH ALLIANCE PAC**

Full Name (Last, First, Middle Initial) <b>A. North American Marketing Solutions Inc</b>		Date of Disbursement MM / DD / YYYY 07 / 06 / 2021
Mailing Address 3245 N 126th St		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-54743</b> Amount of Each Disbursement this Period [REDACTED] 6271.16
City Brookfield	State WI	Zip Code 53005
Purpose of Disbursement Mailing and Caging		Category/ Type 003
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. North American Marketing Solutions Inc</b>		Date of Disbursement MM / DD / YYYY 07 / 08 / 2021
Mailing Address 3245 N 126th St		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-54744</b> Amount of Each Disbursement this Period [REDACTED] 5947.29
City Brookfield	State WI	Zip Code 53005
Purpose of Disbursement Mailing and Caging		Category/ Type 003
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. North American Marketing Solutions Inc</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2021
Mailing Address 3245 N 126th St		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-54744</b> Amount of Each Disbursement this Period [REDACTED] 7033.34
City Brookfield	State WI	Zip Code 53005
Purpose of Disbursement Mailing and Caging		Category/ Type 003
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 19251.79
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**UNITED WOMEN'S HEALTH ALLIANCE PAC**

Full Name (Last, First, Middle Initial)

**A. North American Marketing Solutions Inc**

Mailing Address 3245 N 126th St

City Brookfield State WI Zip Code 53005

Purpose of Disbursement  
Mailers and Caging

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-54744**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. North American Marketing Solutions Inc**

Mailing Address 3245 N 126th St

City Brookfield State WI Zip Code 53005

Purpose of Disbursement  
Mailers and Caging

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-54744**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. North American Marketing Solutions Inc**

Mailing Address 3245 N 126th St

City Brookfield State WI Zip Code 53005

Purpose of Disbursement  
Mailers and Caging

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-54744**  
Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**UNITED WOMEN'S HEALTH ALLIANCE PAC**

Full Name (Last, First, Middle Initial)

**A. North American Marketing Solutions Inc**

Mailing Address 3245 N 126th St

City Brookfield State WI Zip Code 53005

Purpose of Disbursement  
Mailers and Caging

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-54745**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. North American Marketing Solutions Inc**

Mailing Address 3245 N 126th St

City Brookfield State WI Zip Code 53005

Purpose of Disbursement  
Mailers and Caging

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-54745**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. North American Marketing Solutions Inc**

Mailing Address 3245 N 126th St

City Brookfield State WI Zip Code 53005

Purpose of Disbursement  
Mailers and Caging

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-54745**  
Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UNITED WOMEN'S HEALTH ALLIANCE PAC**

Full Name (Last, First, Middle Initial)

**A. North American Marketing Solutions Inc**

Mailing Address 3245 N 126th St

City Brookfield State WI Zip Code 53005

Purpose of Disbursement  
Mailers and Caging

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement  
MM / DD / YYYY  
08 / 20 / 2021

FEC Identification Number  
  
**Transaction ID : SB21B-54745**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. North American Marketing Solutions Inc**

Mailing Address 3245 N 126th St

City Brookfield State WI Zip Code 53005

Purpose of Disbursement  
Mailers and Caging

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement  
MM / DD / YYYY  
08 / 25 / 2021

FEC Identification Number  
  
**Transaction ID : SB21B-54745**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. North American Marketing Solutions Inc**

Mailing Address 3245 N 126th St

City Brookfield State WI Zip Code 53005

Purpose of Disbursement  
Mailers

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement  
MM / DD / YYYY  
09 / 01 / 2021

FEC Identification Number  
  
**Transaction ID : SB21B-3444;**  
Amount of Each Disbursement this Period

Memo Item INVOICE BEING REIMBURSED.  
Orig invoice date: 2020-09-30

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**UNITED WOMEN'S HEALTH ALLIANCE PAC**

Full Name (Last, First, Middle Initial)

**A. North American Marketing Solutions Inc**

Mailing Address 3245 N 126th St

City Brookfield State WI Zip Code 53005

Purpose of Disbursement  
Mailers

001  
 002  
 003  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 01 / 2021

FEC Identification Number

C  
Transaction ID : **SB21B-39254**  
Amount of Each Disbursement this Period  
500.00

Memo Item INVOICE BEING REIMBURSED.  
Orig invoice date: 2020-09-30

Full Name (Last, First, Middle Initial)

**B. North American Marketing Solutions Inc**

Mailing Address 3245 N 126th St

City Brookfield State WI Zip Code 53005

Purpose of Disbursement  
Mailers and Caging

001  
 002  
 003  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 09 / 2021

FEC Identification Number

C  
Transaction ID : **SB21B-54746**  
Amount of Each Disbursement this Period  
6798.27

Memo Item

Full Name (Last, First, Middle Initial)

**C. North American Marketing Solutions Inc**

Mailing Address 3245 N 126th St

City Brookfield State WI Zip Code 53005

Purpose of Disbursement  
Mailers and Caging

001  
 002  
 003  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 09 / 2021

FEC Identification Number

C  
Transaction ID : **SB21B-54744**  
Amount of Each Disbursement this Period  
6597.62

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

13395.89

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**UNITED WOMEN'S HEALTH ALLIANCE PAC**

Full Name (Last, First, Middle Initial)

**A. North American Marketing Solutions Inc**

Mailing Address 3245 N 126th St

City Brookfield State WI Zip Code 53005

Purpose of Disbursement  
Mailers and Caging

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-54746**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. North American Marketing Solutions Inc**

Mailing Address 3245 N 126th St

City Brookfield State WI Zip Code 53005

Purpose of Disbursement  
Mailers and Caging

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-54746**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. North American Marketing Solutions Inc**

Mailing Address 3245 N 126th St

City Brookfield State WI Zip Code 53005

Purpose of Disbursement  
Mailers and Caging

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-54746**  
Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**UNITED WOMEN'S HEALTH ALLIANCE PAC**

Full Name (Last, First, Middle Initial)

**A. North American Marketing Solutions Inc**

Mailing Address 3245 N 126th St

City Brookfield State WI Zip Code 53005

Purpose of Disbursement  
Mailers and Caging

003  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2021

FEC Identification Number

C  
Transaction ID : SB21B-54747  
Amount of Each Disbursement this Period  
6969.97

Memo Item

Full Name (Last, First, Middle Initial)

**B. North American Marketing Solutions Inc**

Mailing Address 3245 N 126th St

City Brookfield State WI Zip Code 53005

Purpose of Disbursement  
Mailers and Caging

003  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 08 / 2021

FEC Identification Number

C  
Transaction ID : SB21B-54747  
Amount of Each Disbursement this Period  
7281.51

Memo Item

Full Name (Last, First, Middle Initial)

**C. North American Marketing Solutions Inc**

Mailing Address 3245 N 126th St

City Brookfield State WI Zip Code 53005

Purpose of Disbursement  
Mailers and Caging

003  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 19 / 2021

FEC Identification Number

C  
Transaction ID : SB21B-54747  
Amount of Each Disbursement this Period  
7209.71

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

21461.19

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**UNITED WOMEN'S HEALTH ALLIANCE PAC**

Full Name (Last, First, Middle Initial)

**A. North American Marketing Solutions Inc**

Mailing Address 3245 N 126th St

City Brookfield State WI Zip Code 53005

Purpose of Disbursement  
Mailers and Caging

**003**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

FEC Identification Number

**C**   
**Transaction ID : SB21B-54747**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. North American Marketing Solutions Inc**

Mailing Address 3245 N 126th St

City Brookfield State WI Zip Code 53005

Purpose of Disbursement  
Mailers and Caging

**003**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

FEC Identification Number

**C**   
**Transaction ID : SB21B-54747**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. North American Marketing Solutions Inc**

Mailing Address 3245 N 126th St

City Brookfield State WI Zip Code 53005

Purpose of Disbursement  
Mailers and Caging

**003**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

FEC Identification Number

**C**   
**Transaction ID : SB21B-54747**  
Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**UNITED WOMEN'S HEALTH ALLIANCE PAC**

Full Name (Last, First, Middle Initial)

**A. North American Marketing Solutions Inc**

Mailing Address 3245 N 126th St

City Brookfield State WI Zip Code 53005

Purpose of Disbursement  
Mailers and Caging

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement  
M M / D D / Y Y Y Y Y Y  
11 / 18 / 2021

FEC Identification Number  
  
**Transaction ID : SB21B-54748**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. North American Marketing Solutions Inc**

Mailing Address 3245 N 126th St

City Brookfield State WI Zip Code 53005

Purpose of Disbursement  
Mailers and Caging

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement  
M M / D D / Y Y Y Y Y Y  
11 / 18 / 2021

FEC Identification Number  
  
**Transaction ID : SB21B-54748**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. North American Marketing Solutions Inc**

Mailing Address 3245 N 126th St

City Brookfield State WI Zip Code 53005

Purpose of Disbursement  
Mailers and Caging

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement  
M M / D D / Y Y Y Y Y Y  
11 / 18 / 2021

FEC Identification Number  
  
**Transaction ID : SB21B-54748**  
Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**UNITED WOMEN'S HEALTH ALLIANCE PAC**

