

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

UNITED WOMEN'S HEALTH ALLIANCE PAC

ADDRESS (number and street)

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- Feb 20 (M2)
 - Mar 20 (M3)
 - Apr 20 (M4)
 - May 20 (M5)
 - Jun 20 (M6)
 - Jul 20 (M7)
 - Aug 20 (M8)
 - Sep 20 (M9)
 - Oct 20 (M10)
 - Nov 20 (M11) (Non-Election Year Only)
 - Dec 20 (M12) (Non-Election Year Only)
 - Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the:
- Primary (12P)
 - General (12G)
 - Runoff (12R)
 - Convention (12C)
 - Special (12S)

Election on / / in the State of

- (d) 30-Day POST-Election Report for the:
- General (30G)
 - Runoff (30R)
 - Special (30S)

Election on / / in the State of

5. Covering Period / / through / /

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

Type or Print Name of Treasurer

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

UNITED WOMEN'S HEALTH ALLIANCE PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2022"/>		77688.71
(b) Cash on Hand at Beginning of Reporting Period.....	84075.45	
(c) Total Receipts (from Line 19)	144938.90	898603.96
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	229014.35	976292.67
7. Total Disbursements (from Line 31).....	157048.31	904326.63
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	71966.04	71966.04
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	2920.07	

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

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

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
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	119938.90	873603.96
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	25000.00	25000.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	144938.90	898603.96
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	144938.90	898603.96

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	151874.93	737983.74
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	151874.93	737983.74
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	5088.38	165417.89
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	85.00	925.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	85.00	925.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	157048.31	904326.63
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	157048.31	904326.63

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	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-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`#H9A-N5HCB

Form/Schedule: F3XA
Transaction ID :

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

Form/Schedule: F3XA
Transaction ID:

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

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:

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

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

FOR LINE NUMBER: PAGE 8 OF 36
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Mailing Address 6317 LOCH MOOR DR

City EDINA State MN Zip Code 55439

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

Name of Employer (for Individual) Self Employed Occupation (for Individual) Psychiatrist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 06 / 06 / 2022
Transaction ID : SA11AI-27938586

Amount of Each Receipt this Period 200.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. ANDREWS, LESTER, , ,

Mailing Address 100 COLONNADES HILL DR

City CHARLOTTESVILLE State VA Zip Code 22901

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt 06 / 19 / 2022
Transaction ID : SA11AI-27937810

Amount of Each Receipt this Period 30.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. BAYLISS, MARY, , ,

Mailing Address 206 CHAD PL

City OCEAN VIEW State DE Zip Code 19970

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

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

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 330.00

Date of Receipt 06 / 08 / 2022
Transaction ID : SA11AI-27939100

Amount of Each Receipt this Period 100.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 330.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 OF 36
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A. BLACK, ANTHONY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1305 NORTHCLIFF AVE
 APT B13
 City NORMAN State OK Zip Code 73071
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 06 / 16 / 2022
Transaction ID : SA11AI-27936978
 Amount of Each Receipt this Period
 55.00
 Memo Item

B. BROWN, JANE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20 WESTBROOK LN
 City GROTON State MA Zip Code 01450
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 06 / 03 / 2022
Transaction ID : SA11AI-27936578
 Amount of Each Receipt this Period
 105.00
 Memo Item

C. BROWN, JANE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20 WESTBROOK LN
 City GROTON State MA Zip Code 01450
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For:
 Primary General
 Other (specify)
 Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 06 / 17 / 2022
Transaction ID : SA11AI-27937832
 Amount of Each Receipt this Period
 105.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	265.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 10 OF 36
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. BRYANT, GOLDIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 23479 ROAD 104
 City OAKWOOD State OH Zip Code 45873
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt 06 / 02 / 2022
Transaction ID : SA11AI-27934634
 Amount of Each Receipt this Period 35.00
 Memo Item

B. BUIST, EVERDENE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 894 142ND AVE
 City WAYLAND State MI Zip Code 49348
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 06 / 08 / 2022
Transaction ID : SA11AI-27939112
 Amount of Each Receipt this Period 25.00
 Memo Item

C. BURNS, MARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16306 FM 756
 City TYLER State TX Zip Code 75703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 06 / 16 / 2022
Transaction ID : SA11AI-27934410
 Amount of Each Receipt this Period 35.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 95.00
TOTAL This Period (last page this line number only)..... ▶

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

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

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

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

A. CALVANO, VIRGINIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8029 1ST ST
 City PARAMOUNT State CA Zip Code 90723
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt 06 / 29 / 2022
Transaction ID : SA11AI-27935210
 Amount of Each Receipt this Period 40.00
 Memo Item

