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Image# 202209199528518969

FEC

REPORT OF RECEIPTS AND DISBURSEMENTS

FURIVI 3A	For (Other Than An	Authorized	d Commi	ttee		Office Use	e Only	
1. NAME OF COMMITTEE (in f		E OR PRINT ▼		mple: If ty r the lines.		12FE4M	15		
UNITED WOME	EN'S HEAL	TH ALLIANC	E PAC	1 1 1			1 1 1 1	1 1 1	, , , , ,
ADDRESS (number and		021 L ST NW STE 10	01-193						
▼ Check if diffe	rent								
than previous reported. (AC	ly . w	/ASHINGTON				DC	20036		
2. FEC IDENTIFICA	ATION NUMBI	ER ▼	CITY ▲			STATE A		ZIP CODE	
C C00755694			3. IS THIS REPORT		NEW (N) OR	x (A	MENDED A)		
4. TYPE OF REP	ORT (t	b) Monthly Report Due On:	Feb 20 (M2)		May 20 (M5)		g 20 (M8)	(N Ye	ov 20 (M11) on-Election ear Only) ec 20 (M12)
(a) Quarterly Repo	orts:	H	Mar 20 (M3) Apr 20 (M4)	×	Jun 20 (M6) Jul 20 (M7)		20 (M9) 20 (M10)	(N Ye	on-Election ear Only)
April 15 Quarterly	Report (Q1)	(c) 12-Day	Apr 20 (WH)	Primary (1:	` '	General		-	unoff (12R)
July 15 Quarterly	Report (Q2)	PRE-Election		Convention		Special		_	,
	Report (Q3)			M	/ D D /			in the	
	Report (YE)	E	Election on					State of	
July 31 M Report (N Year Only	Ion-election	(d) 30-Day POST-Elect Report for t		General (3	0G)	Runoff	(30R)	Sp	pecial (30S)
Terminatio (TER)	on Report		Election on	M = M	/ D D /	Y Y Y Y Y		in the State of	
5. Covering Period	06 /		022	through	M M 06	/ D D D 30	/ Y Y 2022		
I certify that I have example or Print Name of	M	eport and to the be ASTROIANNI, STE		wledge and	d belief it is tro	ue, correct ar	nd complete	Э.	
Signature of Treasurer	MASTROIA	ANNI, STEPHANIE, , ,		[Electronica	ally Filed] [Date 09	M / 19		2022
NOTE: Submission of fa	ulse, erroneous,	or incomplete infor	mation may su	ubject the p	erson signing t	his Report to	the penaltie	s of 52 U.	S.C. § 3010
Office Use								FORM ev. 05/2016	

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 06 01 2022 06 30 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 84075.45 Beginning of Reporting Period..... 144938.90 898603.96 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 976292.67 229014.35 6(a) and 6(c) for Column B)..... 157048.31 904326.63 7. Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 71966.04 71966.04 (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:		06 30 / 2022				
	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)	1955.00	22460.00				
	(ii) Unitemized	117983.90	851143.96				
	(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	119938.90	873603.96				
	(b) Political Party Committees	0.00	0.00				
	(c) Other Political Committees (such as PACs)	0.00	0.00				
10	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) Transfers From Affiliated/Other	119938.90	873603.96				
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	25000.00	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))▶	144938.90	898603.96				
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	144938.90	898603.96				

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)	10101 11104	Jaionaa Tear-to-Date
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	151874.93	737983.74
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii), and (b))	151874.93	737983.74
CommitteesContributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	0.00	0.00
Independent Expenditures (use Schedule E) Coordinated Party Expenditures	5088.38	165417.89
(52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
	4 4	
Loans Made Refunds of Contributions To: (a) Individuals/Persons Other	0.00	0.00
Than Political Committees	85.00	925.00
(b) Political Party Committees	0.00	0.00
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	85.00	925.00
Other Disbursements (Including		
Non-Federal Donations)	0.00	0.00
 Federal Election Activity (52 U.S.C. § 30101(20) (a) Allocated Federal Election Activity (from Schedule H6) 	0))	
(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
	0.00	0.00
Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	157048.31	904326.63
Total Federal Disbursements	13/190.31	504020.03
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	157048.31	904326.63

DETAILED SUMMARY PAGE

of Disbursements

, ,		
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)	119938.90	873603.96
34. Total Contribution Refunds (from Line 28(d))	85.00	925.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	119853.90	872678.96
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	151874.93	737983.74
37. Offsets to Operating Expenditures (from Line 15, page 3)	25000.00	25000.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	126874.93	712983.74

: 97 `A = G7 9 @ 5 B9 CIG `H9 LH `F9 @ 5 H98 `HC `5 `F9 DC FHž G7 < 98 I @ 9 `C F ` ≠ H9 A = N5 H≠C B

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 Schedule A15 for \$25,000 from "LIVE TRANSFERS AND DONOR CREATION LLC" is a reimbursement for a legal settlement to "Christopher Laccinole", which will be disbursed in a later report.

: 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 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.

Form/Schedule: Transaction ID:

F	OR	OR LINE NUMBER: PAGE 8 OF 36								
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	Statements may not be sold or used by any perse e name and address of any political committee to	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	LLIANCE PAC	
Full Name of Individual (Last, First, Middle In ANDERSON, RICHARD, , , Mailing Address 6317 LOCH MOOR DR	itial) or Full Organization Name	Date of Receipt
City	State Zip Code	06 06 2022 Transaction ID : SA11AI-27938586
EDINA	MN 55439	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer (for Individual) Self Employed	Occupation (for Individual) Psychiatrist	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
Full Name of Individual (Last, First, Middle In ANDREWS, LESTER, , , Mailing Address 100 COLONNADES HILL DR	itial) or Full Organization Name	Date of Receipt
City CHARLOTTESVILLE FEC ID number of contributing	State Zip Code VA 22901	06 19 2022 Transaction ID : SA11Al-27937810 Amount of Each Receipt this Period
federal political committee. Name of Employer (for Individual) Retired	Occupation (for Individual)	30.00 Memo Item
Receipt For: Primary General Other (specify) ▼	Retired Aggregate Year-to-Date ▼ 230.00	
Full Name of Individual (Last, First, Middle In BAYLISS, MARY, , ,	itial) or Full Organization Name	Date of Receipt
Mailing Address 206 CHAD PL City	State Zip Code	06 08 2022 Transaction ID : SA11AI-27939100
OCEAN VIEW FEC ID number of contributing federal political committee.	DE 19970	Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 330.00	
SUBTOTAL of Receipts This Page (optional)	····	330.00
TOTAL This Period (last page this line number	only)	