Full Name (Last, First, Middle Initial)

**A. North American Marketing Solutions Inc**

Mailing Address 3245 N 126th St

City Brookfield State WI Zip Code 53005

Purpose of Disbursement  
Mailers and Caging

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-54748**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. North American Marketing Solutions Inc**

Mailing Address 3245 N 126th St

City Brookfield State WI Zip Code 53005

Purpose of Disbursement  
Mailers and Caging

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-54749**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. North American Marketing Solutions Inc**

Mailing Address 3245 N 126th St

City Brookfield State WI Zip Code 53005

Purpose of Disbursement  
Mailers and Caging

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-54748**  
Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**UNITED WOMEN'S HEALTH ALLIANCE PAC**

Full Name (Last, First, Middle Initial) <b>A. North American Marketing Solutions Inc</b>			Date of Disbursement MM / DD / YYYY 12 / 08 / 2021	
Mailing Address 3245 N 126th St			FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-54749</b> Amount of Each Disbursement this Period [REDACTED] 7611.05	
City Brookfield	State WI	Zip Code 53005	Category/Type 003	
Purpose of Disbursement Mailing and Caging		Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:	<input type="checkbox"/> Memo Item			

Full Name (Last, First, Middle Initial) <b>B. North American Marketing Solutions Inc</b>			Date of Disbursement MM / DD / YYYY 12 / 16 / 2021	
Mailing Address 3245 N 126th St			FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-54749</b> Amount of Each Disbursement this Period [REDACTED] 7600.09	
City Brookfield	State WI	Zip Code 53005	Category/Type 003	
Purpose of Disbursement Mailing and Caging		Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:	<input type="checkbox"/> Memo Item			

Full Name (Last, First, Middle Initial) <b>C. North American Marketing Solutions Inc</b>			Date of Disbursement MM / DD / YYYY 12 / 31 / 2021	
Mailing Address 3245 N 126th St			FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-54749</b> Amount of Each Disbursement this Period [REDACTED] 12327.01	
City Brookfield	State WI	Zip Code 53005	Category/Type 003	
Purpose of Disbursement Mailing and Caging		Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:	<input type="checkbox"/> Memo Item			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 27538.15
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**UNITED WOMEN'S HEALTH ALLIANCE PAC**

Full Name (Last, First, Middle Initial) <b>A. PACSmart Filing Services</b>		Date of Disbursement MM / DD / YYYY 09 / 30 / 2021	
Mailing Address 1013 Centre Rd. Suite 403-A		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-54750</b> Amount of Each Disbursement this Period 6400.00	
City Wilmington	State DE	Zip Code 19805	Category/ Type 001
Purpose of Disbursement FEC Compliance Reporting		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>B. PACSmart Filing Services</b>		Date of Disbursement MM / DD / YYYY 10 / 08 / 2021	
Mailing Address 1013 Centre Rd. Suite 403-A		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-54750</b> Amount of Each Disbursement this Period 6400.00	
City Wilmington	State DE	Zip Code 19805	Category/ Type 001
Purpose of Disbursement FEC Compliance Reporting		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>C. PACSmart Filing Services</b>		Date of Disbursement MM / DD / YYYY 10 / 19 / 2021	
Mailing Address 1013 Centre Rd. Suite 403-A		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-54750</b> Amount of Each Disbursement this Period 3300.00	
City Wilmington	State DE	Zip Code 19805	Category/ Type 001
Purpose of Disbursement FEC Compliance Reporting		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	16100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**UNITED WOMEN'S HEALTH ALLIANCE PAC**

**A. PACSmart Filing Services**

Full Name (Last, First, Middle Initial)

Mailing Address 1013 Centre Rd.  
Suite 403-A

City Wilmington State DE Zip Code 19805

Purpose of Disbursement  
FEC Compliance Reporting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
11 / 02 / 2021

FEC Identification Number: C

Transaction ID : SB21B-54750

Amount of Each Disbursement this Period: 1100.00

Memo Item

**B. PACSmart Filing Services**

Full Name (Last, First, Middle Initial)

Mailing Address 1013 Centre Rd.  
Suite 403-A

City Wilmington State DE Zip Code 19805

Purpose of Disbursement  
FEC Compliance Reporting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
12 / 08 / 2021

FEC Identification Number: C

Transaction ID : SB21B-54750

Amount of Each Disbursement this Period: 1100.00

Memo Item

**C. PACSmart Filing Services**

Full Name (Last, First, Middle Initial)

Mailing Address 1013 Centre Rd.  
Suite 403-A

City Wilmington State DE Zip Code 19805

Purpose of Disbursement  
FEC Compliance Reporting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
12 / 31 / 2021

FEC Identification Number: C

Transaction ID : SB21B-54750

Amount of Each Disbursement this Period: 1100.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 3300.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**UNITED WOMEN'S HEALTH ALLIANCE PAC**

Full Name (Last, First, Middle Initial)

**A. RallyPay**

Mailing Address 995 Market Street  
Floor 2

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Combined "off the top" CC Transaction fees Jul

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-75290**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. RallyPay**

Mailing Address 995 Market Street  
Floor 2

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Combined "off the top" CC Transaction fees Jul

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-75291**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. RallyPay**

Mailing Address 995 Market Street  
Floor 2

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Combined "off the top" CC Transaction fees Jul

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-75287**  
Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**UNITED WOMEN'S HEALTH ALLIANCE PAC**

Full Name (Last, First, Middle Initial)

**A. RallyPay**

Mailing Address 995 Market Street  
Floor 2

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Combined "off the top" CC Transaction fees Jul

Candidate Name

Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

003  
Category/  
Type

Date of Disbursement  
MM / DD / YYYY  
07 / 31 / 2021

FEC Identification Number  
C  
Transaction ID : SB21B-75288  
Amount of Each Disbursement this Period  
665.60

Memo Item

Full Name (Last, First, Middle Initial)

**B. RallyPay**

Mailing Address 995 Market Street  
Floor 2

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Combined "off the top" CC Transaction fees Aug

Candidate Name

Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

003  
Category/  
Type

Date of Disbursement  
MM / DD / YYYY  
08 / 31 / 2021

FEC Identification Number  
C  
Transaction ID : SB21B-75290  
Amount of Each Disbursement this Period  
1049.72

Memo Item

Full Name (Last, First, Middle Initial)

**C. RallyPay**

Mailing Address 995 Market Street  
Floor 2

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Combined "off the top" CC Transaction fees Aug

Candidate Name

Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

003  
Category/  
Type

Date of Disbursement  
MM / DD / YYYY  
08 / 31 / 2021

FEC Identification Number  
C  
Transaction ID : SB21B-75291  
Amount of Each Disbursement this Period  
869.16

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

2584.48

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**UNITED WOMEN'S HEALTH ALLIANCE PAC**

Full Name (Last, First, Middle Initial)

**A. RallyPay**

Mailing Address 995 Market Street  
Floor 2

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Combined "off the top" CC Transaction fees Aug

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-75287**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. RallyPay**

Mailing Address 995 Market Street  
Floor 2

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Combined "off the top" CC Transaction fees Aug

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-75288**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. RallyPay**

Mailing Address 995 Market Street  
Floor 2

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Combined "off the top" CC Transaction fees Sep

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-7529t**  
Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**UNITED WOMEN'S HEALTH ALLIANCE PAC**

Full Name (Last, First, Middle Initial)

**A. RallyPay**

Mailing Address 995 Market Street  
Floor 2

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Combined "off the top" CC Transaction fees Sep

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-75291**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. RallyPay**

Mailing Address 995 Market Street  
Floor 2

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Combined "off the top" CC Transaction fees Sep

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-75287**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. RallyPay**

Mailing Address 995 Market Street  
Floor 2

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Combined "off the top" CC Transaction fees Sep

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-75288**  
Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**UNITED WOMEN'S HEALTH ALLIANCE PAC**

Full Name (Last, First, Middle Initial)

**A. RallyPay**

Mailing Address 995 Market Street  
Floor 2

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Combined "off the top" CC Transaction fees Oct

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-75290**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. RallyPay**

Mailing Address 995 Market Street  
Floor 2

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Combined "off the top" CC Transaction fees Oct

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-75292**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. RallyPay**

Mailing Address 995 Market Street  
Floor 2

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Combined "off the top" CC Transaction fees Oct

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-75287**  
Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**UNITED WOMEN'S HEALTH ALLIANCE PAC**

Full Name (Last, First, Middle Initial)

**A. RallyPay**

Mailing Address 995 Market Street  
Floor 2

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Combined "off the top" CC Transaction fees Oct

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-75289**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. RallyPay**

Mailing Address 995 Market Street  
Floor 2

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Combined "off the top" CC Transaction fees Nov

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-75290**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. RallyPay**

Mailing Address 995 Market Street  
Floor 2

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Combined "off the top" CC Transaction fees Nov

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-75291**  
Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**UNITED WOMEN'S HEALTH ALLIANCE PAC**

Full Name (Last, First, Middle Initial)

**A. RallyPay**

Mailing Address 995 Market Street  
Floor 2

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Combined "off the top" CC Transaction fees Nov

