PAGE 1 / 30

Image# 202210169537495943

FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	X Fo	or Other	Than An	Authorize	ed Commi	ttee		Office U	se Only	
NAME OF COMMITTEE		YPE OR F	PRINT ▼		cample: If ty er the lines		12FE	1M5		
UNITED WO	MEN'S HE	ALTH A	ALLIANC	E PAC						1
		4775 FVI	CTDEET NO							
ADDRESS (numbe	r and street)	1775 EYE	E STREET N	/V						
Check if than prevenue reported.	viously	WASHIN	IGTON				DC	20000	6	
2. <b>FEC IDENTI</b>	FICATION NUM	⁄IBER ▼		CITY ▲			STATE A		ZIP CODE	<b>A</b>
C C0075	5694			3. IS THIS REPOR		NEW (N) OR	x	AMENDED (A)		
4. TYPE OF F (Choose One)  (a) Quarterly		(b) Mon Rep Due		Feb 20 (M2 Mar 20 (M3	3)	May 20 (M5)		Aug 20 (M8) Sep 20 (M9)		lov 20 (M11) Non-Election ear Only) Dec 20 (M12) Non-Election ear Only)
April Quai	15 rterly Report (Q1)	)	Ц	Apr 20 (M4		Jul 20 (M7)		Oct 20 (M10)	-	an 31 (YE)
July Qua	15 rterly Report (Q2)	(c)	12-Day  PRE-Electio  Report for the		Primary (1 Convention		=	eral (12G) ial (12S)	Н	unoff (12R)
	ber 15 rterly Report (Q3)	)	·							
	iary 31 -End Report (YE)	)	Е	Election on	M = M	/ D D /	Y		in the State of	
Repo Year	31 Mid-Year ort (Non-election Only) (MY)	(d)	30-Day POST-Electi Report for the		General (3	80G)	Runo	off (30R)	S	pecial (30S)
Term (TEF	nination Report R)		E	Election on	M = M	/ D = D /	Y   Y   Y	Y	in the State of	
5. Covering Peri	od 07	01		022	through	07	31	20	22	
I certify that I have	e examined this		nd to the be	est of my kn	owledge an	d belief it is tr	ue, correct	and comple	te.	
Type or Print Nam	ne of Treasurer	LIOTHO	τ, σοι π <b>τ</b> , , ,							
Signature of Treas	PLISHI surer	KA, JOHN,	, ,		[Electronic	ally Filed]	Date 1	0 / 16		2022
NOTE: Submission	of false, erroneo	ous, or inco	omplete infor	mation may	subject the p	erson signing	this Report	to the penalti	ies of 52 U	.S.C. § 30109
Office Use									<b>FORM</b> Rev. 05/201	

**SUMMARY PAGE** OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 05/2016) Page 2 Write or Type Committee Name UNITED WOMEN'S HEALTH ALLIANCE PAC 07 01 2022 07 31 2022 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 77688.71 January 1, 2022 (b) Cash on Hand at 71966.04 Beginning of Reporting Period..... 116367.06 1014971.02 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 1092659.73 188333.10 6(a) and 6(c) for Column B)..... 64786.48 969113.11 7. Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 123546.62 123546.62 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 2920.07 Schedule C and/or Schedule D) ..... This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

#### For further information contact:

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

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

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

#### UNITED WOMEN'S HEALTH ALLIANCE PAC

R	eport Covering the Period: From: 07	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	07 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date				
11.	Contributions (other than loans) From:  (a) Individuals/Persons Other  Than Political Committees						
	(i) Itemized (use Schedule A)	3545.00	26005.00				
	(ii) Unitemized	112822.06	963966.02				
	(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	116367.06	989971.02				
	(b) Political Party Committees	0.00	0.00				
	(c) Other Political Committees (such as PACs)	0.00	0.00				
12	11(a)(iii), (b), and (c)) (Carry  Totals to Line 33, page 5)  Transfers From Affiliated/Other	116367.06	989971.02				
12.	Party Committees	0.00	0.00				
13.	All Loans Received	0.00	0.00				
	Loan Repayments Received  Offsets To Operating Expenditures	0.00	0.00				
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made to Federal Candidates and Other	0.00	25000.00				
17	Political Committees Other Federal Receipts	0.00	0.00				
	(Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds	0.00	0.00				
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00				
	(b) Levin Funds (from Schedule H5)	0.00	0.00				
	(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00				
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	116367.06	1014971.02				
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	116367.06	1014971.02				

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
Operating Expenditures:     (a) Allocated Federal/Non-Federal     Activity (from Schedule H4)		Caroniaa Tour to Date		
(i) Federal Share	0.00	0.00		
(ii) Non-Federal Share	0.00	0.00		
(b) Other Federal Operating	4 4			
Expenditures	64736.48	802720.22		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	64736.48	802720.22		
Transfers to Affiliated/Other Party	4			
CommitteesContributions to	0.00	0.00		
Federal Candidates/Committees and Other Political Committees	0.00	0.00		
Independent Expenditures (use Schedule E)	0.00	165417.89		
Coordinated Party Expenditures (52 U.S.C. § 30116(d))	0.00	100417.03		
(use Schedule F)	0.00	0.00		
Loan Repayments Made	0.00	0.00		
Loans Made	0.00	0.00		
Refunds of Contributions To: (a) Individuals/Persons Other	4 4	4 4 4		
Than Political Committees	50.00	975.00		
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees (such as PACs)	0.00	0.00		
(d) Total Contribution Refunds		7 7 7		
(add Lines 28(a), (b), and (c))▶	50.00	975.00		
Other Disbursements (Including				
Non-Federal Donations)	0.00	0.00		
Federal Election Activity (52 U.S.C. § 30101( (a) Allocated Federal Election Activity (from Schedule H6)	20))			
(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	0.00	0.00		
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00		
Total Disbursements (add Lines 21(c), 22,				
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	64786.48	969113.11		
Total Federal Disbursements				
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	64706.40			
	64786.48	969113.11		

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)	or Disbursements	Page 5				
III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date				
33. Total Contributions (other than loans) (from Line 11(d), page 3)	116367.06	989971.02				
34. Total Contribution Refunds (from Line 28(d))	50.00	975.00				
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	116317.06	988996.02				
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	64736.48	802720.22				
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	25000.00				
38. Net Operating Expenditures (subtract Line 37 from Line 36)	64736.48	777720.22				

#### : 97 `A = G7 9 @ 65 B9 CIG`H9 LH`F9 @ 5 H98 `HC`5 `F9 DCFHžG7 < 98 I @ 9 `CF` ± H9 A ± N5 H± CB

Form/Schedule: F3XA
Transaction ID:

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

Form/Schedule: F3XA Transaction ID:

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

#### : 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: F3XA
Transaction ID:

The purpose of Amendment 2 is to correct the treasurers name and the PAC address. Our filing software still had the old information saved.