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

F	OR	OR LINE NUMBER: PAGE 9 OF 36							
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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	ne name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle In BLACK, ANTHONY, , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 1305 NORTHCLIFF AVE APT B13	Tours I = 0 :	06 16 2022
City NORMAN	State Zip Code OK 73071	Transaction ID : SA11AI-27936978 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	55.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
Full Name of Individual (Last, First, Middle II BROWN, JANE, , , Mailing Address 20 WESTBROOK LN	nitial) or Full Organization Name	Date of Receipt
City GROTON FEC ID number of contributing	State Zip Code MA 01450	Transaction ID : SA11AI-27936578 Amount of Each Receipt this Period
name of Employer (for Individual) Retired Receipt For:	Occupation (for Individual) Retired	Memo Item
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	
Full Name of Individual (Last, First, Middle In BROWN, JANE, , , Mailing Address 20 WESTBROOK LN	nitial) or Full Organization Name	Date of Receipt
City GROTON	State Zip Code MA 01450	06 17 2022 Transaction ID : SA11AI-27937832 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	105.00
Name of Employer (for Individual) Retired Receipt For:	Occupation (for Individual) Retired Aggregate Year-to-Date ▼	Memo Item
Primary General Other (specify)	210.00	
SUBTOTAL of Receipts This Page (optional)	>	265.00
TOTAL This Period (last page this line number	r only)	

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

F	OR LINE NUMBER: PAGE 10 OF 36								
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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 t	he 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 BRYANT, GOLDIE, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 23479 ROAD 104		06 02 7 2022
City OAKWOOD	State Zip Code OH 45873	Transaction ID : SA11AI-27934634 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	35.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 235.00	
Full Name of Individual (Last, First, Middle BUIST, EVERDENE, , , Mailing Address 894 142ND AVE	Initial) or Full Organization Name	Date of Receipt
City WAYLAND FEC ID number of contributing federal political committee.	State Zip Code 49348	06 08 2022 Transaction ID : SA11AI-27939112 Amount of Each Receipt this Period 25.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	
Full Name of Individual (Last, First, Middle BURNS, MARY, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 16306 FM 756		06 16 2022
City TYLER	State Zip Code 75703	Transaction ID : SA11AI-27934410 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	35.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 220.00	
SUBTOTAL of Receipts This Page (optional).		95.00
TOTAL This Period (last page this line number	er only)	

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or for commercial purposes, other than using	g the name and address of any political committee			
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTI	H ALLIANCE PAC			
Full Name of Individual (Last, First, Middle CALVANO, VIRGINIA, , ,	le Initial) or Full Organization Name	Date of Receipt		
Mailing Address 8029 1ST ST		06 29 2022		
City PARAMOUNT	State Zip Code 90723	Transaction ID : SA11AI-27935210 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	40.00		
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 205.00			
Full Name of Individual (Last, First, Middle CARTER, MARY, , , Mailing Address 144 CALVIN ST	le Initial) or Full Organization Name	Date of Receipt		
City TOWNSHIP OF WASHINGT FEC ID number of contributing	State Zip Code NJ 07676	Transaction ID : SA11AI-27932064 Amount of Each Receipt this Period		
federal political committee. Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	250.00 Memo Item		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00			
Full Name of Individual (Last, First, Middle COVIN, LEWIS, , , Mailing Address 5323 LEWIS COVIN RD	le Initial) or Full Organization Name	Date of Receipt		
City MACCLENNY	State Zip Code FL 32063	06 21 2022 Transaction ID : SA11AI-27938998 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	30.00		
Name of Employer (for Individual) Retired Receipt For:	Occupation (for Individual) Retired	Memo Item		
Primary General Other (specify)	Aggregate Year-to-Date ▼ 330.00			
SUBTOTAL of Receipts This Page (optional	al)	320.00		
TOTAL This Period (last page this line nun	nber only)			

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	the name and address of any political committee					
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	I ALLIANCE PAC					
Full Name of Individual (Last, First, Middle CUNNINGHAM, ALLEN, , ,	e Initial) or Full Organization Name	Date of Receipt				
Mailing Address 225 E MAIN ST		06 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City SUDLERSVILLE	State Zip Code MD 21668	Transaction ID : SA11AI-27937998 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	105.00				
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00					
Full Name of Individual (Last, First, Middle DIROSARIO, PATRICIA, , , Mailing Address 87 LYMAN BARNES RD	e Initial) or Full Organization Name	Date of Receipt				
City BRIMFIELD FEC ID number of contributing federal political committee.	State Zip Code 01010	Transaction ID : SA11AI-27939162 Amount of Each Receipt this Period				
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00					
Full Name of Individual (Last, First, Middle HARDY, LEROY, , , Mailing Address 374 HICKORY TREE RD	e Initial) or Full Organization Name	Date of Receipt				
City PLEASANT HILL FEC ID number of contributing	State Zip Code NC 27866	Transaction ID : SA11AI-27937862 Amount of Each Receipt this Period				
federal political committee.	C	55.00				
Name of Employer (for Individual) Retired Receipt For:	Occupation (for Individual) Retired Aggregate Year-to-Date ▼	Memo Item				
Primary General Other (specify)	040.00					
SUBTOTAL of Receipts This Page (optional)	285.00				
TOTAL This Period (last page this line numl	ber only)					