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement  
M M / D D / Y Y Y Y Y  
11 / 30 / 2021

FEC Identification Number  
  
**Transaction ID : SB21B-75288**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. RallyPay**

Mailing Address 995 Market Street  
Floor 2

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Combined "off the top" CC Transaction fees Nov

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement  
M M / D D / Y Y Y Y Y  
11 / 30 / 2021

FEC Identification Number  
  
**Transaction ID : SB21B-75289**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. RallyPay**

Mailing Address 995 Market Street  
Floor 2

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Combined "off the top" CC Transaction fees Dec

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement  
M M / D D / Y Y Y Y Y  
12 / 31 / 2021

FEC Identification Number  
  
**Transaction ID : SB21B-75291**  
Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**UNITED WOMEN'S HEALTH ALLIANCE PAC**

Full Name (Last, First, Middle Initial)

**A. RallyPay**

Mailing Address 995 Market Street  
Floor 2

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Combined "off the top" Credit Card Chargebacks

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-75291**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. RallyPay**

Mailing Address 995 Market Street  
Floor 2

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Combined "off the top" CC Transaction fees Dec

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-75292**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. RallyPay**

Mailing Address 995 Market Street  
Floor 2

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Combined "off the top" Credit Card Chargebacks

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-75287**  
Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**UNITED WOMEN'S HEALTH ALLIANCE PAC**

Full Name (Last, First, Middle Initial)

**A. RallyPay**

Mailing Address 995 Market Street  
Floor 2

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Combined "off the top" CC Transaction fees Dec

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement  
M M / D D / Y Y Y Y Y Y  
12 / 31 / 2021

FEC Identification Number  
  
**Transaction ID : SB21B-75288**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. RallyPay**

Mailing Address 995 Market Street  
Floor 2

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Combined "off the top" Credit Card Chargebacks

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement  
M M / D D / Y Y Y Y Y Y  
12 / 31 / 2021

FEC Identification Number  
  
**Transaction ID : SB21B-75288**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. RallyPay**

Mailing Address 995 Market Street  
Floor 2

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
Combined "off the top" CC Transaction fees Dec

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement  
M M / D D / Y Y Y Y Y Y  
12 / 31 / 2021

FEC Identification Number  
  
**Transaction ID : SB21B-75288**  
Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**UNITED WOMEN'S HEALTH ALLIANCE PAC**

Full Name (Last, First, Middle Initial)

**A. RallyPay**

Mailing Address 995 Market Street  
Floor 2

City San Francisco State CA Zip Code 94103

Purpose of Disbursement Combined "off the top" Credit Card Chargebacks

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type: **003**

Date of Disbursement: MM / DD / YYYY  
12 / 31 / 2021

FEC Identification Number: **C**

Transaction ID : **SB21B-75289**

Amount of Each Disbursement this Period: 1508.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Unbounce**

Mailing Address 401 West Georgia Street

City Vancouver State ZZ Zip Code V6B5A1

Purpose of Disbursement Website landing page

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type: **004**

Date of Disbursement: MM / DD / YYYY  
07 / 01 / 2021

FEC Identification Number: **C**

Transaction ID : **SB21B-66938**

Amount of Each Disbursement this Period: 127.20

Invoice paid from STEPHANIE MASTROIANNI personal account.

Memo Item

Full Name (Last, First, Middle Initial)

**C. Unbounce**

Mailing Address 401 West Georgia Street

City Vancouver State ZZ Zip Code V6B5A1

Purpose of Disbursement Website landing page

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type: **004**

Date of Disbursement: MM / DD / YYYY  
08 / 01 / 2021

FEC Identification Number: **C**

Transaction ID : **SB21B-66938**

Amount of Each Disbursement this Period: 127.20

Invoice paid from STEPHANIE MASTROIANNI personal account.

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 1508.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UNITED WOMEN'S HEALTH ALLIANCE PAC**

Full Name (Last, First, Middle Initial)

**A. Unbounce**

Mailing Address 401 West Georgia Street

City Vancouver State ZZ Zip Code V6B5A1

Purpose of Disbursement Website landing page  
Candidate Name  
Category/Type 004

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement  
MM / DD / YYYY  
09 / 01 / 2021

FEC Identification Number  
C  
Transaction ID : SB21B-47836  
Amount of Each Disbursement this Period  
127.20

Memo Item INVOICE BEING REIMBURSED.  
Orig invoice date: 2021-03-18

Full Name (Last, First, Middle Initial)

**B. Unbounce**

Mailing Address 401 West Georgia Street

City Vancouver State ZZ Zip Code V6B5A1

Purpose of Disbursement Website landing page  
Candidate Name  
Category/Type 004

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement  
MM / DD / YYYY  
09 / 01 / 2021

FEC Identification Number  
C  
Transaction ID : SB21B-47836  
Amount of Each Disbursement this Period  
127.20

Memo Item INVOICE BEING REIMBURSED.  
Orig invoice date: 2021-03-18

Full Name (Last, First, Middle Initial)

**C. Unbounce**

Mailing Address 401 West Georgia Street

City Vancouver State ZZ Zip Code V6B5A1

Purpose of Disbursement Website landing page  
Candidate Name  
Category/Type 004

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement  
MM / DD / YYYY  
09 / 01 / 2021

FEC Identification Number  
C  
Transaction ID : SB21B-47836  
Amount of Each Disbursement this Period  
127.20

Memo Item INVOICE BEING REIMBURSED.  
Orig invoice date: 2021-04-18

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**UNITED WOMEN'S HEALTH ALLIANCE PAC**

Full Name (Last, First, Middle Initial)

### A. Unbounce

Mailing Address 401 West Georgia Street

City Vancouver State ZZ Zip Code V6B5A1

Purpose of Disbursement Website landing page  
Candidate Name  
Category/Type 004

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement  
MM / DD / YYYY  
09 / 01 / 2021

FEC Identification Number  
C  
Transaction ID : SB21B-47837  
Amount of Each Disbursement this Period  
127.20

Memo Item INVOICE BEING REIMBURSED.  
Orig invoice date: 2021-05-18

Full Name (Last, First, Middle Initial)

### B. Unbounce

Mailing Address 401 West Georgia Street

City Vancouver State ZZ Zip Code V6B5A1

Purpose of Disbursement Website landing page  
Candidate Name  
Category/Type 004

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement  
MM / DD / YYYY  
09 / 01 / 2021

FEC Identification Number  
C  
Transaction ID : SB21B-47837  
Amount of Each Disbursement this Period  
117.56

Memo Item INVOICE BEING REIMBURSED.  
Orig invoice date: 2021-06-18

Full Name (Last, First, Middle Initial)

### C. Unbounce

Mailing Address 401 West Georgia Street

City Vancouver State ZZ Zip Code V6B5A1

Purpose of Disbursement Website landing page  
Candidate Name  
Category/Type 004

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement  
MM / DD / YYYY  
09 / 01 / 2021

FEC Identification Number  
C  
Transaction ID : SB21B-47837  
Amount of Each Disbursement this Period  
127.20

Memo Item INVOICE BEING REIMBURSED.  
Orig invoice date: 2021-01-18

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**UNITED WOMEN'S HEALTH ALLIANCE PAC**

Full Name (Last, First, Middle Initial)

**A. Unbounce**

Mailing Address 401 West Georgia Street

City Vancouver State ZZ Zip Code V6B5A1

Purpose of Disbursement Website landing page  
Candidate Name  
Category/Type 004

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement  
MM / DD / YYYY  
09 / 01 / 2021

FEC Identification Number  
C  
Transaction ID : SB21B-66938  
Amount of Each Disbursement this Period  
127.20

Memo Item Invoice paid from STEPHANIE MASTROIANNI personal account.

Full Name (Last, First, Middle Initial)

**B. Unbounce**

Mailing Address 401 West Georgia Street

City Vancouver State ZZ Zip Code V6B5A1

Purpose of Disbursement Website landing page  
Candidate Name  
Category/Type 004

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement  
MM / DD / YYYY  
09 / 01 / 2021

FEC Identification Number  
C  
Transaction ID : SB21B-47836  
Amount of Each Disbursement this Period  
127.20

Memo Item INVOICE BEING REIMBURSED. Orig invoice date: 2021-02-18

Full Name (Last, First, Middle Initial)

**C. Unbounce**

Mailing Address 401 West Georgia Street

City Vancouver State ZZ Zip Code V6B5A1

Purpose of Disbursement Website landing page  
Candidate Name  
Category/Type 004

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement  
MM / DD / YYYY  
09 / 01 / 2021

FEC Identification Number  
C  
Transaction ID : SB21B-47836  
Amount of Each Disbursement this Period  
127.20

Memo Item INVOICE BEING REIMBURSED. Orig invoice date: 2021-02-18

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**UNITED WOMEN'S HEALTH ALLIANCE PAC**

Full Name (Last, First, Middle Initial)

**A. Unbounce**

Mailing Address 401 West Georgia Street

City Vancouver State ZZ Zip Code V6B5A1

Purpose of Disbursement Website landing page

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-66938**  
Amount of Each Disbursement this Period

Memo Item Invoice paid from STEPHANIE MASTROIANNI personal account.