Form/Schedule: Transaction ID:

FOF	PAGE		8	OF	30				
(check only one)									
×	11a		11b		11c		12		
	13		14		15		16	;	17

Any information copied from such Reports and Si or for commercial purposes, other than using the	tatements may not be sold or used by any person name and address of any political committee to			
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A				
/				
Full Name of Individual (Last, First, Middle Init	ial) or Full Organization Name	Date of Receipt		
Mailing Address 17929 W BIG LAKE BLVD	07 05 2022			
City	Transaction ID : SA11AI-28015704			
MOUNT VERNON	WA 98274	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	35.00		
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item		
Retired	Retired	_		
Receipt For:	Aggregate Year-to-Date ▼			
Primary General	245.00			
Other (specify) ▼	215.00			
Full Name of Individual (Last, First, Middle Init	ial) or Full Organization Name	Date of Receipt		
Mailing Address 17929 W BIG LAKE BLVD		07 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State Zip Code			
MOUNT VERNON	WA 98274	Transaction ID : SA11AI-28013478  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	30.00		
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  215.00			
Full Name of Individual (Last, First, Middle Init	ial) or Full Organization Name	Date of Receipt		
Mailing Address 17929 W BIG LAKE BLVD		07 18 2022		
City	State Zip Code	Transaction ID : SA11AI-28014164		
MOUNT VERNON	WA 98274	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	25.00		
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item		
Receipt For:				
Primary General Other (specify)	Aggregate Year-to-Date ▼  215.00			
SUBTOTAL of Receipts This Page (optional)	·····	90.00		
TOTAL This Period (last page this line number of	only)			

FOR LINE NUMBER:						PAGE	9	OF	30
(check only one)									
	X	11a		11b		11c	12	!	
		13		14		15	16	;	17

	I Statements may not be sold or used by any pers the name and address of any political committee t					
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC					
Full Name of Individual (Last, First, Middle ABRAHAMSON, DOUGLAS, , ,	Initial) or Full Organization Name	Date of Receipt				
Mailing Address 17929 W BIG LAKE BLVD	07 26 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City MOUNT VERNON	,					
MOUNT VERNON						
FEC ID number of contributing federal political committee.	C	35.00				
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item				
Retired	Retired					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General	245.00					
Other (specify) ▼	215.00					
Full Name of Individual (Last, First, Middle ALIX, ANNA, , ,	Initial) or Full Organization Name	Date of Receipt				
Mailing Address 1518 TUCUMCARI DR		07 15 2022				
City	State Zip Code	Transaction ID : SA11AI-28013038				
HOUSTON	TX 77090	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	y III					
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item				
Receipt For: Primary General	Aggregate Year-to-Date ▼					
Other (specify) ▼	335,00					
Full Name of Individual (Last, First, Middle ANDERSON, JOAN, , ,	Initial) or Full Organization Name	Date of Receipt				
Mailing Address 14812 CALIFORNIA ST		07 19 2022				
City	State Zip Code	Transaction ID : SA11AI-28014112				
ОМАНА	NE 68154	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	100.00				
Name of Employer (for Individual)	Occupation (for Individual) Retired	Memo Item				
Receipt For:	1					
Primary General	Aggregate Year-to-Date ▼					
Other (specify)	335.00					
SUBTOTAL of Receipts This Page (optional).		210.00				
	<u> </u>					
TOTAL This Period (last page this line number	er only)					

FOR LINE NUMBER:						PAGE	•	10	OF		30	
l	(check only one)											
	<b>X</b> 11a 11b 11c 12											
			13		14		15		16			17

Any information copied from such Reports and or for commercial purposes, other than using t						
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE F	PAC				
Full Name of Individual (Last, First, Middle I ANDERSON, JOAN, , , Mailing Address 14812 CALIFORNIA ST	Initial) or Full Orga	nization Name	Date of Receipt			
Mailing Address 14812 CALIFORNIA ST	07 25 2022					
City	State	Zip Code	Transaction ID : SA11AI-28015868			
ОМАНА	DMAHA NE 68154					
FEC ID number of contributing federal political committee.	С		75.00			
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 335.00				
Full Name of Individual (Last, First, Middle I ASKEW, SUSAN, , , Mailing Address 7913 FARMINGWOOD LN	Initial) or Full Orga	nization Name	Date of Receipt			
			07 05 2022			
City	State	Zip Code	Transaction ID : SA11AI-28014688			
RALEIGH	NC	27615	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		150.00			
Name of Employer (for Individual) Retired	Occupa Retired	ation (for Individual)	Memo Item			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 555.00				
Full Name of Individual (Last, First, Middle I	Initial) or Full Orga	nization Name	Date of Receipt			
Mailing Address 8433 WATERTOWN DR			07			
City INDIANAPOLIS	State	Zip Code 46216	Transaction ID : SA11AI-28014750			
FEC ID number of contributing federal political committee.	C	10210	Amount of Each Receipt this Period  50.00			
	Mama Itam					
Name of Employer (for Individual) DFAS	Memo Item					
Receipt For:	Aggregate Yea	tion & Technology	$\dashv$			
Primary General Other (specify)	Aggregate Tel	825.00				
SUBTOTAL of Receipts This Page (optional)		<b>&gt;</b>	275.00			
TOTAL This Period (last page this line number	er only)					