B. CARTER, MARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 144 CALVIN ST
 City TOWNSHIP OF WASHINGT State NJ Zip Code 07676
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 09 / 2022
Transaction ID : SA11AI-27932064
 Amount of Each Receipt this Period 250.00
 Memo Item

C. COVIN, LEWIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5323 LEWIS COVIN RD
 City MACCLENNY State FL Zip Code 32063
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 06 / 21 / 2022
Transaction ID : SA11AI-27938998
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	320.00
TOTAL This Period (last page this line number only).....▶	

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

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

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

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. CUNNINGHAM, ALLEN, , ,

Mailing Address 225 E MAIN ST

City SUDLERSVILLE	State MD	Zip Code 21668
----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2022

Transaction ID : SA11AI-27937998

Amount of Each Receipt this Period
105.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. DIROSARIO, PATRICIA, , ,

Mailing Address 87 LYMAN BARNES RD

City BRIMFIELD	State MA	Zip Code 01010
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
480.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	04	/	2022

Transaction ID : SA11AI-27939162

Amount of Each Receipt this Period
125.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. HARDY, LEROY, , ,

Mailing Address 374 HICKORY TREE RD

City PLEASANT HILL	State NC	Zip Code 27866
-----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	17	/	2022

Transaction ID : SA11AI-27937862

Amount of Each Receipt this Period
55.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	285.00
TOTAL This Period (last page this line number only).....	

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

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

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

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

A. ISRAEL, LESLEY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 55 DAVIS LN
 City EASTON State MD Zip Code 21601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 335.00

Date of Receipt 06 / 06 / 2022
Transaction ID : SA11AI-27937018
 Amount of Each Receipt this Period 30.00
 Memo Item

B. ISRAEL, LESLEY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 55 DAVIS LN
 City EASTON State MD Zip Code 21601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 335.00

Date of Receipt 06 / 19 / 2022
Transaction ID : SA11AI-27937812
 Amount of Each Receipt this Period 80.00
 Memo Item

C. JONES, JESSE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9213 SPRING ST
 City HIGHLAND State IN Zip Code 46322
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 06 / 14 / 2022
Transaction ID : SA11AI-27938030
 Amount of Each Receipt this Period 55.00
 Memo Item

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

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

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

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

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

A. KRAEGER, BOBBY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5317 RANDY CT
 LOT 34
 City SANTA ROSA State CA Zip Code 95403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) NIGHT CREW
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 06 / 07 / 2022
Transaction ID : SA11AI-27936870
 Amount of Each Receipt this Period 50.00
 Memo Item

B. KRANER, CAROL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 317 W MAIN ST
 APT 7104
 City CHESTER State CT Zip Code 06412
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 07 / 2022
Transaction ID : SA11AI-27936868
 Amount of Each Receipt this Period 35.00
 Memo Item

C. KUMP, TROY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 315 S CENTER ST
 City AMERICAN FORK State UT Zip Code 84003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Simplii Occupation (for Individual) Director Of Strategic Partnerships
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 635.00

Date of Receipt 06 / 27 / 2022
Transaction ID : SA11AI-27937298
 Amount of Each Receipt this Period 55.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	140.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 15 OF 36
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. MARSHALL, ISAIAH, , ,

Mailing Address 1700 ROBIN LN
APT 209

City LISLE State IL Zip Code 60532

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
235.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 07 / 2022

Transaction ID : SA11AI-27936354

Amount of Each Receipt this Period
25.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. MURPHY, PAM, , ,

Mailing Address 1103 MALLARD WAY

City GRANBURY State TX Zip Code 76048

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 16 / 2022

Transaction ID : SA11AI-27937878

Amount of Each Receipt this Period
75.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. RICHARDS, JANE, , ,

Mailing Address 16 SALISBURY DR
APT 7504

City ASHEVILLE State NC Zip Code 28803

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
215.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2022

Transaction ID : SA11AI-27933196

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00

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

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

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

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

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

A. SMITH, MARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 244 N MACY ST
 City FOND DU LAC State WI Zip Code 54935
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt 06 / 16 / 2022
Transaction ID : SA11AI-27934384
 Amount of Each Receipt this Period 40.00
 Memo Item

B. STARR, BETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2231 NE BRIDGECREEK AVE APT 107
 City VANCOUVER State WA Zip Code 98664
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 305.00

Date of Receipt 06 / 14 / 2022
Transaction ID : SA11AI-27938034
 Amount of Each Receipt this Period 80.00
 Memo Item