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	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	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC							
Full Name of Individual (Last, First, Middle	e Initial) or Full Organization Name	Date of Receipt						
Mailing Address 55 DAVIS LN		06 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
City	State Zip Code	Transaction ID : SA11AI-27937018						
EASTON	MD 21601	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	30.00						
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item						
Retired	Retired	_						
Receipt For:	Aggregate Year-to-Date ▼	1						
Primary General								
Other (specify) ▼	335.00							
Full Name of Individual (Last, First, Middle ISRAEL, LESLEY, , ,	Initial) or Full Organization Name	Date of Receipt						
Mailing Address 55 DAVIS LN		06 19 2022						
City	State Zip Code	Transaction ID : SA11AI-27937812						
EASTON	MD 21601	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	80.00						
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item						
Receipt For:	Aggregate Year-to-Date ▼]						
Primary General Other (specify) ▼	335.00							
Full Name of Individual (Last, First, Middle	e Initial) or Full Organization Name	Date of Receipt						
Mailing Address 9213 SPRING ST		06 14 2022						
City	State Zip Code	Transaction ID : SA11AI-27938030						
HIGHLAND	IN 46322	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:	11.11							
Primary General	00 0							
Other (specify)	275.00							
SUBTOTAL of Receipts This Page (optional)	165.00						
TOTAL This Period (last nage this line num)	ber only)							
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	Statements may not be sold or used by any pers e name and address of any political committee to			
NAME OF COMMITTEE (IN Full) UNITED WOMEN'S HEALTH A	ALLIANCE PAC			
Full Name of Individual (Last, First, Middle In KRAEGER, BOBBY, , ,	itial) or Full Organization Name	Date of Receipt		
Mailing Address 5317 RANDY CT LOT 34		06 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State Zip Code	Transaction ID : SA11AI-27936870		
SANTA ROSA	CA 95403	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	50.00		
Name of Employer (for Individual)	Memo Item			
Best Efforts	Occupation (for Individual) NIGHT CREW	_		
Receipt For:	Aggregate Year-to-Date ▼	1		
Primary General				
Other (specify) ▼	210.00			
Full Name of Individual (Last, First, Middle In KRANER, CAROL, , ,	itial) or Full Organization Name	Date of Receipt		
Mailing Address 317 W MAIN ST		M M / D D / Y Y Y Y Y		
APT 7104	State 7th Condi	06 07 2022		
CHESTER	State Zip Code CT 06412	Transaction ID : SA11AI-27936868		
CHESTER	CT 06412	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	35.00		
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item		
Receipt For:	Aggregate Year-to-Date ▼			
Primary General Other (specify) ▼	250.00			
Full Name of Individual (Last, First, Middle In	itial) or Full Organization Name	Date of Receipt		
Mailing Address 315 S CENTER ST		06 27 2022		
City	State Zip Code	Transaction ID : SA11AI-27937298		
AMERICAN FORK	UT 84003	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	55.00		
Name of Employer (for Individual) Simplii	Occupation (for Individual) Director Of Strategic Partnerships	Memo Item		
Receipt For:				
Primary General				
Other (specify)	Other (specify) 635.00			
SUBTOTAL of Receipts This Page (optional)		140.00		
TOTAL This Period (last page this line number	only)			

FOR LINE NUMBER:					PAGE	•	15	OF		36	
	(check only one)										
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		13		14		15		16			17

	d 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	ALLIANCE DAC					
/ CINITED VVOIVILING HEALTH	ALLIANOL I AU					
Full Name of Individual (Last, First, Middle MARSHALL, ISAIAH, , ,	Initial) or Full Organization Name	Date of Receipt				
Mailing Address 1700 ROBIN LN APT 209		06 07 2022				
City	State Zip Code	Transaction ID : SA11AI-27936354				
LISLE	IL 60532	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	25.00				
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item				
Retired	Retired					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General	225.02					
Other (specify) ▼	235.00					
Full Name of Individual (Last, First, Middle MURPHY, PAM, , ,	Initial) or Full Organization Name	Date of Receipt				
Mailing Address 1103 MALLARD WAY	06 16 2022					
City	State Zip Code					
GRANBURY	TX 76048	Transaction ID : SA11AI-27937878 Amount of Each Receipt this Period				
FEC ID number of contributing	7 and and of Each Floodipt tills I dried					
federal political committee.	[C]	75.00				
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	210.00					
Full Name of Individual (Last, First, Middle RICHARDS, JANE, , ,	Initial) or Full Organization Name	Date of Receipt				
Mailing Address 16 SALISBURY DR		M = M / D = D / Y = Y = Y				
APT 7504	Otal:	06 30 2022				
City ASHEVILLE	State Zip Code NC 28803	Transaction ID : SA11AI-27933196				
	20003	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	50.00				
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item				
Receipt For:						
Primary General Other (specify)						
SUBTOTAL of Receipts This Page (optional)	>	150.00				
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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE P	AC	
Full Name of Individual (Last, First, Middle II SMITH, MARY, , , Mailing Address 244 N MACY ST	nitial) or Full Orgar	nization Name	Date of Receipt
		I	06 16 2022
City FOND DU LAC	State WI	Zip Code	Transaction ID : SA11AI-27934384
	VVI	54935	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		40.00
Name of Employer (for Individual) Retired	Occupat Retired	tion (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼			
Full Name of Individual (Last, First, Middle II STARR, BETH, , ,	Date of Receipt		
Mailing Address 2231 NE BRIDGECREEK AV APT 107	06 14 2022		
City VANCOUVER	State WA	Zip Code 98664	Transaction ID : SA11AI-27938034 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		80.00
Name of Employer (for Individual) Retired	Occupat Retired	tion (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 305.00	
Full Name of Individual (Last, First, Middle In WALKER, SANDRA, , ,	nitial) or Full Orgar	nization Name	Date of Receipt
Mailing Address 734 BRISTOL VILLAGE DR APT 104	la.		06 02 7 2022
City MIDLOTHIAN	State VA	Zip Code 23114	Transaction ID : SA11AI-27938922
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) Retired	Occupat Retired	tion (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 225.00	
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VUNITED WOMEN'S HEALTI	TI ALLIANGE PAG					
Full Name of Individual (Last, First, Middl	le Initial) or Full Organization Name	Date of Receipt				
Mailing Address 734 BRISTOL VILLAGE APT 104	DR	06 06 2022				
City	State Zip Code	Transaction ID : SA11AI-27938582				
MIDLOTHIAN	VA 23114	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	35.00				
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3		Date of Receipt				
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City	State Zip Code					
	2.5 5545	Amount of Each Receipt this Period				
FEC ID number of contributing	C	The state of the s				
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Full Name of Individual (Last, First, Middl	ne milian or Full Organization Name	Date of Receipt				
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City	State Zip Code	1				
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Primary General	· Aggregate rear-to-Date *					
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PAC.										