Full Name (Last, First, Middle Initial)

**B. Unbounce**

Mailing Address 401 West Georgia Street

City Vancouver State ZZ Zip Code V6B5A1

Purpose of Disbursement Website landing page

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-66938**  
Amount of Each Disbursement this Period

Memo Item Invoice paid from STEPHANIE MASTROIANNI personal account.

Full Name (Last, First, Middle Initial)

**C. Unbounce**

Mailing Address 401 West Georgia Street

City Vancouver State ZZ Zip Code V6B5A1

Purpose of Disbursement Website landing page

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-66938**  
Amount of Each Disbursement this Period

Memo Item Invoice paid from STEPHANIE MASTROIANNI personal account.

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**UNITED WOMEN'S HEALTH ALLIANCE PAC**

Full Name (Last, First, Middle Initial)

**A. UPS STORE 2016**

Mailing Address 2021 L St NW  
Ste 101

City Washington State DC Zip Code 20036

Purpose of Disbursement Postage Category/Type **001**

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-34448**  
Amount of Each Disbursement this Period

Memo Item INVOICE BEING REIMBURSED.  
Orig invoice date: 2020-11-15

Full Name (Last, First, Middle Initial)

**B. VoIPster Communications**

Mailing Address 11400 Decimal Dr #1003

City Louisville State KY Zip Code 40299

Purpose of Disbursement Carrier Minutes Category/Type **003**

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-54752**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement Category/Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 277 OF 325
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)  
**UNITED WOMEN'S HEALTH ALLIANCE PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Mastroianni, Stephanie, , ,</b>			Nature of Debt (Purpose): Advance for various legal, administrative
Mailing Address 2021 L St NW Ste 101-193			
City Washington	State DC	Zip Code 20036	

Outstanding Balance Beginning This Period	Transaction ID : SD-S471215	
15156.87		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
763.20	13000.00	2920.07

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>LIVE TRANSFERS AND DONOR CREATION LLC</b>			Nature of Debt (Purpose): Telephone fundraising
Mailing Address 1607 Ponce de Leon ave Suite GM8			
City SAN JUAN	State PR	Zip Code 00909	

Outstanding Balance Beginning This Period	Transaction ID : SD-S858072	
0.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
32894.96	0.00	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		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	35815.03
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	35815.03
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	35815.03

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
FEC IDENTIFICATION NUMBER C C00755694

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Invoice paid after close of books
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 12/22/2021
Amount 949.89
Transaction ID: SE-S631949
Date of Disbursement or Obligation

Name of Federal Candidate: CORNYN, JOHN, , Sen.
Support Oppose
Office Sought: House District: 00
President Senate State: TX
Calendar Year-To-Date Per Election for Office Sought 10942.79
Disbursement For: Primary General 2026 Other (specify)

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Invoice paid after close of books
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 12/22/2021
Amount 949.89
Transaction ID: SE-S631951
Date of Disbursement or Obligation

Name of Federal Candidate: TILLIS, THOM, R., Sen.
Support Oppose
Office Sought: House District: 00
President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 10942.76
Disbursement For: Primary General 2026 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MASTROIANNI, STEPHANIE, ,

[Electronically Filed]

Date 12/15/2021

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
FEC IDENTIFICATION NUMBER C C00755694

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Invoice paid after close of books
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 12/22/2021
Amount 949.89
Transaction ID : SE-S631953
Date of Disbursement or Obligation

Name of Federal Candidate: LAWRENCE, BRENDA, LULENAR,
Support Oppose
Office Sought: House District: 14 State: MI
Disbursement For: Primary General 2022 Other (specify)

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Invoice paid after close of books
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 12/22/2021
Amount 949.89
Transaction ID : SE-S631955
Date of Disbursement or Obligation

Name of Federal Candidate: LESKO, DEBBIE,
Support Oppose
Office Sought: House District: 08 State: AZ
Disbursement For: Primary General 2022 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MASTROIANNI, STEPHANIE, ,

[Electronically Filed]

Date 12/15/2021

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
FEC IDENTIFICATION NUMBER C C00755694

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Invoice paid after close of books
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 12/22/2021
Amount 949.89
Transaction ID : SE-S631957
Date of Disbursement or Obligation

Name of Federal Candidate: SHAHEEN, JEANNE, , ,
Support Oppose
Office Sought: House District: 00
President Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 10942.77
Disbursement For: Primary General 2026
Other (specify)

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Invoice paid after close of books
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 12/22/2021
Amount 949.89
Transaction ID : SE-S631959
Date of Disbursement or Obligation

Name of Federal Candidate: BLUNT, ROY, , ,
Support Oppose
Office Sought: House District: 00
President Senate State: MO
Calendar Year-To-Date Per Election for Office Sought 10942.80
Disbursement For: Primary General 2022
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MASTROIANNI, STEPHANIE, , ,

[Electronically Filed]

Date

12/15/2021

Signature



SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
FEC IDENTIFICATION NUMBER C C00755694

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC Memo Item
Invoice paid after close of books

Date of Public Distribution/Dissemination 12 / 22 / 2021

Mailing Address 1607 Ponce de Leon ave Suite GM8

Amount 949.89

City SAN JUAN State PR Zip Code 00909

Transaction ID : SE-S631961 Date of Disbursement or Obligation

Purpose of Expenditure Telephone Fundraising Category/Type 004

Name of Federal Candidate: MURRAY, PATTY, , , Support Oppose

Office Sought: House District: 00 President Senate State: WA

Calendar Year-To-Date Per Election for Office Sought 10942.79

Disbursement For: Primary General 2022 Other (specify)

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC Memo Item
Invoice paid after close of books

Date of Public Distribution/Dissemination 12 / 22 / 2021

Mailing Address 1607 Ponce de Leon ave Suite GM8

Amount 949.89

City SAN JUAN State PR Zip Code 00909

Transaction ID : SE-S631963 Date of Disbursement or Obligation

Purpose of Expenditure Telephone Fundraising Category/Type 004

Name of Federal Candidate: VAN HOLLEN, CHRIS, , , Support Oppose

Office Sought: House District: 00 President Senate State: MD

Calendar Year-To-Date Per Election for Office Sought 10942.79

Disbursement For: Primary General 2022 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MASTROIANNI, STEPHANIE, , , [Electronically Filed] Date 12 / 15 / 2021
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
FEC IDENTIFICATION NUMBER C C00755694

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Invoice paid after close of books
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Name of Federal Candidate: CORNYN, JOHN, , Sen, Support
Office Sought: Senate State: TX
Calendar Year-To-Date Per Election for Office Sought 11888.36
Disbursement For: Primary

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Invoice paid after close of books
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Name of Federal Candidate: TILLIS, THOM, R., Sen, Support
Office Sought: Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 11888.33
Disbursement For: Primary

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MASTROIANNI, STEPHANIE, , [Electronically Filed] Date 12 / 22 / 2021
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
FEC IDENTIFICATION NUMBER C C00755694

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Invoice paid after close of books
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 12/29/2021
Amount 945.57
Transaction ID: SE-S631969
Date of Disbursement or Obligation

Name of Federal Candidate: LAWRENCE, BRENDA, LULENAR,
Support Oppose
Office Sought: House District: 14 State: MI
Disbursement For: Primary General 2022 Other (specify)

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Invoice paid after close of books
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 12/29/2021
Amount 945.57
Transaction ID: SE-S631971
Date of Disbursement or Obligation

Name of Federal Candidate: LESKO, DEBBIE,
Support Oppose
Office Sought: House District: 08 State: AZ
Disbursement For: Primary General 2022 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MASTROIANNI, STEPHANIE, ,

[Electronically Filed]

Date 12/22/2021

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
FEC IDENTIFICATION NUMBER C C00755694

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Invoice paid after close of books
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 12/29/2021
Amount 945.57
Transaction ID : SE-S631973
Date of Disbursement or Obligation

Name of Federal Candidate: SHAHEEN, JEANNE, , ,
Support Oppose
Office Sought: House District: 00
President Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 11888.34
Disbursement For: Primary General 2026
Other (specify)

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Invoice paid after close of books
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 12/29/2021
Amount 945.57
Transaction ID : SE-S631975
Date of Disbursement or Obligation

Name of Federal Candidate: BLUNT, ROY, , ,
Support Oppose
Office Sought: House District: 00
President Senate State: MO
Calendar Year-To-Date Per Election for Office Sought 11888.37
Disbursement For: Primary General 2022
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MASTROIANNI, STEPHANIE, , ,

[Electronically Filed]

Date 12/22/2021

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
FEC IDENTIFICATION NUMBER C C00755694

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Invoice paid after close of books
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004

Date of Public Distribution/Dissemination 12/29/2021
Amount 945.57
Transaction ID: SE-S631977
Date of Disbursement or Obligation

Name of Federal Candidate: MURRAY, PATTY, , ,
Support Oppose
Office Sought: House Senate State: WA

Disbursement For: Primary General
2022 Other (specify)

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Invoice paid after close of books
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004