FOR LINE NUMBER:						PAGE	 11	OF	30
(	(check only one)								
	X	11a		11b		11c	12	2	
		13		14		15	16	6	17

	Statements may not be sold or used by any per e name and address of any political committee	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle Ir BUIST, EVERDENE, , , Mailing Address 894 142ND AVE  City WAYLAND  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Retired Receipt For:  Primary General Other (specify)	Date of Receipt  07	
Full Name of Individual (Last, First, Middle In BUTSCH, KRISTIN, , , Mailing Address 6449 PARK CENTRAL DR WAPT D  City INDIANAPOLIS  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Retired  Receipt For:  Primary General Other (specify)	State Zip Code IN 46260  C  Occupation (for Individual) Retired  Aggregate Year-to-Date   270.00	Date of Receipt  07 13 2022  Transaction ID: SA11AI-28014292  Amount of Each Receipt this Period  80.00  Memo Item
Full Name of Individual (Last, First, Middle In BUTSCH, KRISTIN, , , Mailing Address 6449 PARK CENTRAL DR V APT D  City INDIANAPOLIS  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Retired Receipt For:  Primary General Other (specify)		Date of Receipt  07
SUBTOTAL of Receipts This Page (optional)	····	115.00
TOTAL This Period (last page this line number	only)	

F	OR	LINE	PAGE	 12	OF	30		
(0	che	ck only						
	X	11a	11b		11c	12		
		13	14		15	16		17

	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	I ALLIANCE PAC	
Full Name of Individual (Last, First, Middle CALVANO, VIRGINIA, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 8029 1ST ST		07 26 2022
City	State Zip Code	Transaction ID: SA11AI-28013930
PARAMOUNT	CA 90723	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	40.00	
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Retired	Retired	_
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	00 0	
Other (specify) ▼	245.00	
Full Name of Individual (Last, First, Middle CHRYSTAL, CAROL, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 3218 SHARPE RD		07 12 2022
City	State Zip Code	Transaction ID : SA11AI-28014346
WALL TOWNSHIP	NJ 07719	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	55.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	230.00	
Full Name of Individual (Last, First, Middle	Initial) or Full Organization Name	Date of Receipt
Mailing Address 5323 LEWIS COVIN RD		07 21 2022
City	State Zip Code	Transaction ID : SA11AI-28009454
MACCLENNY	FL 32063	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	75.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify)	405.00	
SUBTOTAL of Receipts This Page (optional)	)	170.00
TOTAL This Poyled (lost name this line or )	vor only)	
TOTAL This Period (last page this line numb	per only)	

F	FOR LINE NUMBER:						•	13	OF	30
(0	(check only one)									
	X	11a		11b		11c		12		
		13		14		15		16		17

	ny information copied from such Reports and Stator commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AL	LIANCE	PAC	
Α.	Full Name of Individual (Last, First, Middle Initi- DAVIS, CARL, , , Mailing Address 3255 SANTA ROSA WAY	al) or Full Org	panization Name	Date of Receipt
	Maining / Housest 3233 SANTA NOOA WAT			07 06 2022
	City REDDING	State CA	Zip Code 96003	Transaction ID : SA11AI-28014644
	FEC ID number of contributing	UA	90003	Amount of Each Receipt this Period
	federal political committee.	C		55.00
	Name of Employer (for Individual) Retired	Occup Retire	eation (for Individual) ed	Memo Item
	Receipt For:  Primary General  Other (specify) ▼			
В.	Full Name of Individual (Last, First, Middle Initi DAVIS, CARL, , ,	al) or Full Org	anization Name	Date of Receipt
	Mailing Address 3255 SANTA ROSA WAY			07 15 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City REDDING	State	Zip Code 96003	Transaction ID : SA11Al-28013028
	FEC ID number of contributing federal political committee.	С	30003	Amount of Each Receipt this Period 40.00
	Name of Employer (for Individual) Retired	Occup Retire	pation (for Individual)	Memo Item
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 240.00	
<u> </u>	Full Name of Individual (Last, First, Middle Initi DAVIS, SALLY, , ,	al) or Full Org	ganization Name	Date of Receipt
•	Mailing Address 34554 MERION CT			07 21 2022
	City DADE CITY	State FL	Zip Code 33525	Transaction ID : SA11AI-28009460  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		80.00
	Name of Employer (for Individual) Retired	Occup Retire	oation (for Individual) d	Memo Item
	Receipt For:    Primary   General	Aggregate Y	ear-to-Date ▼	
	Other (specify)		285.00	
H	SUBTOTAL of Receipts This Page (optional)			175.00

F	FOR LINE NUMBER:						·	14	OF		30
(0	(check only one)										
	X	11a		11b		11c		12			
		13		14		15		16			17

Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (IN Full) UNITED WOMEN'S HEALTH A	LLIANCE PAC	
Full Name of Individual (Last, First, Middle Ini FILOSA, PATRICIA, , , Mailing Address 60 UNION SQ	tial) or Full Organization Name	Date of Receipt
City	State Zip Code	07 08 2022  Transaction ID : SA11Al-28014512
RANDOLPH	MA 02368	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 310.00	
Full Name of Individual (Last, First, Middle Ini FRANKLIN, MARK, , , Mailing Address 1017 SHADOWLAWN DR	tial) or Full Organization Name	Date of Receipt
City TOLEDO	State Zip Code OH 43609	07 05 2022  Transaction ID : SA11Al-28015978  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	110.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 515.00	
Full Name of Individual (Last, First, Middle Ini	tial) or Full Organization Name	Date of Receipt
Mailing Address 1017 SHADOWLAWN DR		07 19 2022
City TOLEDO	State Zip Code OH 43609	Transaction ID : SA11AI-28012768  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	85.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 515.00	
SUBTOTAL of Receipts This Page (optional)		345.00
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER:						PAGE	 15	OF	30
(c	he	ck only							
	X	11a		11b		11c	12		
		13		14		15	16		17