C. WALKER, SANDRA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 734 BRISTOL VILLAGE DR APT 104
 City MIDLOTHIAN State VA Zip Code 23114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 06 / 02 / 2022
Transaction ID : SA11AI-27938922
 Amount of Each Receipt this Period 50.00
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 17 OF 36
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WALKER, SANDRA, , ,

Mailing Address 734 BRISTOL VILLAGE DR
APT 104

City MIDLOTHIAN State VA Zip Code 23114

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
MM / DD / YYYY
06 / 06 / 2022

Transaction ID : SA11AI-27938582

Amount of Each Receipt this Period
35.00

Memo Item

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

Mailing Address

City State Zip Code

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	35.00
TOTAL This Period (last page this line number only).....▶	1955.00

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

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

FOR LINE NUMBER: PAGE 18 OF 36
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	--	-----------------------------	-----------------------------

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

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

A. LIVE TRANSFERS AND DONOR CREATION LLC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1607 Ponce de Leon ave
Suite GM8

City SAN JUAN	State PR	Zip Code 00909
------------------	-------------	-------------------

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

Name of Employer (for Individual) LIVE TRANSFERS	Occupation (for Individual) Business
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
25000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	21	/	2022

Transaction ID : SA15-27939238

Amount of Each Receipt this Period
25000.00

Memo Item
Reimbursement of Legal Settlement

B.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

C.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	25000.00
TOTAL This Period (last page this line number only).....▶	25000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

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

Full Name (Last, First, Middle Initial)
A. ABC Company

Mailing Address PO Box 2413

City Huntington State NY Zip Code 11743

Purpose of Disbursement Fundraising and Media Consulting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 06 / 29 / 2022

FEC Identification Number: C

Transaction ID : SB21B-73667

Amount of Each Disbursement this Period: 12000.00

Memo Item

Full Name (Last, First, Middle Initial)
B. ABC Company

Mailing Address PO Box 2413

City Huntington State NY Zip Code 11743

Purpose of Disbursement Fundraising and Media Consulting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 06 / 29 / 2022

FEC Identification Number: C

Transaction ID : SB21B-73667

Amount of Each Disbursement this Period: 5000.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Blank Rome LLP

Mailing Address 1825 Eye Street NW

City Washington State DC Zip Code 20006

Purpose of Disbursement Legal Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 06 / 15 / 2022

FEC Identification Number: C

Transaction ID : SB21B-73667

Amount of Each Disbursement this Period: 3235.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 20235.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

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

Full Name (Last, First, Middle Initial)

A. COA Network Inc.

Mailing Address 991 Route 22 West
Suite 200

City Bridgewater Township State NJ Zip Code 08807

Purpose of Disbursement
800 Telephone numbers

001
Category/ Type

Candidate Name

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 23 / 2022

FEC Identification Number

C
Transaction ID : SB21B-73665
Amount of Each Disbursement this Period
154.90

Memo Item

Full Name (Last, First, Middle Initial)

B. EagleBank

Mailing Address 7815 Woodmont ave

City Bethesda State MD Zip Code 20814

Purpose of Disbursement
Bank analysis fee

001
Category/ Type

Candidate Name

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 13 / 2022

FEC Identification Number

C
Transaction ID : SB21B-73663
Amount of Each Disbursement this Period
294.55

Memo Item

Full Name (Last, First, Middle Initial)

C. Google Gsuite

Mailing Address 1600 Amphitheatre Pkwy

City Mountain View State CA Zip Code 94043

Purpose of Disbursement
Email Services

001
Category/ Type

Candidate Name

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 03 / 2022

FEC Identification Number

C
Transaction ID : SB21B-73661
Amount of Each Disbursement this Period
39.11

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

488.56

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

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

Full Name (Last, First, Middle Initial)

A. Grasshopper

Mailing Address 320 Summer St

City Boston State MA Zip Code 02210

Purpose of Disbursement Telephone Service

Category/Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement
MM / DD / YYYY
06 / 21 / 2022

FEC Identification Number

Transaction ID : SB21B-73664
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Intuit Inc.

Mailing Address 2700 Coast Ave

City Mountain View State CA Zip Code 94043

Purpose of Disbursement Accounting Software

Category/Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement
MM / DD / YYYY
06 / 06 / 2022

FEC Identification Number

Transaction ID : SB21B-73662
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. LIVE TRANSFERS AND DONOR CREATION LLC

Mailing Address 1607 Ponce de Leon ave Suite GM8

City SAN JUAN State PR Zip Code 00909

Purpose of Disbursement Telephone fundraising

Category/Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement
MM / DD / YYYY
06 / 01 / 2022

FEC Identification Number

Transaction ID : SB21B-73705
Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