Date of Public Distribution/Dissemination 12/29/2021
Amount 945.57
Transaction ID: SE-S631979
Date of Disbursement or Obligation

Name of Federal Candidate: VAN HOLLEN, CHRIS, , ,
Support Oppose
Office Sought: House Senate State: MD

Disbursement For: Primary General
2022 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MASTROIANNI, STEPHANIE, , , [Electronically Filed] Date 12/22/2021
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
FEC IDENTIFICATION NUMBER C C00755694

Check if 24-hour report 48-hour report New report Amends report filed on 10/13/2021

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 10/13/2021
Amount 1375.00
Transaction ID : SE-S431194
Date of Disbursement or Obligation 10/06/2021

Name of Federal Candidate: CORNYN, JOHN, , Sen,
Support Oppose
Office Sought: House District: 00
President Senate State: TX
Calendar Year-To-Date Per Election for Office Sought 1375.00
Disbursement For: Primary General 2026 Other (specify)

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 10/13/2021
Amount 1375.00
Transaction ID : SE-S431196
Date of Disbursement or Obligation 10/06/2021

Name of Federal Candidate: TILLIS, THOM, R., Sen,
Support Oppose
Office Sought: House District: 00
President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1375.00
Disbursement For: Primary General 2026 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 2750.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MASTROIANNI, STEPHANIE, ,

[Electronically Filed]

Date 10/13/2021

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
FEC IDENTIFICATION NUMBER C C00755694

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 10/13/2021
Amount 1375.00
Transaction ID: SE-S431198
Date of Disbursement or Obligation 10/06/2021

Name of Federal Candidate: LAWRENCE, BRENDA, LULENAR,
Support Oppose
Office Sought: House District: 14 State: MI
Disbursement For: Primary General 2022 Other (specify)

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 10/13/2021
Amount 1375.00
Transaction ID: SE-S431200
Date of Disbursement or Obligation 10/06/2021

Name of Federal Candidate: LESKO, DEBBIE,
Support Oppose
Office Sought: House District: 08 State: AZ
Disbursement For: Primary General 2022 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 2750.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MASTROIANNI, STEPHANIE, , ,

[Electronically Filed]

Date 10/13/2021

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
FEC IDENTIFICATION NUMBER C C00755694

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 10/13/2021
Amount 1375.00
Transaction ID : SE-S431202
Date of Disbursement or Obligation 10/06/2021

Name of Federal Candidate: SHAHEEN, JEANNE, , ,
Support Oppose
Office Sought: House District: 00
President Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 1375.00
Disbursement For: Primary General 2026
Other (specify)

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 10/13/2021
Amount 1375.00
Transaction ID : SE-S431204
Date of Disbursement or Obligation 10/06/2021

Name of Federal Candidate: BLUNT, ROY, , ,
Support Oppose
Office Sought: House District: 00
President Senate State: MO
Calendar Year-To-Date Per Election for Office Sought 1375.00
Disbursement For: Primary General 2022
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 2750.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MASTROIANNI, STEPHANIE, , ,

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Date 10/13/2021

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
FEC IDENTIFICATION NUMBER C C00755694

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 10/13/2021
Amount 1375.00
Transaction ID: SE-S431206
Date of Disbursement or Obligation 10/06/2021

Name of Federal Candidate: MURRAY, PATTY, , ,
Support Oppose
Office Sought: House Senate State: WA
Disbursement For: Primary General 2022 Other (specify)

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 10/13/2021
Amount 1375.00
Transaction ID: SE-S431208
Date of Disbursement or Obligation 10/06/2021

Name of Federal Candidate: VAN HOLLEN, CHRIS, , ,
Support Oppose
Office Sought: House Senate State: MD
Disbursement For: Primary General 2022 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 2750.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MASTROIANNI, STEPHANIE, , ,

[Electronically Filed]

Date 10/13/2021

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
FEC IDENTIFICATION NUMBER C C00755694

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004

Date of Public Distribution/Dissemination 10/20/2021
Amount 1400.25
Transaction ID: SE-S431107
Date of Disbursement or Obligation 10/13/2021

Name of Federal Candidate: CORNYN, JOHN, , Sen,
Support Oppose
Office Sought: House Senate TX
Disbursement For: Primary General 2026

Calendar Year-To-Date Per Election for Office Sought 2775.26
Disbursement For: Primary General 2026

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004

Date of Public Distribution/Dissemination 10/20/2021
Amount 1400.25
Transaction ID: SE-S431109
Date of Disbursement or Obligation 10/13/2021

Name of Federal Candidate: TILLIS, THOM, R., Sen,
Support Oppose
Office Sought: House Senate NC
Disbursement For: Primary General 2026

Calendar Year-To-Date Per Election for Office Sought 2775.25
Disbursement For: Primary General 2026

(a) SUBTOTAL of Itemized Independent Expenditures 2800.50
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MASTROIANNI, STEPHANIE, , [Electronically Filed] Date 10/20/2021
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
FEC IDENTIFICATION NUMBER C C00755694

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 10/20/2021
Amount 1400.25
Transaction ID : SE-S431111
Date of Disbursement or Obligation 10/13/2021

Name of Federal Candidate: LAWRENCE, BRENDA, LULENAR,
Support Oppose
Office Sought: House District: 14 State: MI
Disbursement For: Primary General 2022 Other (specify)

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 10/20/2021
Amount 1400.25
Transaction ID : SE-S431113
Date of Disbursement or Obligation 10/13/2021

Name of Federal Candidate: LESKO, DEBBIE,
Support Oppose
Office Sought: House District: 08 State: AZ
Disbursement For: Primary General 2022 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 2800.50
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MASTROIANNI, STEPHANIE, , ,

[Electronically Filed]

Date 10/20/2021

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
FEC IDENTIFICATION NUMBER C C00755694

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 10/20/2021
Amount 1400.25
Transaction ID: SE-S431115
Date of Disbursement or Obligation 10/13/2021

Name of Federal Candidate: SHAHEEN, JEANNE, , ,
Support Oppose
Office Sought: House District: 00
President Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 2775.25
Disbursement For: Primary General 2026 Other (specify)

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 10/20/2021
Amount 1400.25
Transaction ID: SE-S431117
Date of Disbursement or Obligation 10/13/2021

Name of Federal Candidate: BLUNT, ROY, , ,
Support Oppose
Office Sought: House District: 00
President Senate State: MO
Calendar Year-To-Date Per Election for Office Sought 2775.26
Disbursement For: Primary General 2022 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 2800.50
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MASTROIANNI, STEPHANIE, , ,

[Electronically Filed]

Date 10/20/2021

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
FEC IDENTIFICATION NUMBER C C00755694

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 10/20/2021
Amount 1400.25
Transaction ID: SE-S431119
Date of Disbursement or Obligation 10/13/2021

Name of Federal Candidate: MURRAY, PATTY, , ,
Support Oppose
Office Sought: House District: 00
President Senate State: WA
Calendar Year-To-Date Per Election for Office Sought 2775.25
Disbursement For: Primary General 2022 Other (specify)

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 10/20/2021
Amount 1400.25
Transaction ID: SE-S431121
Date of Disbursement or Obligation 10/13/2021

Name of Federal Candidate: VAN HOLLEN, CHRIS, , ,
Support Oppose
Office Sought: House District: 00
President Senate State: MD
Calendar Year-To-Date Per Election for Office Sought 2775.25
Disbursement For: Primary General 2022 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 2800.50
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MASTROIANNI, STEPHANIE, , ,

[Electronically Filed]

Date 10/20/2021

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
FEC IDENTIFICATION NUMBER C C00755694

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 11/03/2021
Amount 1287.79
Transaction ID : SE-S434145
Date of Disbursement or Obligation 10/27/2021

Name of Federal Candidate: CORNYN, JOHN, , Sen,
Support Oppose
Office Sought: House Senate State: TX
Disbursement For: Primary General 2026 Other (specify)

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 11/03/2021
Amount 1287.79
Transaction ID : SE-S434147
Date of Disbursement or Obligation 10/27/2021

Name of Federal Candidate: TILLIS, THOM, R., Sen,
Support Oppose
Office Sought: House Senate State: NC
Disbursement For: Primary General 2026 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 2575.58
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MASTROIANNI, STEPHANIE, , [Electronically Filed] Date 11/03/2021
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
FEC IDENTIFICATION NUMBER C C00755694

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 11/03/2021
Amount 1287.79
Transaction ID : SE-S434149
Date of Disbursement or Obligation 10/27/2021

Name of Federal Candidate: LAWRENCE, BRENDA, LULENAR,
Support Oppose
Office Sought: House District: 14 State: MI
Disbursement For: Primary General 2022 Other (specify)

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 11/03/2021
Amount 1287.79
Transaction ID : SE-S434151
Date of Disbursement or Obligation 10/27/2021

Name of Federal Candidate: LESKO, DEBBIE,
Support Oppose
Office Sought: House District: 08 State: AZ
Disbursement For: Primary General 2022 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 2575.58
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MASTROIANNI, STEPHANIE,
[Electronically Filed]
Date 11/03/2021
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
FEC IDENTIFICATION NUMBER C C00755694