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. LIVE TRANSFERS AND DONOR CREATION LLC Mailing Address City Suite GM8 City Suite GM8 State PR 00909 FEC ID number of contributing federal political committee. Name of Employer (for Individual) Uniter RANSFERS City State City State City State FEC ID number of contributing federal political committee. Aggregate Year-to-Date ▼ Primary General City State FEC ID number of contributing federal political committee. Name of Employer (for Individual) FEC ID number of contributing federal political committee. Name of Employer (for Individual) City State City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer (for Individual) City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. City State Zip Code Amount of Each Receipt this Period Amount of Each Receipt this Period Memo Item Date of Receipt Amount of Each Receipt this Period Memo Item Date of Receipt Amount of Each Receipt this Period Memo Item Date of Receipt Amount of Each Receipt this Period Memo Item Aggregate Year-to-Date ▼ Primary Other (apocity) Aggregate Year-to-Date ▼ Date of Receipt Amount of Each Receipt this Period Memo Item Aggregate Year-to-Date ▼ Date of Receipt Amount of Each Receipt this Period Date of Receipt Amount of Each Receipt this Period Date of Receipt Amount of Each Receipt this Period Date of Receipt Amount of Each Receipt this Period Date of Receipt Amount of Each Receipt this Period Date of Receipt Da		y information copied from such Reports and Stat for commercial purposes, other than using the na			
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Primary General Cher (specify) ▼ 25000.00		Descript Fem		- Reimbursement of Legal Settlement	
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NAME OF COMMITTEE (In Full)												
UNITED WOMEN'S HEALTH ALL	IANCE F	PAC										
/			-									
Full Name (Last, First, Middle Initial)				Date of Disbursement								
A. ABC Company				M M / D D / Y Y Y Y								
Mailing Address PO Box 2413				06 29 2022								
Oth	01-1	7:- 0 !										
City Huntington	State NY	Zip Code 11743		FEC Identification Number								
Purpose of Disbursement		1		С								
Fundraising and Media Consulting			004	Transaction ID : SB21B-73667								
Candidate Name			Category/	Amount of Each Disbursement this Period								
Office Sought: House Disburse	ement For:		Туре	12000.00								
Senate Signification Disburse	Primary	General		7 7								
President	Other (spe	ecify) 🔻		Memo Item								
State: District:				<u> </u>								
Full Name (Last, First, Middle Initial)				B (B) .								
B. ABC Company				Date of Disbursement								
Mailing Address PO Box 2413				06 29 2022								
City	State NY	Zip Code		FEC Identification Number								
Huntington Purpose of Disbursement	INI	11743		C								
Fundraising and Media Consulting			004	Transaction ID : SB21B-73667								
Candidate Name			Category/	Amount of Each Disbursement this Period								
Office Sought: House Bishings	mont For		Type	5000.00								
Office Sought: House Disburse Senate	ement For: Primary	General		5000.00								
President	Other (spe			1 Marina Marin								
State: District:	1			Memo Item								
Full Name (Last, First, Middle Initial)												
C. Blank Rome LLP				Date of Disbursement								
Mailing Address 1825 Eye Street NW				06 15 2022								
City	State	Zip Code		FEC Identification Number								
Washington Purpose of Disbursement	DC	20006		С								
Legal Fees			001	Transaction ID : SB21B-73664								
Candidate Name			Category/	Amount of Each Disbursement this Period								
Office Sought: House Distance	mont Fam		Туре	3235.00								
Office Sought: House Disburse Senate	ment For: Primary	General		3233.00								
President	Other (spe			Memo Item								
State: District:				Ivienio item								
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NAME OF COMMITTEE (In Full)													
UNITED WOMEN'S HEALTH AL	LIANCE	PAC											
Full Name (Last, First, Middle Initial)					Date of Disbursement								
A. COA Network Inc.					Date of	/ Disburse		YYYY					
Mailing Address 991 Route 22 West Suite 200					06 23 2022								
City	State	Zip Code			FEC Id	entificatio	n Number						
Bridgewater Township Purpose of Disbursement	NJ	08807											
800 Telephone numbers			001		С								
Candidate Name				-			ID : SB21						
			Category Type	//	Amoun	t of Each	Disburser	nent this Period					
Office Sought: House Disbur	sement For:		71					154.90					
Senate	Primary	General											
State: District:	Other (sp	ecify) \blacktriangledown			Me	mo Item							
Full Name (Last, First, Middle Initial)													
B. EagleBank					Date of	f Disburse	ement						
Lagiebaik					M = M / D = D / Y = Y = Y								
Mailing Address 7815 Woodmont ave				06		13	2022						
City	State	Zip Code			FEC Id	entificatio	n Number						
Bethesda Purpose of Disbursement	MD	20814											
Bank analysis fee			001		С								
Candidate Name				.,			ID: SB21						
			Category Type	"	Amount of Each Disbursement this Per								
Office Sought: House Disbur	sement For:				294.55								
Senate	Primary	General											
President	Other (sp	ecify)			Memo Item								
State: District: Full Name (Last, First, Middle Initial)													
C. Google Gsuite					Date of	f Disburse	ement						
Mailing Address 1600 Amphitheatre Pkwy					06	/ D)3 / Y	2022					
City	Ctoto	Zin Code		_									
City Mountain View	State CA	Zip Code 94043			FEC Id	entificatio	n Number						
Purpose of Disbursement		0.0.0		_	С								
Email Services			001	ш	Transaction ID : SB21B-73661								
Candidate Name			Category	//	Amount of Each Disbursement this Period								
Office Sought: House Disbur	sement For:		Type	\dashv				39.11					
Senate	Primary						7 7						
President	Other (specify) ▼					Memo Item							
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or for commercial purposes, other than using the name													
NAME OF COMMITTEE (In Full)													
DITTED WOMEN'S HEALTH ALLI	ANCE P	PAC											
Full Name (Last, First, Middle Initial)													
A. Grasshopper				Date	Date of Disbursement								
Mailing Address 320 Summer St				06	06 21 2022								
,	State	Zip Code		FEC	ldentifi	ication	Number						
Boston Purpose of Disbursement	MA	02210			-	_							
Telephone Service			001										
Candidate Name			Category/				D : SB21 Disbursen	B-73664 ment this Period					
		Type											
Office Sought: House Disburser		0						107.67					
Senate President	Primary Other (spec	General											
State: District:	CC. (Open	,, ▼			1emo I	Item							
Full Name (Last, First, Middle Initial)													
B. Intuit Inc.				Date	Date of Disbursement O6 O6 2022								
Mailing Address 2700 Coast Ave				06									
maining real eee 2700 Godst Ave				-		,							
,	State	Zip Code	FEC	ldentifi	ication	Number							
Mountain View Purpose of Disbursement	CA	94043	C	_									
Accounting Software			001			ation I	D : SB21	D 72662					
Candidate Name			Category/	_			_	nent this Period					
Office Sought: House Disburser	mont For:		Type	100.70									
Senate Dispulser	Primary	General		100.70									
President	Other (spec			Memo Item									
State: District:					ieiiio i	item							
Full Name (Last, First, Middle Initial)	005471	01110		Data	-4 D:-	h							
C. LIVE TRANSFERS AND DONOR	CREATION	ON LLC		Date	of Dis	Durser		TY TY TY					
Mailing Address 1607 Ponce de Leon ave				06		01		2022					
Suite GM8 City	State	Zip Code											
SAN JUAN	PR	00909		FEC	ldentifi	ication	Number						
Purpose of Disbursement Telephone fundraising		1		C									
Candidate Name			003	Ţ	Transaction ID : SB21B-73709								
Candidate Name			Category/ Type	Amou	nt of E	Each [Disbursen	nent this Period					
Office Sought: House Disburser	ment For:		-772					5031.85					
Senate	Primary	General					_						
President Pietriot:	Other (spec	cify) 🔻		M	1emo I	Item							
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A. LIVE TRANSFERS AND DONOR	CREAT	ION LLC			M = M	f Disburse	D / Y	YYY			
Mailing Address 1607 Ponce de Leon ave Suite GM8	<u> </u>		06 01 2022								
City SAN JUAN	State PR	Zip Code 00909		FEC Id	entificatio	n Number					
Purpose of Disbursement		00303			С						
Telephone fundraising			003			neaction	ID : SB21	R-73700			
Candidate Name			Categor	y/			_	ent this Period			
Office Sought: House Disburse	ment For:		Type					11740.97			
Senate Disburse	Primary	General				7	7	111 10.01			
President	Other (spe				Me	mo Item					
State: District:					L IVIC	THO ILCHI					
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B. LIVE TRANSFERS AND DONOR	CREAT	ION LLC			Date of	f Disburse					
Mailing Address 1607 Ponce de Leon ave Suite GM8		06		03	2022						
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Telephone fundraising - clearing from 05/18/22			003		С						
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	ment For:	0					7	5088.38			
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C. LIVE TRANSFERS AND DONOR	CREAT	ION LLC			Date of	f Disburse		YYY			
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Telephone fundraising - clearing from 05/18/22			003			ensaction	ID : SB21I	B-73709			
Candidate Name			Categor	y/				ent this Period			
Office Sought: House Disburse	ment For:		Type					11872.90			
Senate Dispulse	Primary	General				7	7	11072.00			
President	Other (spe				Ma	mo Item					
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SUBTOTAL of Disbursements This Page (optional)								23613.87			
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TOTAL This Period (last page this line number only)					_					