	I Statements may not be sold or used by any pathe name and address of any political committee								
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC								
Full Name of Individual (Last, First, Middle GREEN, JANICE, , ,  Mailing Address 12 MURRAY HILL RD	Initial) or Full Organization Name	Date of Receipt  07 08 2022							
City	State Zip Code	Transaction ID : SA11AI-28015958							
ROSLINDALE	MA 02131	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	S .								
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item							
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  235.00								
Full Name of Individual (Last, First, Middle GRIFFIN, RAYMOND, , ,  Mailing Address 11859 CISCO BAY DR	Initial) or Full Organization Name	Date of Receipt							
		07 14 2022							
City	State Zip Code	Transaction ID : SA11AI-28014254							
DOWLING	MI 49050	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С	50.00							
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item							
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 215.00								
Full Name of Individual (Last, First, Middle Last, Middle Last	Initial) or Full Organization Name	Date of Receipt							
Mailing Address 3150 LAKE JOHANNA BLV APT 229		07 18 2022							
City ARDEN HILLS	State Zip Code MN 55112	Transaction ID : SA11AI-28014160  Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C	75.00							
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item							
Receipt For:  Primary  General	Aggregate Year-to-Date ▼								
Other (specify)	220.00								
SUBTOTAL of Receipts This Page (optional).		155.00							
TOTAL This Period (last page this line number	er only)								

F	FOR LINE NUMBER:						1	16	OF	30
(check only one)										
	X	11a		11b		11c		12		
		13		14		15		16		17

	nd Statements may not be sold or used by any pers the name and address of any political committee to					
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	I ALLIANCE PAC					
Full Name of Individual (Last, First, Middle HARDY, LEROY, , , Mailing Address 374 HICKORY TREE RD	e Initial) or Full Organization Name	Date of Receipt				
		07 14 2022				
City PLEASANT HILL	State Zip Code NC 27866	Transaction ID : SA11AI-28013118  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	FEC ID number of contributing					
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  295.00					
Full Name of Individual (Last, First, Middle HEINSHEIMER, BETTIE, , ,	e Initial) or Full Organization Name	Date of Receipt				
Mailing Address 3722 27TH PL W  APT 303  City	State Zip Code	07 14 2022				
SEATTLE	WA 98199	Transaction ID : SA11AI-28008422  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	300.00				
Name of Employer (for Individual) Best Efforts	Occupation (for Individual) Best Efforts	Memo Item				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00					
Full Name of Individual (Last, First, Middle HERZBERG, JOHN, , ,	e Initial) or Full Organization Name	Date of Receipt				
Mailing Address 3012 BLUFFWOOD DR		07 11 2022				
City SAINT CHARLES	State Zip Code MO 63301	Transaction ID : SA11AI-28014398  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	55.00				
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item				
Receipt For:  Primary  General	Aggregate Year-to-Date ▼					
Other (specify)	210.00					
SUBTOTAL of Receipts This Page (optional	)	440.00				
TOTAL This Period (last page this line num	ber only)					

	FO	R LINE	PAGE	. 1	17	OF	30			
(check only one)										
	,	<b>1</b> 1a		11b		11c		12		
		13		14		15		16		17

Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any per name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	ALLIANCE PAC						
Full Name of Individual (Last, First, Middle In HUTTER, JAMES, , ,  Mailing Address 113 GOLD MINE RD  City FOSTER  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Retired Receipt For:  Primary General Other (specify)	Date of Receipt  07 21 2022  Transaction ID: SA11Al-28012550  Amount of Each Receipt this Period  55.00  Memo Item						
Full Name of Individual (Last, First, Middle In JOHNSON, LORA, , , Mailing Address 2525 BELT RD  City  KNOXVILLE  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Retired  Receipt For:  Primary General Other (specify)   Full Name of Individual (Last, First, Middle In Individual)	Mailing Address 2525 BELT RD  City  KNOXVILLE  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Retired  Receipt For:  Primary  General  State  Zip Code  TN 37920  C  Occupation (for Individual) Retired  Aggregate Year-to-Date ▼						
City ALDRICH  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Best Efforts  Receipt For:  Primary  Other (specify)	State Zip Code MO 65601  C  Occupation (for Individual) Best Efforts  Aggregate Year-to-Date  210.00	Date of Receipt  07					
SUBTOTAL of Receipts This Page (optional)	·····	260.00					
TOTAL This Period (last page this line number	r only)						

FOR LINE NUMBER: PAGE 18 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c 12

30

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name KOENEN, PATRICIA, , , Date of Receipt Mailing Address 904 PALM DR 2022 City Zip Code State Transaction ID: SA11AI-28014800 MO SAINT CHARLES 63301 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. MCCORMICK, FRANCES, , Date of Receipt Mailing Address 3 CORNELL CT 13 2022 City State Zip Code Transaction ID: SA11AI-28015186 **DEARBORN** MI 48124 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 230.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. MICHAELS, LINDA, , , Date of Receipt Mailing Address 76 FACTORY ST 19 2022 City Zip Code State Transaction ID: SA11AI-28012758 CT **SALISBURY** 06068 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) House Wife House Wife Receipt For: Aggregate Year-to-Date ▼ Primary General 205.00 Other (specify) 240.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 7

F	TOTT EITE HOMBETT.					PAGE	•	19	OF	30
(0	che	ck only	or	ne)						
	X	11a		11b		11c		12		
		13		14		15		16		17