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004

Date of Public Distribution/Dissemination 11/03/2021
Amount 1287.79
Transaction ID: SE-S434153
Date of Disbursement or Obligation 10/27/2021

Name of Federal Candidate: SHAHEEN, JEANNE, , ,
Support Oppose
Calendar Year-To-Date Per Election for Office Sought 4063.04

Office Sought: House District: 00
President Senate State: NH
Disbursement For: Primary General 2026 Other (specify)

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004

Date of Public Distribution/Dissemination 11/03/2021
Amount 1287.80
Transaction ID: SE-S434155
Date of Disbursement or Obligation 10/27/2021

Name of Federal Candidate: BLUNT, ROY, , ,
Support Oppose
Calendar Year-To-Date Per Election for Office Sought 4063.06

Office Sought: House District: 00
President Senate State: MO
Disbursement For: Primary General 2022 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 2575.59
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MASTROIANNI, STEPHANIE, , ,

[Electronically Filed]

Date 11/03/2021

Signature



SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
FEC IDENTIFICATION NUMBER C C00755694

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 11/03/2021
Amount 1287.80
Transaction ID: SE-S434157
Date of Disbursement or Obligation 10/27/2021

Name of Federal Candidate: MURRAY, PATTY, , ,
Support Oppose
Office Sought: House Senate State: WA
District: 00
Disbursement For: Primary General 2022 Other (specify)

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 11/03/2021
Amount 1287.80
Transaction ID: SE-S434159
Date of Disbursement or Obligation 10/27/2021

Name of Federal Candidate: VAN HOLLEN, CHRIS, , ,
Support Oppose
Office Sought: House Senate State: MD
District: 00
Disbursement For: Primary General 2022 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 2575.60
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MASTROIANNI, STEPHANIE, , ,

[Electronically Filed]

Date 11/03/2021

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
FEC IDENTIFICATION NUMBER C C00755694

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 11/17/2021
Amount 1120.60
Transaction ID: SE-S434177
Date of Disbursement or Obligation 11/03/2021

Name of Federal Candidate: CORNYN, JOHN, , Sen.
Support Oppose
Office Sought: House Senate TX
Disbursement For: Primary General 2026

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 11/17/2021
Amount 1120.59
Transaction ID: SE-S434179
Date of Disbursement or Obligation 11/03/2021

Name of Federal Candidate: TILLIS, THOM, R., Sen.
Support Oppose
Office Sought: House Senate NC
Disbursement For: Primary General 2026

(a) SUBTOTAL of Itemized Independent Expenditures 2241.19
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MASTROIANNI, STEPHANIE, ,

[Electronically Filed]

Signature

Date 11/17/2021

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
FEC IDENTIFICATION NUMBER C C00755694

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 11/17/2021
Amount 1120.59
Transaction ID: SE-S434181
Date of Disbursement or Obligation 11/03/2021

Name of Federal Candidate: LAWRENCE, BRENDA, LULENAR,
Support Oppose
Office Sought: House District: 14 State: MI
Disbursement For: Primary General 2022 Other (specify)

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 11/17/2021
Amount 1120.59
Transaction ID: SE-S434183
Date of Disbursement or Obligation 11/03/2021

Name of Federal Candidate: LESKO, DEBBIE,
Support Oppose
Office Sought: House District: 08 State: AZ
Disbursement For: Primary General 2022 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 2241.18
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MASTROIANNI, STEPHANIE,
[Electronically Filed]
Date 11/17/2021
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
FEC IDENTIFICATION NUMBER C C00755694

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 11/17/2021
Amount 1120.60
Transaction ID: SE-S434185
Date of Disbursement or Obligation 11/03/2021

Name of Federal Candidate: SHAHEEN, JEANNE, , ,
Support Oppose
Office Sought: House District: 00
President Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 6223.74
Disbursement For: Primary General 2026
Other (specify)

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 11/17/2021
Amount 1120.60
Transaction ID: SE-S434187
Date of Disbursement or Obligation 11/03/2021

Name of Federal Candidate: BLUNT, ROY, , ,
Support Oppose
Office Sought: House District: 00
President Senate State: MO
Calendar Year-To-Date Per Election for Office Sought 6223.76
Disbursement For: Primary General 2022
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 2241.20
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MASTROIANNI, STEPHANIE, , ,

[Electronically Filed]

Signature

Date

11/17/2021

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
FEC IDENTIFICATION NUMBER C C00755694

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 11/17/2021
Amount 1120.60
Transaction ID: SE-S434189
Date of Disbursement or Obligation 11/03/2021

Name of Federal Candidate: MURRAY, PATTY, , ,
Support Oppose
Office Sought: House Senate State: WA
Disbursement For: Primary General 2022 Other (specify)

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 11/17/2021
Amount 1120.60
Transaction ID: SE-S434191
Date of Disbursement or Obligation 11/03/2021

Name of Federal Candidate: VAN HOLLEN, CHRIS, , ,
Support Oppose
Office Sought: House Senate State: MD
Disbursement For: Primary General 2022 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 2241.20
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MASTROIANNI, STEPHANIE, , , [Electronically Filed] Date 11/17/2021
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
UNITED WOMEN'S HEALTH ALLIANCE PAC
FEC IDENTIFICATION NUMBER
C C00755694

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address
1607 Ponce de Leon ave
Suite GM8
City
SAN JUAN State
PR Zip Code
00909
Purpose of Expenditure
Telephone Fundraising
Category/Type
004

Date of Public Distribution/Dissemination
11 / 17 / 2021
Amount
1040.10
Transaction ID : SE-S434193
Date of Disbursement or Obligation
11 / 10 / 2021

Name of Federal Candidate:
CORNYN, JOHN, , Sen,
Support
Office Sought:
House
District: 00
Senate
State: TX

Disbursement For:
Primary
General
Other (specify)

Full Name of Payee
LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address
1607 Ponce de Leon ave
Suite GM8
City
SAN JUAN State
PR Zip Code
00909
Purpose of Expenditure
Telephone Fundraising
Category/Type
004

Date of Public Distribution/Dissemination
11 / 17 / 2021
Amount
1040.09
Transaction ID : SE-S434195
Date of Disbursement or Obligation
11 / 10 / 2021

Name of Federal Candidate:
TILLIS, THOM, R., Sen,
Support
Office Sought:
House
District: 00
Senate
State: NC

Disbursement For:
Primary
General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures ..... 2080.19
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures .....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MASTROIANNI, STEPHANIE, , , [Electronically Filed]
Signature Date 11 / 17 / 2021

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
FEC IDENTIFICATION NUMBER C C00755694

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 11/17/2021
Amount 1040.09
Transaction ID : SE-S434197
Date of Disbursement or Obligation 11/10/2021

Name of Federal Candidate: LAWRENCE, BRENDA, LULENAR,
Support Oppose
Office Sought: House District: 14 State: MI
Disbursement For: Primary General 2022 Other (specify)

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 11/17/2021
Amount 1040.09
Transaction ID : SE-S434199
Date of Disbursement or Obligation 11/10/2021

Name of Federal Candidate: LESKO, DEBBIE,
Support Oppose
Office Sought: House District: 08 State: AZ
Disbursement For: Primary General 2022 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 2080.18
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MASTROIANNI, STEPHANIE,
[Electronically Filed]
Date 11/17/2021
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
FEC IDENTIFICATION NUMBER C C00755694

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 11/17/2021
Amount 1040.10
Transaction ID : SE-S434201
Date of Disbursement or Obligation 11/10/2021

Name of Federal Candidate: SHAHEEN, JEANNE, , ,
Support Oppose
Office Sought: House District: 00
President Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 6223.74
Disbursement For: Primary General 2026
Other (specify)

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 11/17/2021
Amount 1040.10
Transaction ID : SE-S434203
Date of Disbursement or Obligation 11/10/2021

Name of Federal Candidate: BLUNT, ROY, , ,
Support Oppose
Office Sought: House District: 00
President Senate State: MO
Calendar Year-To-Date Per Election for Office Sought 6223.76
Disbursement For: Primary General 2022
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 2080.20
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MASTROIANNI, STEPHANIE, , , [Electronically Filed]
Signature Date 11/17/2021



SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
FEC IDENTIFICATION NUMBER C C00755694

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 11/17/2021
Amount 1040.10
Transaction ID : SE-S434205
Date of Disbursement or Obligation 11/10/2021

Name of Federal Candidate: MURRAY, PATTY, , ,
Support Oppose
Office Sought: House District: 00
President Senate State: WA
Calendar Year-To-Date Per Election for Office Sought 6223.75
Disbursement For: Primary General 2022 Other (specify)

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 11/17/2021
Amount 1040.10
Transaction ID : SE-S434207
Date of Disbursement or Obligation 11/10/2021

Name of Federal Candidate: VAN HOLLEN, CHRIS, , ,
Support Oppose
Office Sought: House District: 00
President Senate State: MD
Calendar Year-To-Date Per Election for Office Sought 6223.75
Disbursement For: Primary General 2022 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 2080.20
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MASTROIANNI, STEPHANIE, , ,

[Electronically Filed]