SCHEDULE B (FEC Form 3X)			FOF	R LINE	NUMBER	:	PA	GE 23 OF 36					
ITEMIZED DISBURSEMENTS		rate schedule(s) category of the	I ` —	ck onl	, — ,			0.7					
		Summary Page		21b 28a	22 28b	23 28c	26	27 30b					
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NAME OF COMMITTEE (In Full)													
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A. LIVE TRANSFERS AND DONOR (CREATI	ON LLC			Date o	f Disburs		/					
Mailing Address 1607 Ponce de Leon ave Suite GM8					06 08 2022								
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Candidate Name			Categ	ory/	1		1D : SB2 Disburser	1B-73709 ment this Period					
			Тур		7		2.000.00.						
Office Sought: House Disbursen								5193.09					
	Primary Other (spec	General											
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B. LIVE TRANSFERS AND DONOR		Date o	f Disburs										
Mailing Address 1607 Ponce de Leon ave Suite GM8		06		D / Y	2022								
,	State	Zip Code			FEC Id	entificatio	n Number						
SAN JUAN Purpose of Disbursement	PR	00909											
Telephone fundraising			003	3	C		ID ODG	ID 70700					
Candidate Name			Categ	ory/	1		ID : SB21 Disburser	ment this Period					
			Тур	40447.00									
Office Sought: House Disbursen Senate	nent For: Primary	General				-		12117.20					
	Other (spec				п								
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C. LIVE TRANSFERS AND DONOR (CREATI	ON LLC				f Disburs							
Mailing Address 1607 Ponce de Leon ave					06		15	2022					
Suite GM8													
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Telephone fundraising			003	3		neaction	ı ID : SB2	1R-7371(
Candidate Name			Categ	ory/	Amount of Each Disbursement this Period								
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Office Sought: House Disbursen Senate	nent For: Primary	General			5000.00								
President	Other (spec				П.,								
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								22206.05					
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SCHEDULE B (FEC Form 3X)			FOR	LINE	NUMBER:		PAG	E 24 OF 36				
ITEMIZED DISBURSEMENTS		rate schedule(s) category of the	I ` —	ck only				0.7				
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A. LIVE TRANSFERS AND DONOR (CREATION	ON LLC			Date of Disbursement							
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Mailing Address 1607 Ponce de Leon ave Suite GM8					06		5	2022				
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Purpose of Disbursement Telephone fundraising			003		С							
Candidate Name							ID : SB21					
			Catego Type		Amoun	. OI Eacii	Disburseii	nent this Period				
Office Sought: House Disbursen	nent For:					- 45	-	11868.00				
	Primary	General										
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Full Name (Last, First, Middle Initial)												
B. LIVE TRANSFERS AND DONOR (Date of	Disburse	ement								
Mailing Address 1607 Ponce de Leon ave Suite GM8		06	2	22	2022							
,	State PR	Zip Code 00909			FEC Id	entificatio	n Number					
Purpose of Disbursement		00909		_	С							
Telephone fundraising			003			nsaction	ID : SB21	B-73710				
Candidate Name			Catego		Amount	of Each	Disbursem	ent this Period				
Office Sought: House Disbursen	nent For:		Туре)				5079.81				
	Primary	General				7	7	4				
	Other (spec	eify)			Me	mo Item						
State: District:												
Full Name (Last, First, Middle Initial) C. LIVE TRANSFERS AND DONOR (REATION	ONLLC			Date of	Disburse	ement					
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Mailing Address 1607 Ponce de Leon ave					06	2	2	2022				
Suite GM8 City S	State	Zip Code										
SAN JUAN	PR	00909			FEC Id	entificatio	n Number					
Purpose of Disbursement Telephone fundraising		003		С								
Candidate Name			Catego		Transaction ID: SB21B-7371(Amount of Each Disbursement this Period							
			Type		Table 5. East Sissarsonion this Follow							
Office Sought: House Disbursen					11852.89							
	Primary Other (spec	General										
State: District:	Cirioi (apec	'''y) ▼			Me	mo Item						
SUBTOTAL of Disbursements This Page (optional)				▶				28800.70				
TOTAL This Period (last page this line number only)												