Any information copied from such Reports and or for commercial purposes, other than using t			
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE P	PAC	
Full Name of Individual (Last, First, Middle NOYES, SUZANNE, , ,  Mailing Address 4897 W MAPLE LEAF CIR	Initial) or Full Orga	nization Name	Date of Receipt
			07 07 2022
City	State WI	Zip Code	Transaction ID : SA11AI-28014580
GREENFIELD	VVI	53220	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	105.00		
Name of Employer (for Individual) Retired	Memo Item		
Receipt For:  Primary General  Other (specify) ▼	ar-to-Date ▼ 295.00		
Full Name of Individual (Last, First, Middle OKEESE, ANDREW, , , Mailing Address PO BOX 724	Initial) or Full Orga	nization Name	Date of Receipt
Walling Address PO BOX 724			07 07 2022
City	State	Zip Code	Transaction ID : SA11AI-28015962
LANGLEY	WA	98260	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		45.00
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item
Receipt For:  Primary  General	Aggregate Yea	ar-to-Date ▼	
Other (specify) ▼		, 225.00	
Full Name of Individual (Last, First, Middle ROSSEVELT, JOANNE, , ,	Initial) or Full Orga	nization Name	Date of Receipt
Mailing Address 8819 MCCRAW DR			07 11 2022
City DALLAS	State TX	Zip Code 75209	Transaction ID : SA11AI-28013394
FEC ID number of contributing	C	1 11	Amount of Each Receipt this Period
federal political committee.	150.00		
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item
Receipt For:	Aggregate Yea	ar-to-Date ▼	
Primary General Other (specify)		250.00	
SUBTOTAL of Receipts This Page (optional).		·····	300.00
TOTAL This Period (last page this line number	er only)		

F	TOTT EITHE TOMBETT.					PAGE	2	20 OF		30
(check only one)										
	X	11a		11b		11c		12		
		13		14		15		16		17

Any information copied from such Reports and or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE P	PAC	
Full Name of Individual (Last, First, Middle I SCUDERI, MARGARET, , , Mailing Address 208 FALL HARVEST	nitial) or Full Orga	nization Name	Date of Receipt
City	Otot-	7in Code	07 11 2022
City CENTERVILLE	State GA	Zip Code 31028	Transaction ID : SA11AI-28014408
FEC ID number of contributing federal political committee.	C	31020	Amount of Each Receipt this Period  55.00
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 280.00	
Full Name of Individual (Last, First, Middle I SOSA, ANITA, , , Mailing Address 2510 DARWIN DR	nitial) or Full Orga	nization Name	Date of Receipt
City SAN ANTONIO	State TX	Zip Code 78228	Transaction ID : SA11AI-28014516  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		40.00
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 370.00	
Full Name of Individual (Last, First, Middle I	nitial) or Full Orga	nization Name	Date of Receipt
Mailing Address 2231 NE BRIDGECREEK A APT L107		7. 0.4	07 06 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City VANCOUVER	State WA	Zip Code 98664	Transaction ID : SA11AI-28014616
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period  80.00
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 385.00	
SUBTOTAL of Receipts This Page (optional)		<b>&gt;</b>	175.00
TOTAL This Period (last page this line numbe	r only)		

ı	FOF					2	21 OF	30
ı	(che	ck only	one)					
	×	11a	11b		11c		12	
ı		13	14		15		16	17

Any information copied from such Reports and or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	ALLIANCE PAC		
Full Name of Individual (Last, First, Middle Ir TAGUE, DENNIS, , ,  Mailing Address 150 HAGY ST	nitial) or Full Organization Nam	ne	Date of Receipt
011			07 05 2022
City POUNDING MILL	State Zip Code VA 24637	<u> </u>	Transaction ID : SA11AI-28014682
	24031		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer (for Individual)  Dennis Tague	Occupation (for Indiv	vidual)	Memo Item
Receipt For:	Aggregate Year-to-Date ▼		
Primary General Other (specify) ▼		265.00	
Full Name of Individual (Last, First, Middle Ir TAGUE, DENNIS, , ,	nitial) or Full Organization Nam	пе	Date of Receipt
Mailing Address 150 HAGY ST		07 27 2022	
City	State Zip Code 24637	-	Transaction ID : SA11AI-28015854
POUNDING MILL	VA 24637		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		55.00
Name of Employer (for Individual) Dennis Tague	Occupation (for Indi	vidual)	Memo Item
Receipt For:	Aggregate Year-to-Date ▼		
Primary General Other (specify) ▼		265.00	
Full Name of Individual (Last, First, Middle Ir	nitial) or Full Organization Nam	пе	Date of Receipt
Mailing Address 151 N MICHIGAN AVE  APT 1604			07 25 2022
City	State Zip Code 60601	_	Transaction ID : SA11AI-28014752
CHICAGO	IL 60601		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		40.00
Name of Employer (for Individual) Retired	Occupation (for Indiv	vidual)	Memo Item
Receipt For:	Aggregate Year-to-Date ▼		
Primary General Other (specify)		230.00	
SUBTOTAL of Receipts This Page (optional)		·····	145.00
TOTAL This Period (last page this line number	only)		

	FOR LINE NUMBER: (check only one)  * 11a 11b					PAGE	2	22	OF	30
(	che	ck only	or	ne)						
	X	11a		11b		11c		12		
		13		14		15		16		17

	Statements may not be sold or used by any per name and address of any political committee	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle II TRIMBUR, NANCY, , ,  Mailing Address 3556 SPUR CT  City CHINO  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)   Other (specify)	State Zip Code 91710  C  Occupation (for Individual) Retired  Aggregate Year-to-Date ▼  320.00	Date of Receipt  07 05 2022  Transaction ID: SA11AI-28015672  Amount of Each Receipt this Period  50.00  Memo Item
Full Name of Individual (Last, First, Middle II TRIMBUR, NANCY, , ,  Mailing Address 3556 SPUR CT  City CHINO FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Retired  Receipt For:  Primary General Other (specify) ▼	State Zip Code CA 91710  C  Occupation (for Individual) Retired  Aggregate Year-to-Date ▼  320,00	Date of Receipt  O7
Full Name of Individual (Last, First, Middle II VANDYKE, MARCIA, , ,  Mailing Address 140 WASHINGTON RD  City RYE  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	State Zip Code 03870  C  Occupation (for Individual) Retired  Aggregate Year-to-Date  230.00	Date of Receipt  07 09 2022  Transaction ID: SA11AI-28014492  Amount of Each Receipt this Period  175.00  Memo Item
SUBTOTAL of Receipts This Page (optional)	·····	280.00
TOTAL This Period (last page this line numbe	r only)	