Date 11/17/2021

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
FEC IDENTIFICATION NUMBER C C00755694

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 11/24/2021
Amount 909.84
Transaction ID : SE-S434209
Date of Disbursement or Obligation 11/17/2021

Name of Federal Candidate: CORNYN, JOHN, , Sen,
Support Oppose
Office Sought: House Senate TX
Disbursement For: Primary General 2026

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 11/24/2021
Amount 909.84
Transaction ID : SE-S434211
Date of Disbursement or Obligation 11/17/2021

Name of Federal Candidate: TILLIS, THOM, R., Sen,
Support Oppose
Office Sought: House Senate NC
Disbursement For: Primary General 2026

(a) SUBTOTAL of Itemized Independent Expenditures 1819.68
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MASTROIANNI, STEPHANIE, ,

[Electronically Filed]

Date 11/24/2021

Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>UNITED WOMEN'S HEALTH ALLIANCE PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.5em; font-weight: bold; margin-right: 5px;">C</span> C00755694                 </div>
--	---

Check if  24-hour report  48-hour report ▶  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item <b>LIVE TRANSFERS AND DONOR CREATION LLC</b>			Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 11 / 24 / 2021		
Mailing Address 1607 Ponce de Leon ave Suite GM8			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">                     909.84                 </div>		
City SAN JUAN	State PR	Zip Code 00909			
Purpose of Expenditure Telephone Fundraising		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>	Transaction ID : <b>SE-S434213</b> Date of Disbursement or Obligation <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 11 / 17 / 2021		
Name of Federal Candidate: LAWRENCE, BRENDA, LULENAR, ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: <u>14</u> State: <u>MI</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">7133.56</span>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <input type="checkbox"/> Memo Item <b>LIVE TRANSFERS AND DONOR CREATION LLC</b>			Date of Public Distribution/Dissemination <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 11 / 24 / 2021		
Mailing Address 1607 Ponce de Leon ave Suite GM8			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">                     909.84                 </div>		
City SAN JUAN	State PR	Zip Code 00909			
Purpose of Expenditure Telephone Fundraising		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>	Transaction ID : <b>SE-S434215</b> Date of Disbursement or Obligation <span style="font-size: 1.2em;">M M / D D / Y Y Y Y Y Y</span> 11 / 17 / 2021		
Name of Federal Candidate: LESKO, DEBBIE, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: <u>08</u> State: <u>AZ</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">7133.56</span>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">                 1819.68             </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;">                 _____             </div>
<b>(c) TOTAL</b> Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;">                 _____             </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

\_\_\_\_\_  
 Signature
 

 [Electronically Filed]
 

 Date M M / D D / Y Y Y Y Y Y  
 11 / 24 / 2021

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
FEC IDENTIFICATION NUMBER C C00755694

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 11/24/2021
Amount 909.84
Transaction ID: SE-S434217
Date of Disbursement or Obligation 11/17/2021

Name of Federal Candidate: SHAHEEN, JEANNE, , ,
Support Oppose
Office Sought: House Senate State: NH
Disbursement For: Primary General 2026

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 11/24/2021
Amount 909.85
Transaction ID: SE-S434219
Date of Disbursement or Obligation 11/17/2021

Name of Federal Candidate: BLUNT, ROY, , ,
Support Oppose
Office Sought: House Senate State: MO
Disbursement For: Primary General 2022

(a) SUBTOTAL of Itemized Independent Expenditures 1819.69
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MASTROIANNI, STEPHANIE, , , [Electronically Filed]
Signature

Date 11/24/2021

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
FEC IDENTIFICATION NUMBER C C00755694

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 11/24/2021
Amount 909.85
Transaction ID : SE-S434221
Date of Disbursement or Obligation 11/17/2021

Name of Federal Candidate: MURRAY, PATTY, , ,
Support Oppose
Office Sought: House Senate State: WA
District: 00
Disbursement For: Primary General 2022 Other (specify)

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 11/24/2021
Amount 909.85
Transaction ID : SE-S434223
Date of Disbursement or Obligation 11/17/2021

Name of Federal Candidate: VAN HOLLEN, CHRIS, , ,
Support Oppose
Office Sought: House Senate State: MD
District: 00
Disbursement For: Primary General 2022 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1819.70
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MASTROIANNI, STEPHANIE, , , [Electronically Filed]
Signature

Date 11/24/2021

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
FEC IDENTIFICATION NUMBER C C00755694

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 12/01/2021
Amount 909.85
Transaction ID: SE-S434225
Date of Disbursement or Obligation 11/24/2021

Name of Federal Candidate: CORNYN, JOHN, , Sen.
Support Oppose
Office Sought: House Senate TX
Disbursement For: Primary General 2026

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 12/01/2021
Amount 909.85
Transaction ID: SE-S434227
Date of Disbursement or Obligation 11/24/2021

Name of Federal Candidate: TILLIS, THOM, R., Sen.
Support Oppose
Office Sought: House Senate NC
Disbursement For: Primary General 2026

(a) SUBTOTAL of Itemized Independent Expenditures 1819.70
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MASTROIANNI, STEPHANIE, ,

[Electronically Filed]

Date 11/29/2021

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
FEC IDENTIFICATION NUMBER C C00755694

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 12/01/2021
Amount 909.85
Transaction ID : SE-S434229
Date of Disbursement or Obligation 11/24/2021

Name of Federal Candidate: LAWRENCE, BRENDA, LULENAR,
Support Oppose
Office Sought: House District: 14 State: MI
Disbursement For: Primary General 2022 Other (specify)

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 12/01/2021
Amount 909.84
Transaction ID : SE-S434231
Date of Disbursement or Obligation 11/24/2021

Name of Federal Candidate: LESKO, DEBBIE,
Support Oppose
Office Sought: House District: 08 State: AZ
Disbursement For: Primary General 2022 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1819.69
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MASTROIANNI, STEPHANIE, ,

[Electronically Filed]

Date 11/29/2021

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
FEC IDENTIFICATION NUMBER C C00755694

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 12/01/2021
Amount 909.84
Transaction ID: SE-S434233
Date of Disbursement or Obligation 11/24/2021

Name of Federal Candidate: SHAHEEN, JEANNE, , ,
Support Oppose
Office Sought: House District: 00
President Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 8043.42
Disbursement For: Primary General 2026
Other (specify)

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 12/01/2021
Amount 909.84
Transaction ID: SE-S434235
Date of Disbursement or Obligation 11/24/2021

Name of Federal Candidate: BLUNT, ROY, , ,
Support Oppose
Office Sought: House District: 00
President Senate State: MO
Calendar Year-To-Date Per Election for Office Sought 8043.45
Disbursement For: Primary General 2022
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1819.68
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MASTROIANNI, STEPHANIE, , ,

[Electronically Filed]

Date 11/29/2021

Signature



SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
FEC IDENTIFICATION NUMBER C C00755694

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 12/01/2021
Amount 909.84
Transaction ID : SE-S434237
Date of Disbursement or Obligation 11/24/2021

Name of Federal Candidate: MURRAY, PATTY, , ,
Support Oppose
Office Sought: House Senate State: WA
District: 00
Disbursement For: Primary General 2022 Other (specify)

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 12/01/2021
Amount 909.84
Transaction ID : SE-S434239
Date of Disbursement or Obligation 11/24/2021

Name of Federal Candidate: VAN HOLLEN, CHRIS, , ,
Support Oppose
Office Sought: House Senate State: MD
District: 00
Disbursement For: Primary General 2022 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1819.68
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MASTROIANNI, STEPHANIE, , , [Electronically Filed]
Signature

Date 11/29/2021

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
FEC IDENTIFICATION NUMBER C C00755694

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 12/08/2021
Amount 980.13
Transaction ID : SE-S434241
Date of Disbursement or Obligation 12/01/2021

Name of Federal Candidate: CORNYN, JOHN, , Sen,
Support Oppose
Office Sought: House Senate TX
Disbursement For: Primary General 2026

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 12/08/2021
Amount 980.13
Transaction ID : SE-S434243
Date of Disbursement or Obligation 12/01/2021

Name of Federal Candidate: TILLIS, THOM, R., Sen,
Support Oppose
Office Sought: House Senate NC
Disbursement For: Primary General 2026

(a) SUBTOTAL of Itemized Independent Expenditures 1960.26
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MASTROIANNI, STEPHANIE, ,

[Electronically Filed]

Date 12/01/2021

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
FEC IDENTIFICATION NUMBER C C00755694

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 12/08/2021
Amount 980.13
Transaction ID : SE-S434245
Date of Disbursement or Obligation 12/01/2021

Name of Federal Candidate: LAWRENCE, BRENDA, LULENAR,
Support Oppose
Office Sought: House District: 14 State: MI
Disbursement For: Primary General 2022 Other (specify)

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 12/08/2021
Amount 980.13
Transaction ID : SE-S434247
Date of Disbursement or Obligation 12/01/2021

Name of Federal Candidate: LESKO, DEBBIE,
Support Oppose
Office Sought: House District: 08 State: AZ
Disbursement For: Primary General 2022 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1960.26
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MASTROIANNI, STEPHANIE,
[Electronically Filed]
Date 12/01/2021
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
FEC IDENTIFICATION NUMBER C C00755694