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SCHEDULE B (FEC Form 3X)			NUMBER: PAGE 25 OF 36							
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	Detailed Summary Pa			26 27 29 30b						
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or for commercial purposes, other than using the nam										
NAME OF COMMITTEE (In Full)										
UNITED WOMEN'S HEALTH ALLIA	ANCE PAC									
Full Name (Last, First, Middle Initial) A. LIVE TRANSFERS AND DONOR (PREATION I I C		Date of Disbursem	ent						
			M M / D D	/ Y Y Y Y						
Mailing Address 1607 Ponce de Leon ave Suite GM8			06 29	7						
,	State Zip Code PR 00909		FEC Identification I	Number						
Purpose of Disbursement			C							
Telephone fundraising		003) : SB21B-73710						
Candidate Name		Category/		sbursement this Period						
Office Sought: House Disbursem	nent For:	Туре		5177.83						
	nent For: Primary	ral		5171.00						
	Other (specify) ▼		Memo Item							
Full Name (Last, First, Middle Initial)										
B. LIVE TRANSFERS AND DONOR (CREATION LLC		Date of Disbursem	ent						
Mailing Address 1607 Ponce de Leon ave Suite GM8			06 29	2022						
,	State Zip Code PR 00909		FEC Identification I	Number						
Purpose of Disbursement			C							
Telephone fundraising		003		: SB21B-73711						
Candidate Name		Category/ Type	Amount of Each Disbursement this Period							
Office Sought: House Disbursem	nent For:		12081.57							
	Primary Gener	ral								
President State: District:	Other (specify)		Memo Item							
Full Name (Last, First, Middle Initial)										
C. North American Marketing Solution	s Inc		Date of Disbursem	ent						
Mailing Address 3245 N 126th St			06 / D D	2022						
City	State Zip Code		FEC Identification I	Number						
Brookfield	WI 53005			vui IIDGI						
Purpose of Disbursement Mailers and Caging		003								
Candidate Name		Category/ Type		Sbursement this Period						
Office Sought: House Disbursem	nent For:	1,700		2343.97						
	Primary Gener	ral								
	Other (specify) ▼		Memo Item							
State: District:										
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Α.	North American Marketing Solution	s Inc		Date of Disbursement										
							M M / D D / Y Y Y Y							
	Mailing Address 3245 N 126th St			06 15 2022										
	City	State												
	Brookfield	WI	Zip Code 53005				FEC	dent	ificatior	ı Nu	mber			
	Purpose of Disbursement Mailers and Caging					\neg	C							
	Candidate Name				003						-	-73664		
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	Office Sought: House Disburser	nent For:	I		7100							2752.89	9	
	Senate	Primary	General						,		-,			
	State: President State:	Other (speci	ify) ▼				N	lemo	Item					
_	Full Name (Last, First, Middle Initial)													
В.	North American Marketing Solution		Date	of Di	sburse	men	t							
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	Mailing Address 3245 N 126th St		06		1	5	Ш	2022						
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	Purpose of Disbursement Mailers and Caging				200		C							
	Candidate Name				003		-					-73664		
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	Office Sought: House Disburser	nent For:	1									4242.66	3	
	Senate	Primary	General						,		,			
	President State: District:	Other (speci	ify)				N	lemo	Item					
_	Full Name (Last, First, Middle Initial)													
C.	North American Marketing Solution	s Inc					Date	of Di	sburse	men	t			
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	Mailing Address 3245 N 126th St						06		2		Ш	2022		
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	Candidate Name				egor	24	-				SB21B	-7366€ ent this P	eriod	
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	Office Sought: House Disburser										7	3303.54	4	
	Senate President	Primary Other (speci	General											
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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(
	for each category of the Detailed Summary Page	21b 28a	22 23 26 27 28b 28c 29 30b
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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIA			
Full Name (Last, First, Middle Initial) A. North American Marketing Solutions	s Inc		Date of Disbursement
Mailing Address 3245 N 126th St			06 29 2022
Brookfield	State Zip Code WI 53005		FEC Identification Number
Purpose of Disbursement Mailers and Caging Candidate Name		003 Category/	Transaction ID : SB21B-73667 Amount of Each Disbursement this Period
Office Sought: House Disbursem	nent For: Primary General	Type	3454.42
	Other (specify) ▼		Memo Item
Full Name (Last, First, Middle Initial) B. North American Marketing Solution Mailing Address 3245 N 126th St	is Inc		Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Brookfield Purpose of Disbursement		FEC Identification Number	
Mailers and Caging Candidate Name		003 Category/ Type	Transaction ID : SB21B-73668 Amount of Each Disbursement this Period
President	nent For: Primary General Other (specify)		7389.93 Memo Item
State: District: Full Name (Last, First, Middle Initial) C. PACSmart Filing Services			Date of Disbursement
Mailing Address 1013 Centre Rd. Suite 403-A			06 27 2022
,	State Zip Code DE 19805		FEC Identification Number
Candidate Name		Category/ Type	Transaction ID: SB21B-73666 Amount of Each Disbursement this Period
	nent For: Primary General Other (specify) ▼		1100.00 Memo Item
SUBTOTAL of Disbursements This Page (optional)			11944.35
TOTAL This Period (last page this line number only).			

S	CHEDULE B (FEC Form 3X)		FOR LINE						E NUMBER: PAGE 28 OF 36								
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the	(0			only one) 1b										
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	NAME OF COMMITTEE (In Full)																
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$\overline{}$	Full Name (Last, First, Middle Initial)						Date of Disbursement										
A.	PACSmart Filing Services						M = M	t Dis	D	D /		Y I Y I Y	7				
	Mailing Address 1013 Centre Rd. Suite 403-A						06	_	29	<u>'</u>	<u> </u>	2022	_				
	City Wilmington	State DE	Zip Code 19805	FEC Io	lentif	ication	Num	ber									
	Purpose of Disbursement FEC Compliance Reporting			Γ.	-	\neg	С	_									
	Candidate Name				egoi	ry/				_		- 73667 ent this Pe	riod				
	Office Sought: House Disburse	ment For:		Т	ype		Γ.					2200.00	П				
	Senate	Primary	General				_		7		,	- 4	_				
	State: President District:	Other (spec	Jily) ▼				Me	emo	Item								
	Full Name (Last, First, Middle Initial)																
B.	RallyPay								Date of Disbursement								
	Mailing Address 995 Market Street Floor 2	State Zip Code					06	_	30)	느	2022					
	City San Franciso	State CA		FEC Io	lentif	ication	Num	ber									
	Purpose of Disbursement							C									
	Combined "off the top" Credit Card Chargebacks Candidate Name				003	41				_		75321					
					egor ype	′y/	Amount of Each Disbursement this Period										
		ment For:					29.00										
	Senate President	Primary Other (spec	General cify)				П., .										
	State: District:						IVIE	emo	item								
C.	Full Name (Last, First, Middle Initial) RallyPay						Date o	f Dis	burser	ment							
	Mailing Address 995 Market Street Floor 2						06	/	30	_		2022]				
		State	Zip Code				FEC Id	lentif	ication	Num	her						
	San Franciso	CA	94103						loation	Ttulli	001	-					
	Purpose of Disbursement Combined "off the top" CC Transaction fees Jun			(003	\Box	Transaction ID : SB21B-75320										
	Candidate Name		Amount of Each Disbursement this Period														
		ment For:	Type nent For:						85.80								
	Senate President	Primary	·														
	State: District:	Other (spec	city) 🔻				Me	emo	Item								
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		Date of Disbursement Transaction ID: SB21B-75321 Amount of Each Disbursement this Period Memo Item Date of Disbursement Transaction ID: SB21B-75321 Amount of Each Disbursement this Period Memo Item Date of Disbursement Telephone			
PAC Zip Code 94103 General	003 Category/	Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Zip Code 94103 General ecify)	003 Category/	Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
94103 General ecify)	Category/	FEC Identification Number C Transaction ID: SB21B-75321 Amount of Each Disbursement this Period 154.60 Memo Item Date of Disbursement 06 30 / YYYYYY 2022			
94103 General ecify)	Category/	FEC Identification Number C Transaction ID: SB21B-75321 Amount of Each Disbursement this Period 154.60 Memo Item Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
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Zip Code		FEC Identification Number			
94103					
so CA 94103 Disbursement I "off the top" Credit Card Chargebacks					
Candidate Name Categor Type					
ffice Sought: House Disbursement For: Senate Primary General President Other (specify) ate: District:					
		Date of Disbursement			
		06 30 7 2022			
Zip Code 94103		FEC Identification Number			
	003 Category/ Type	Transaction ID : SB21B-7532(Amount of Each Disbursement this Period			
General	.,,,,	220.52			
5011y) ▼		Memo Item			
	Zip Code 94103 General ecify)	Zip Code 94103 O03 Category/ Type General			