FOF					23	OF	30
(che	ck only	one)					
X	11a	11b		11c	1	2	
	13	14		15	1	6	17

Any information copied from such Reports and or for commercial purposes, other than using the succession of the commercial purposes.	d Statements may n the name and addre	ot be sold or used by any peess of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE P	AC	
Full Name of Individual (Last, First, Middle VANDYKE, MARCIA, , ,	Initial) or Full Organ	nization Name	Date of Receipt
Mailing Address 140 WASHINGTON RD			07 19 2022
City	State	Zip Code	Transaction ID : SA11AI-28012836
RYE	NH	03870	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		55.00
Name of Employer (for Individual) Retired	Occupat Retired	tion (for Individual)	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 230.00	
Full Name of Individual (Last, First, Middle WEIS, SUZANNE, , ,  Mailing Address 412 N BROADWAY AVE	Initial) or Full Organ	nization Name	Date of Receipt
			07 01 2022
City	State	Zip Code	Transaction ID : SA11AI-28015794
MARSHFIELD	WI	54449	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		35.00
Name of Employer (for Individual) Retired	Occupa Retired	tion (for Individual)	Memo Item
Receipt For:	Aggregate Yea	ar-to-Date ▼	
Primary General Other (specify) ▼	4	220.00	
Full Name of Individual (Last, First, Middle ZAK, HENRY, , ,	Initial) or Full Organ	nization Name	Date of Receipt
Mailing Address 8204 E BOULEVARD DR			07
City ALEXANDRIA	State VA	Zip Code 22308	Transaction ID : SA11AI-28013948
FEC ID number of contributing			Amount of Each Receipt this Period
federal political committee.	C		80.00
Name of Employer (for Individual) Retired	Occupat Retired	tion (for Individual)	Memo Item
Receipt For:	Aggregate Yea	ar-to-Date ▼	
Primary General Other (specify)	4	480.00	
SUBTOTAL of Receipts This Page (optional).			170.00
TOTAL This Period (last page this line number	er only)		3545.00

### S 17

SCHEDULE B (FEC Form 3X)					PAGE 24 OF 30	
ITEMIZED DISBURSEMENTS		parate schedule(s) h category of the	(0110011 01	<i>'</i> ′ _		
		d Summary Page	211		23 28c	26 27 29 30b
Any information conicd from such Departs and Cla						
Any information copied from such Reports and State or for commercial purposes, other than using the r						
NAME OF COMMITTEE (In Full)						
UNITED WOMEN'S HEALTH AL	LIANCE	PAC				
Full Name (Last, First, Middle Initial)				5		
A. ABC Company				Date of		
Mailing Address PO Box 2413				07	19	
City	State	Zip Code		FEC Ide	ntification	n Number
Huntington Purpose of Disbursement	NY	11743				
Fundraising and Media Consulting			004	C		
Candidate Name			Category/			ID: SB21B-74197 Disbursement this Period
			Type	Amount	or Lacin	
	sement For:				<del></del>	15000.00
Senate   President	Primary Other (or	General				
State: District:	Other (sp	decity) $\blacktriangledown$		Mem	no Item	
Full Name (Last, First, Middle Initial)						
B. Blank Rome LLP				Date of	Disburse	ment
				M - M	/ D	
Mailing Address 1825 Eye Street NW				07	19	9 2022
City Washington	State	Zip Code 20006		FEC Ide	ntification	n Number
Purpose of Disbursement	C					
Legal Fees			001	Transaction ID : SB21B-74197  Amount of Each Disbursement this Perio		
Candidate Name			Category/			
Office Sought: House Disbur	aamant Fari	Type nent For: Primary General Other (specify)			2921.00	
Senate Disbut	_				2921.00	
President	1				п., .	
State: District:				Men	no Item	
Full Name (Last, First, Middle Initial)						
C. COA Network Inc.				Date of	Disburse	
Mailing Address 991 Route 22 West				07	25	
Suite 200						
City	State	Zip Code		FEC Ide	ntification	n Number
Bridgewater Township Purpose of Disbursement	NJ	08807				
800 Telephone numbers			001	C		ID - CD04D 7440
Candidate Name			Category/			ID: SB21B-74197 Disbursement this Period
			Туре			
	sement For:				-	150.15
Senate   President	Other (cr	General Gecify) ▼				
State: District:	Onler (st	<b>∀</b>		Mem	no Item	
SUBTOTAL of Disbursements This Page (optional	l)		·····•		-951	18071.15
			<u> </u>			
TOTAL This Period (last page this line number or	ılv)				_	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS		rate schedule(s)	FOR LINE NUMBER: PAGE 25 OF 30 (check only one)					
		ategory of the Summary Page	<b>X</b> 21b 28a	22 23 26 27 28b 28c 29 30b				
Any information copied from such Reports and State or for commercial purposes, other than using the nar								
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALL		, , ,		The second second committee.				
Full Name (Last, First, Middle Initial)  A. EagleBank				Date of Disbursement				
Mailing Address 7815 Woodmont ave				07 12 2022				
Bethesda	State MD	Zip Code 20814		FEC Identification Number				
Purpose of Disbursement Bank analysis fee Candidate Name			001 Category/	Transaction ID : SB21B-74196 Amount of Each Disbursement this Period				
Senate	ment For: Primary	General	Type	383.88				
State: President District:	Other (speci	ify) 🔻		Memo Item				
Full Name (Last, First, Middle Initial)  B. Google Gsuite				Date of Disbursement				
Mailing Address 1600 Amphitheatre Pkwy				07 05 2022				
City Mountain View Purpose of Disbursement	State CA	Zip Code 94043		FEC Identification Number				
Email Services  Candidate Name		001 Category/ Type	Transaction ID: SB21B-74195 Amount of Each Disbursement this Period					
Office Sought: House Disburser Senate President	ment For: Primary Other (speci	General	Nr.	39.11  Memo Item				
State: District:  Full Name (Last, First, Middle Initial)				I mono non				
C. Grasshopper				Date of Disbursement				
Mailing Address 320 Summer St		I		07 18 2022				
City Boston Purpose of Disbursement Telephone Service	State MA	Zip Code 02210	004	FEC Identification Number				
Candidate Name	001 Category/ Type	Transaction ID: SB21B-74196 Amount of Each Disbursement this Period						
Office Sought:    House   Disburse	ment For: Primary Other (speci	General ▼	1,500	110.88  Memo Item				
SUBTOTAL of Disbursements This Page (optional)			······	533.87				
TOTAL This Period (last page this line number only	)			1				