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 12/08/2021
Amount 980.13
Transaction ID : SE-S434249
Date of Disbursement or Obligation 12/01/2021

Name of Federal Candidate: SHAHEEN, JEANNE, , ,
Support Oppose
Office Sought: House District: 00
President Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 9023.55
Disbursement For: Primary General 2026
Other (specify)

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 12/08/2021
Amount 980.13
Transaction ID : SE-S434251
Date of Disbursement or Obligation 12/01/2021

Name of Federal Candidate: BLUNT, ROY, , ,
Support Oppose
Office Sought: House District: 00
President Senate State: MO
Calendar Year-To-Date Per Election for Office Sought 9023.58
Disbursement For: Primary General 2022
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1960.26
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MASTROIANNI, STEPHANIE, , , [Electronically Filed] Date 12/01/2021
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
FEC IDENTIFICATION NUMBER C C00755694

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Name of Federal Candidate: MURRAY, PATTY, , , Support
Office Sought: Senate State: WA
Calendar Year-To-Date Per Election for Office Sought 9023.57
Disbursement For: Primary

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Name of Federal Candidate: VAN HOLLEN, CHRIS, , , Support
Office Sought: Senate State: MD
Calendar Year-To-Date Per Election for Office Sought 9023.57
Disbursement For: Primary

(a) SUBTOTAL of Itemized Independent Expenditures 1960.26
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MASTROIANNI, STEPHANIE, , ,

[Electronically Filed]

Date 12 / 01 / 2021

Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>UNITED WOMEN'S HEALTH ALLIANCE PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00755694
--	--

Check if  24-hour report  48-hour report  New report Amends report filed on  /  /

Full Name of Payee <input type="checkbox"/> Memo Item <b>LIVE TRANSFERS AND DONOR CREATION LLC</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 1607 Ponce de Leon ave Suite GM8		Amount <input type="text"/>	
City SAN JUAN	State PR	Zip Code 00909	Transaction ID : <b>SE-S631933</b>
Purpose of Expenditure Telephone Fundraising		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: CORNYN, JOHN, , Sen,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>TX</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item <b>LIVE TRANSFERS AND DONOR CREATION LLC</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 1607 Ponce de Leon ave Suite GM8		Amount <input type="text"/>	
City SAN JUAN	State PR	Zip Code 00909	Transaction ID : <b>SE-S631935</b>
Purpose of Expenditure Telephone Fundraising		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: TILLIS, THOM, R., Sen,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	<input type="text"/>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....	<input type="text"/>
(c) <b>TOTAL</b> Independent Expenditures .....	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MASTROIANNI, STEPHANIE, , [Electronically Filed]  
Signature Date  /  /

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
FEC IDENTIFICATION NUMBER C C00755694

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 12/15/2021
Amount 969.33
Transaction ID : SE-S631937
Date of Disbursement or Obligation 12/08/2021

Name of Federal Candidate: LAWRENCE, BRENDA, LULENAR,
Support Oppose
Office Sought: House District: 14 State: MI
Disbursement For: Primary General 2022 Other (specify)

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 12/15/2021
Amount 969.33
Transaction ID : SE-S631939
Date of Disbursement or Obligation 12/08/2021

Name of Federal Candidate: LESKO, DEBBIE,
Support Oppose
Office Sought: House District: 08 State: AZ
Disbursement For: Primary General 2022 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1938.66
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MASTROIANNI, STEPHANIE,
[Electronically Filed]
Date 12/08/2021
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
FEC IDENTIFICATION NUMBER C C00755694

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 12/15/2021
Amount 969.33
Transaction ID : SE-S631941
Date of Disbursement or Obligation 12/08/2021

Name of Federal Candidate: SHAHEEN, JEANNE, , ,
Support Oppose
Office Sought: House District: 00
President Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 9992.88
Disbursement For: Primary General 2026
Other (specify)

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 12/15/2021
Amount 969.33
Transaction ID : SE-S631943
Date of Disbursement or Obligation 12/08/2021

Name of Federal Candidate: BLUNT, ROY, , ,
Support Oppose
Office Sought: House District: 00
President Senate State: MO
Calendar Year-To-Date Per Election for Office Sought 9992.91
Disbursement For: Primary General 2022
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1938.66
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MASTROIANNI, STEPHANIE, , ,

[Electronically Filed]

Date 12/08/2021

Signature



SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
FEC IDENTIFICATION NUMBER C C00755694

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 12/15/2021
Amount 969.33
Transaction ID : SE-S631945
Date of Disbursement or Obligation 12/08/2021

Name of Federal Candidate: MURRAY, PATTY, , ,
Support Oppose
Office Sought: House District: 00
President Senate State: WA
Calendar Year-To-Date Per Election for Office Sought 9992.90
Disbursement For: Primary General 2022 Other (specify)

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 12/15/2021
Amount 969.33
Transaction ID : SE-S631947
Date of Disbursement or Obligation 12/08/2021

Name of Federal Candidate: VAN HOLLEN, CHRIS, , ,
Support Oppose
Office Sought: House District: 00
President Senate State: MD
Calendar Year-To-Date Per Election for Office Sought 9992.90
Disbursement For: Primary General 2022 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1938.66
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MASTROIANNI, STEPHANIE, , , [Electronically Filed] Date 12/08/2021
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
FEC IDENTIFICATION NUMBER C C00755694

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Invoice disseminates after close of books
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004

Date of Public Distribution/Dissemination 01/05/2022
Amount 909.09
Transaction ID : SE-S631981
Date of Disbursement or Obligation 12/31/2021

Name of Federal Candidate: CORNYN, JOHN, , Sen,
Support Oppose
Office Sought: House Senate TX
Disbursement For: Primary General 2026

Calendar Year-To-Date Per Election for Office Sought 1818.18

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Invoice disseminates after close of books
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004

Date of Public Distribution/Dissemination 01/05/2022
Amount 909.09
Transaction ID : SE-S631983
Date of Disbursement or Obligation 12/31/2021

Name of Federal Candidate: TILLIS, THOM, R., Sen,
Support Oppose
Office Sought: House Senate NC
Disbursement For: Primary General 2026

Calendar Year-To-Date Per Election for Office Sought 1818.18

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MASTROIANNI, STEPHANIE, , [Electronically Filed] Date 12/29/2021
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
FEC IDENTIFICATION NUMBER C C00755694

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Invoice disseminates after close of books
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 01/05/2022
Amount 909.09
Transaction ID : SE-S631985
Date of Disbursement or Obligation 12/31/2021

Name of Federal Candidate: LAWRENCE, BRENDA, LULENAR,
Support Oppose
Office Sought: House District: 14 State: MI
Disbursement For: Primary General 2022 Other (specify)

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Invoice disseminates after close of books
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 01/05/2022
Amount 909.09
Transaction ID : SE-S631987
Date of Disbursement or Obligation 12/31/2021

Name of Federal Candidate: LESKO, DEBBIE,
Support Oppose
Office Sought: House District: 08 State: AZ
Disbursement For: Primary General 2022 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MASTROIANNI, STEPHANIE, ,

[Electronically Filed]

Date 12/29/2021

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
FEC IDENTIFICATION NUMBER C C00755694

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Invoice disseminates after close of books
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 01/05/2022
Amount 909.09
Transaction ID: SE-S631989
Date of Disbursement or Obligation 12/31/2021

Name of Federal Candidate: SHAHEEN, JEANNE, , ,
Support Oppose
Office Sought: House District: 00
President Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 1818.18
Disbursement For: Primary General 2026
Other (specify)

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Invoice disseminates after close of books
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 01/05/2022
Amount 909.09
Transaction ID: SE-S631991
Date of Disbursement or Obligation 12/31/2021

Name of Federal Candidate: BLUNT, ROY, , ,
Support Oppose
Office Sought: House District: 00
President Senate State: MO
Calendar Year-To-Date Per Election for Office Sought 1818.18
Disbursement For: Primary General 2022
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MASTROIANNI, STEPHANIE, , ,

[Electronically Filed]

Date

12/29/2021

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
FEC IDENTIFICATION NUMBER C C00755694

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Invoice disseminates after close of books
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 01/05/2022
Amount 909.09
Transaction ID : SE-S631993
Date of Disbursement or Obligation 12/31/2021

Name of Federal Candidate: MURRAY, PATTY, , ,
Support Oppose
Office Sought: House District: 00
President Senate State: WA
Calendar Year-To-Date Per Election for Office Sought 1818.18
Disbursement For: Primary General 2022
Other (specify)

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Invoice disseminates after close of books
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising Category/Type 004
Date of Public Distribution/Dissemination 01/05/2022
Amount 909.09
Transaction ID : SE-S631995
Date of Disbursement or Obligation 12/31/2021

Name of Federal Candidate: VAN HOLLEN, CHRIS, , ,
Support Oppose
Office Sought: House District: 00
President Senate State: MD
Calendar Year-To-Date Per Election for Office Sought 1818.18
Disbursement For: Primary General 2022
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures 79943.07

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 12/29/2021

Signature