SCHEDULE B (FEC Form 3X)								GE 30 OF 36				
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Full Name (Last, First, Middle Initial)					Data of	Disburs	omont					
A. RallyPay					M M	_		YYY				
Mailing Address 995 Market Street		06 30 2022										
Floor 2		1										
City San Franciso	State CA	Zip Code 94103			FEC Id	entificatio	n Number					
Purpose of Disbursement	<u> </u>	94103		_	С							
Combined "off the top" Credit Card Chargebacks			003			ncoction	ID : SB21	ID 75220				
Candidate Name			Category	//			_	ment this Period				
			Туре					200.00				
Office Sought: House Disburse Senate	ment For: Primary	General			290.00							
President	Other (spe											
State: District:] , ,				Ivie	mo Item						
Full Name (Last, First, Middle Initial)												
B. RallyPay		Date of Disbursement 06 30 2022										
Mailing Address 995 Market Street												
Floor 2								2022				
City	State CA	Zip Code 94103			FEC Id							
San Franciso Purpose of Disbursement	_	С										
Combined "off the top" CC Transaction fees Jun			003			naastian	ID - CD24	D 75220				
Candidate Name	//	Transaction ID: SB21B-75320 Amount of Each Disbursement this Period 1098.23										
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Office Sought: House Disburse Senate	ment For: Primary	General				1096.23						
President	Other (spe											
State: District:]				Memo Item							
Full Name (Last, First, Middle Initial)												
C. RallyPay					Date of	Disburs						
Mailing Address 995 Market Street					06	/ D	30 / Y	2022				
Floor 2												
City	State CA	Zip Code			FEC Id	entificatio	n Number					
San Franciso Purpose of Disbursement	CA	94103		_	\cap							
Combined "off the top" CC Transaction fees Jun			003	Ш	Transaction ID : SB21B-75320							
Candidate Name			Category	//			_	ment this Period				
Office Sought: House 5:1	Type							1279.69				
Office Sought: House Disburse Senate	ment For: Primary	General				-	7	1213.03				
President	Other (spe				Ma	ma Itam						
State: District:	, ,				LI IVIE	mo Item						
						-		2667.00				
SUBTOTAL of Disbursements This Page (optional).				<u> </u>		-		2667.92				
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Use separate schedule(s) for each category (check only one)	S	CHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 31					31	OF 36							
Detailed Summary Page 28a 28b 29 30b 3	IT	EMIZED DISBURSEMENTS				heck	k only	one)										
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. MAME OF COMMITTEE (In Full)												-		L				
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 Paul) UNITED WOMEN'S HEALTH ALLIANCE PAC Full Name (Last, First, Middle Initial) City City City Code Cuty Condidate Name Cardodate Name Cardodate Name City State Prince of Disbursement State: District Full Name (Last, First, Middle Initial) Disbursement For: Sanate Prince of Disbursement City State: District Full Name (Last, First, Middle Initial) Disbursement Category/ Type Office Sought: Branate Prince of Disbursement City State Disbursement For: State: Disbursement Category/ Type FEC Identification Number C Amount of Each Disbursement this Period Tity Memo Item FEC Identification Number C Amount of Each Disbursement Category/ Type FEC Identification Number C C Category/ Type FEC Identification Number C C Amount of Each Disbursement this Period Firmary Office Sought: Branate Princary Office Sought: Fec Identification Number C Mailing Address City State Firmary General FEC Identification Number C Mailing Address City Memo Item FEC Identification Number C Memo Item Memo Item Memo Item Firmary General Firmary General FEC Identification Number C Memo Item Memo Item Memo Item Memo Item Firmary General FEC Identification Number C Mailing Address City Memo Item FEC Identification Number C Memo Item Memo Item Firmary Memoritem Memo Item Firmary Memoritem Firmary Firmary General FEC Identifi	Γ _Λ	us information coming from such Demants and Otates										- 6						
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SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 32
FOR LINE NUMBER: (check only one)

9 **X** 10

36

OF

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: SD10-997100 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): Telephone fundraising LIVE TRANSFERS AND DONOR CREATION LLC Mailing Address 1607 Ponce de Leon ave Suite GM8 City State Zip Code SAN JUAN 00909 Outstanding Balance Beginning This Period Transaction ID: SD10-997102 16961.28 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 16961.28 0.00 0.00 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 Payment This Period Outstanding Balance at Close of 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)

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

2920.07

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

PAGE 33 OF 36 FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ UNITED WOMEN'S HEALTH ALLIANCE PAC C00755694 Check if 24-hour report 48-hour report New report Amends report filed on Date of Public Distribution/Dissemination Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC 05 18 2022 Mailing Address 1607 Ponce de Leon ave Amount Suite GM8 Zip Code 636.05 City State PR 00909 Transaction ID: SE-S936334 SAN JUAN Date of Disbursement or Obligation Purpose of Expenditure Category/ Telephone Fundraising - clearing from 05/18/22 004 06 03 2022 Type Name of Federal Candidate: 14 **X** Support Office Sought: **X** House District: LAWRENCE, BRENDA, LULENAR, , Oppose ΜI President Senate State: x Primary Disbursement For: General Calendar Year-To-Date 19957.08 2022 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Memo Item LIVE TRANSFERS AND DONOR CREATION LLC 2022 18 05 Mailing Address 1607 Ponce de Leon ave Amount Suite GM8 636.04 City State Zip Code SAN JUAN Transaction ID: SE-S936336 PR 00909 Date of Disbursement or Obligation Purpose of Expenditure Category/ Telephone Fundraising - clearing from 05/18/22 004 03 2022 06 Type Name of Federal Candidate: 80 **✗** Support Office Sought: **X** House District: LESKO, DEBBIE, , , ΑZ Oppose President Senate State: x Primary Disbursement For: General Calendar Year-To-Date 19957.06 2022 Per Election for Office Sought Other (specify) ▶ 1272.09 (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures..... (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. MASTROIANNI, STEPHANIE, , , [Electronically Filed] 05 18 2022 Date Signature