### S П

SCHEDULE B (FEC Form 3X)		, FOR LINE	FOR LINE NUMBER: PAGE 26 OF				
ITEMIZED DISBURSEMENTS	Use separate schedule for each category of the	(011001( 0111)	(check only one)    X   21b     22     23     26     27				
	Detailed Summary Pag		22 23 28c 28c	26 27 29 30b			
Any information copied from such Reports and Statem	nents may not be sold or						
or for commercial purposes, other than using the nam							
NAME OF COMMITTEE (In Full)							
$ \; angle$ UNITED WOMEN'S HEALTH ALLIA	ANCE PAC						
Full Name (Last, First, Middle Initial)							
A. Intuit Inc.	Date of Disbursement						
	M M / D D / Y Y Y Y						
Mailing Address 2700 Coast Ave			07 05	2022			
,	State Zip Code		FEC Identification N	lumber			
Mountain View Purpose of Disbursement	CA 94043	1					
Accounting Software		001	C				
Candidate Name		Category/		: SB21B-74194 sbursement this Period			
		Type	7 anount of Euch Bit				
Office Sought: House Disbursem				106.00			
	Primary Genera Other (specify) ▼	l					
State: District:	Cirici (opcony) 🔻		Memo Item				
Full Name (Last, First, Middle Initial)							
B. LIVE TRANSFERS AND DONOR (	CREATION LLC		Date of Disburseme	ent			
Mailing Address 1607 Ponce de Leon ave	07 19 2022						
Suite GM8			07 19	2022			
	State Zip Code		FEC Identification N	lumber			
SAN JUAN Purpose of Disbursement	PR 00909		С				
Telephone fundraising 003				. SP21P 74106			
Candidate Name Category/			Transaction ID : SB21B-74196 Amount of Each Disbursement this Peri				
Office Cought: House Dishuran	and Fam.	Туре		34944.52			
Office Sought: House Disbursem	Primary General	I	4	34344.32			
	Other (specify)						
State: District:			Memo Item				
Full Name (Last, First, Middle Initial)			Data of Diahama	1			
C. North American Marketing Solutions Inc			Date of Disbursement				
Mailing Address 3245 N 126th St			07 19 2022				
City S Brookfield	State Zip Code WI 53005		FEC Identification N	lumber			
Purpose of Disbursement			С				
Mailers and Caging		003		: SB21B-74197			
Candidate Name		Category/	Amount of Each Dis	sbursement this Period			
Office Sought: House Disbursem	nent For:	Type		6072.07			
	Primary General	I		7 7			
President	Other (specify) ▼		Memo Item				
State: District:							
SUPTOTAL of Disburgamenta This Dags (anticart)				41122.59			
SUBTOTAL of Disbursements This Page (optional)		<u> </u>	7	4			
TOTAL This Period (last page this line number only).							

### S 17

SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 27 OF				27 OF 30
ITEMIZED DISBURSEMENTS		parate schedule(s) a category of the	(check only one)			¬	
		Summary Page	21b	21b 22 23 28a 28b 28c			27 30b
Any information conicd from such Departs and State	manta may	not be cold or up				29	
Any information copied from such Reports and State or for commercial purposes, other than using the na							
NAME OF COMMITTEE (In Full)							
UNITED WOMEN'S HEALTH ALL	IANCE	PAC					
Full Name (Last, First, Middle Initial)				Doto of D	iohuroom	ont	
A. RallyPay				Date of D	/ D D		Y Y Y
Mailing Address 995 Market Street				07	05		2022
Floor 2		I					
City San Franciso	State CA	Zip Code 94103		FEC Ident	ification 1	Number	
Purpose of Disbursement	<u> </u>	94103				-	
Merchant Fees			C Speed 74405				
Candidate Name			Category/	Transaction ID : SB21B-74195 Amount of Each Disbursement this Period			
			Type				1.107.51
	ement For:	Canaval				7	1497.54
Senate President	Primary Other (spe	General					
State: District:	Other (spe	Cony) ₩	Memo Item				
Full Name (Last, First, Middle Initial)							
B. RallyPay				Date of D	isburseme		Y
Mailing Address 995 Market Street Floor 2				07	06	<u> </u>	2022
City San Franciso	State CA	Zip Code 94103		FEC Ident	ification 1	Number	
Purpose of Disbursement	OA .	94103		C	-		
Merchant Fees			003		action ID	: SB21B-	7/105
Candidate Name			Category/				nt this Period
Office Sought: House Disburse	mont For:		Туре				64.00
Senate	ement For: Primary	General			7	7	04.00
President	Other (spe		Memo Item				
State: District:	1			Ivierno	ritem		
Full Name (Last, First, Middle Initial)							
C. RallyPay				Date of D	isburseme		
Mailing Address 995 Market Street				07	31		2022
Floor 2							
City	State	Zip Code		FEC Ident	ification 1	Number	
San Franciso Purpose of Disbursement	CA	94103					-
Combined "off the top" CC Transaction fees Jul			003	C	action IF	) : SB21B	.7532°
Candidate Name			Category/				nt this Period
Office Sought: House Disburse	ement For:		Туре				63.20
Senate	Primary	General					
President	Other (spe		Memo Item				
State: District:				L Weilic	, ILCIII		
							1604.74
SUBTOTAL of Disbursements This Page (optional)			·····•		7	7	1624.74
TOTAL This Period (last page this line number only	<b>/</b> )						