SCHEDULE E (FEC Form 3X)

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TEMIZED INDEPENDENT EXPENDITURES				PAGE 34 OF 36			
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X			
UNITED WOMEN'S HEALTH ALLIAN	FEC IDENTIFICATION NUMBER ▼						
				C C00755694			
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Official III 24 flour report	Trow rope	7 WHO TO TO PO	ort mod on				
Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	☐ Memo	Item Date	e of Public Distribution/Dissemination			
EIVE TRANSPEROAM BONGROKEA	TION LLO			05 18 2022			
Mailing Address 1607 Ponce de Leon ave	Amo	ount .					
Suite GM8			Amo				
City	State	Zip Code		636.05			
SAN JUAN	PR	00909		nsaction ID : SE-S936338 e of Disbursement or Obligation			
Purpose of Expenditure Telephone Fundraising - clearing from 05/18/22		Category/ Type 004	4	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate:		X Support	Office Sou	ght: House District: 00			
BLUNT, ROY, , ,		Oppose	Presi				
Calendar Year-To-Date			Disburseme	ent For: X Primary General			
Per Election for Office Sought		19957.04	2022	Other (specify) ▶			
Full Name of Payee		Memo	1	e of Public Distribution/Dissemination			
LIVE TRANSFERS AND DONOR CR	EATION LL	.C		M M / D D / Y Y Y			
Mailing Address		05 18 2022					
1607 Ponce de Leon ave Suite GM8	Amo	punt					
City	State	Zip Code		636.05			
SAN JUAN	Tra	Transaction ID : SE-S936340 Date of Disbursement or Obligation					
Purpose of Expenditure		Category/		M M / D D / Y Y Y Y			
Telephone Fundraising - clearing from 05/18/22		Type 004		06 03 2022			
Name of Federal Candidate:		x Support	Office Sou	ght: House District:00			
MURRAY, PATTY, , ,		Oppose	Presi	ident Senate State: WA			
Calendar Year-To-Date		10057.05	Disburseme	ent For: 🗶 Primary 🔲 General			
Per Election for Office Sought	7	19957.05	2022	Other (specify) ▶			
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(a) SUBTOTAL of Itemized Independent Expenditures				1272.10			
(b) SUBTOTAL of Unitemized Independent Expenditure	'es		. •				
(c) TOTAL Independent Expenditures			· •				
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	•		•			
MASTROIANNI, STEPHANIE, , ,	Electronically File	ed1	M = M	/ D D / Y Y Y Y			
Signature		Date	e 05	18 2022			

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDENT EXPENDITURES				PAGE 35 OF 36 FOR LINE 24 OF FORM 3X			
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼			
UNITED WOMEN'S HEALTH ALLIAN	ICE PAC			C C00755694			
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Full Name of Payee LIVE TRANSFERS AND DONOR CREA	TION LLC	☐ Memo		of Public Distribution/Dissemination			
Mailing Address 1607 Ponce de Leon ave			Amou	لىنىا لىا لت			
Suite GM8 City	State	Zip Code	<u> —</u> г	636.05			
SAN JUAN							
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Name of Federal Candidate:		X Support	Office Sough	nt: House District:00			
VAN HOLLEN, CHRIS, , ,		Oppose	Presid	ent Senate State: MD			
Calendar Year-To-Date Per Election for Office Sought		19957.05	Disbursemer	,			
Full Name of Payee	, , , , , , , , , , , , , , , , , , , ,	□ Mama	_	Other (specify) ► of Public Distribution/Dissemination			
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Mailing Address 1607 Ponce de Leon ave		سبا لبا لت					
Suite GM8			Amou	nt			
City SAN JUAN		636.05 Transaction ID : SE-S936344					
Purpose of Expenditure		of Disbursement or Obligation					
Telephone Fundraising - clearing from 05/18/22		Category/ Type 004		06 03 2022			
Name of Federal Candidate:		🗶 Support	Office Sough	nt: District: 00			
CORNYN, JOHN, , Sen,		Oppose	Presid	ent Senate State: TX			
Calendar Year-To-Date Per Election for Office Sought	7 7	19957.05	Disbursemer 2026	nt For: x Primary General Other (specify) ▶			
			I				
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Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized						
MASTROIANNI, STEPHANIE, , ,	[Electronically Fil	led] Date	e 05	18 2022			
Signature			, ,,	لحضيا ليبا			

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDENT EXPENDITURES				PAGE 36 OF 36 FOR LINE 24 OF FORM 3X		
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼		
UNITED WOMEN'S HEALTH ALLIAN	CE PAC			C C00755694		
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Mailing Address 1607 Ponce de Leon ave	Amo	unt				
Suite GM8 City	State	Zip Code	— r	636.04		
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Purpose of Expenditure Telephone Fundraising - clearing from 05/18/22		Category/ Type 004		of Disbursement or Obligation M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate:		X Support	Office Soug	ht: House District: 00		
TILLIS, THOM, R., Sen,		Oppose	Presid	dent Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	19957.05	Disburseme	ent For: x Primary General Other (specify) ▶		
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Mailing Address 1607 Ponce de Leon ave	Amo	unt				
Suite GM8	Lau					
City SAN JUAN	State PR	Zip Code 00909		636.05 nsaction ID : SE-S936348 of Disbursement or Obligation		
Purpose of Expenditure Telephone Fundraising - clearing from 05/18/22		Category/ Type 004		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate:		✗ Support	Office Soug	ht: House District: 00		
SHAHEEN, JEANNE, , ,		Oppose	Presid	dent Senate State: NH		
Calendar Year-To-Date Per Election for Office Sought	7 1 7	19957.06	Disburseme	ent For: x Primary General Other (specify) ▶		
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(b) SUBTOTAL of Unitemized Independent Expenditure	es		· • [7 1 7 1 7		
(c) TOTAL Independent Expenditures			· [5088.38		
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ite or authorized					
MASTROIANNI, STEPHANIE, , ,	Electronically Fil	ed]	M M /	18 2022		
Signature		Date	9 05	2022		