### S П

SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 28 OF					
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	(check only one)					
		Summary Page	<b>X</b> 21b 28a	22 28b	23 26 27 28c 29 30b			
Any information copied from such Reports and State	monto mou	not be cold or up						
or for commercial purposes, other than using the na								
NAME OF COMMITTEE (In Full)								
UNITED WOMEN'S HEALTH ALL	JANCE I	PAC						
Full Name (Last, First, Middle Initial)				D . (D)				
A. RallyPay				Date of Disbursement				
Mailing Address 995 Market Street Floor 2				07	31 2022			
City	State	Zip Code		FEC. Identif	ication Number			
San Franciso	CA	94103			ication Number			
Purpose of Disbursement Combined "off the top" Credit Card Chargebacks			003	C				
Candidate Name					ction ID : SB21B-75322			
			Category/ Type	Amount of	Each Disbursement this Period			
Office Sought: House Disburse	ement For:			1	116.00			
Senate	Primary	General			,,			
President	Other (spe	ecify) 🔻		Memo	Item			
State: District:  Full Name (Last, First, Middle Initial)				_				
B. RallyPay				Date of Dis	sbursement			
Kanyi ay				M M / D D / Y Y Y Y				
Mailing Address 995 Market Street Floor 2				07	31 2022			
City	State	Zip Code		FEC Identif	ication Number			
San Franciso Purpose of Disbursement	CA	94103		C				
Combined "off the top" CC Transaction fees Jul								
Candidate Name  Category/ Type				ction ID : SB21B-75321 Each Disbursement this Period				
Office Sought: House Disburse	ement For:			1	117.20			
Senate	Primary	General						
President State: District:	Other (spe	ecify)	Memo Item					
Full Name (Last, First, Middle Initial)				_				
C. RallyPay				Date of Dis	sbursement			
Mailing Address 995 Market Street Floor 2				07	31 2022			
City	State	Zip Code		FEC Identif	ication Number			
San Franciso Purpose of Disbursement	CA	94103						
Combined "off the top" Credit Card Chargebacks								
Candidate Name			Category/ Type		ection ID : SB21B-75321 Each Disbursement this Period			
Office Sought: House Disburse	ement For:		71	1	290.00			
Senate	Primary	General			7			
President	Other (spe	ecify) 🔻	Memo Item					
State: District:								
SUBTOTAL of Disbursements This Page (optional)			·····		523.20			
TOTAL This Period (last page this line number onl	y)							

### S 17

SCHEDULE B (FEC Form 3X)			FOR LIN	FOR LINE NUMBER: PAGE 29 OF				
ITEMIZED DISBURSEMENTS		parate schedule(s) h category of the	(0110011 01	(check only one)				
		d Summary Page	211		23 28c	26 27 29 30b		
Any information copied from such Reports and St	otomonto mo	, not be cold or						
or for commercial purposes, other than using the								
NAME OF COMMITTEE (In Full)								
UNITED WOMEN'S HEALTH A	LLIANCE	PAC						
Full Name (Last, First, Middle Initial)				Doto of	Disburse	mont		
A. RallyPay				Date of	/ D			
Mailing Address 995 Market Street				07	3			
Floor 2	01-1-	7:- 0-1-						
City San Franciso	State CA	Zip Code 94103		FEC Ide	n Number			
Purpose of Disbursement			C					
Combined "off the top" CC Transaction fees Ju			003		Transaction ID : SB21B-75322			
Candidate Name			Category/ Amount of E			Disbursement this Period		
Office Sought: House Disbu	rsement For:		Type	638				
Senate	Primary	General			7	4 4		
President	Other (sp	ecify) ▼	Memo Item					
State: District:								
Full Name (Last, First, Middle Initial)  B. Dally Day				Date of	Disburse	ement		
B. RallyPay			M M	M M / D D / Y Y Y Y				
Mailing Address 995 Market Street Floor 2				07	3			
City	State CA	Zip Code 94103		FEC Ide	ntification	n Number		
San Franciso Purpose of Disbursement	CA	94103		C				
Combined "off the top" CC Transaction fees Ju	l		003		eaction	ID : SB21B-75322		
Candidate Name			Category/	-		Disbursement this Period		
Office Sought: House Disbu	rsement For:		Туре			673.61		
Senate	Primary	General			7	0.00		
President	Other (sp	ecify)	Memo Item					
State: District:				Це.				
Full Name (Last, First, Middle Initial)  C. RallyPay				Date of	Disburse	ment		
Mailing Address 995 Market Street				07	3			
Floor 2								
City San Franciso	State CA	Zip Code 94103		FEC Ide	ntification	n Number		
Purpose of Disbursement		34103		С				
Combined "off the top" CC Transaction fees Ju			003		nsaction	ID : SB21B-75321		
Candidate Name			Category/	Amount	of Each	Disbursement this Period		
Office Sought: House Disbu	rsement For:		Type	-l Г		1379.31		
Senate	Primary	General			7	4		
President	Other (sp	ecify) ▼	Memo Item					
State: District:								
SUBTOTAL of Disbursements This Page (option	al)					2691.79		
	•					04507.04		
TOTAL This Period (last page this line number of	only)					64567.34		

### SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

**Excluding Loans** 

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

FOR LINE NUMBER: (check only one)

PAGE

30 OF

9 **X** 10

30

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Advance for various legal, administrative Mastroianni, Stephanie, , , Mailing Address 2021 L St NW Ste 101-193 State Zip Code Washington DC 20036 Transaction ID: SD10-1014686 Outstanding Balance Beginning This Period 2920.07 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 2920.07 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): 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 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 Outstanding Balance at Close of This Period Payment This Period Amount Incurred This Period 2920.07 1) SUBTOTALS This Period This Page (optional)..... 2920.07 2) TOTALS This Period (last page this line number only)..... 0.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ...... 2920.07

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