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

Full Name (Last, First, Middle Initial) A. LIVE TRANSFERS AND DONOR CREATION LLC		Date of Disbursement MM / DD / YYYY 06 / 01 / 2022
Mailing Address 1607 Ponce de Leon ave Suite GM8		FEC Identification Number C [REDACTED] Transaction ID : SB21B-73709
City SAN JUAN	State PR	Zip Code 00909
Purpose of Disbursement Telephone fundraising		Amount of Each Disbursement this Period 11740.97
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. LIVE TRANSFERS AND DONOR CREATION LLC		Date of Disbursement MM / DD / YYYY 06 / 03 / 2022
Mailing Address 1607 Ponce de Leon ave Suite GM8		FEC Identification Number C [REDACTED] Transaction ID : SB21B-73708
City SAN JUAN	State PR	Zip Code 00909
Purpose of Disbursement Telephone fundraising - clearing from 05/18/22		Amount of Each Disbursement this Period 5088.38
Candidate Name		<input checked="" type="checkbox"/> Memo Item Invoice for Schedule Es from previous period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. LIVE TRANSFERS AND DONOR CREATION LLC		Date of Disbursement MM / DD / YYYY 06 / 03 / 2022
Mailing Address 1607 Ponce de Leon ave Suite GM8		FEC Identification Number C [REDACTED] Transaction ID : SB21B-73708
City SAN JUAN	State PR	Zip Code 00909
Purpose of Disbursement Telephone fundraising - clearing from 05/18/22		Amount of Each Disbursement this Period 11872.90
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	23613.87
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

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

A. LIVE TRANSFERS AND DONOR CREATION LLC

Full Name (Last, First, Middle Initial)

Mailing Address 1607 Ponce de Leon ave
Suite GM8

City SAN JUAN State PR Zip Code 00909

Purpose of Disbursement Telephone fundraising

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
06 / 08 / 2022

FEC Identification Number: C

Transaction ID : SB21B-73709

Amount of Each Disbursement this Period: 5193.09

Memo Item

B. LIVE TRANSFERS AND DONOR CREATION LLC

Full Name (Last, First, Middle Initial)

Mailing Address 1607 Ponce de Leon ave
Suite GM8

City SAN JUAN State PR Zip Code 00909

Purpose of Disbursement Telephone fundraising

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
06 / 08 / 2022

FEC Identification Number: C

Transaction ID : SB21B-73709

Amount of Each Disbursement this Period: 12117.20

Memo Item

C. LIVE TRANSFERS AND DONOR CREATION LLC

Full Name (Last, First, Middle Initial)

Mailing Address 1607 Ponce de Leon ave
Suite GM8

City SAN JUAN State PR Zip Code 00909

Purpose of Disbursement Telephone fundraising

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
06 / 15 / 2022

FEC Identification Number: C

Transaction ID : SB21B-73711

Amount of Each Disbursement this Period: 5086.36

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 22396.65

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

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

A. LIVE TRANSFERS AND DONOR CREATION LLC

Full Name (Last, First, Middle Initial)

Mailing Address 1607 Ponce de Leon ave
Suite GM8

City SAN JUAN State PR Zip Code 00909

Purpose of Disbursement Telephone fundraising

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 15 / 2022

FEC Identification Number: C

Transaction ID : SB21B-73710

Amount of Each Disbursement this Period: 11868.00

Memo Item

B. LIVE TRANSFERS AND DONOR CREATION LLC

Full Name (Last, First, Middle Initial)

Mailing Address 1607 Ponce de Leon ave
Suite GM8

City SAN JUAN State PR Zip Code 00909

Purpose of Disbursement Telephone fundraising

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 22 / 2022

FEC Identification Number: C

Transaction ID : SB21B-73710

Amount of Each Disbursement this Period: 5079.81

Memo Item

C. LIVE TRANSFERS AND DONOR CREATION LLC

Full Name (Last, First, Middle Initial)

Mailing Address 1607 Ponce de Leon ave
Suite GM8

City SAN JUAN State PR Zip Code 00909

Purpose of Disbursement Telephone fundraising

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 22 / 2022

FEC Identification Number: C

Transaction ID : SB21B-73710

Amount of Each Disbursement this Period: 11852.89

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 28800.70

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

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

Full Name (Last, First, Middle Initial)

A. LIVE TRANSFERS AND DONOR CREATION LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	29	/	2022

Mailing Address 1607 Ponce de Leon ave
Suite GM8

City SAN JUAN State PR Zip Code 00909

Purpose of Disbursement
Telephone fundraising

003
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B-73710
Amount of Each Disbursement this Period
5177.83

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Memo Item

Full Name (Last, First, Middle Initial)

B. LIVE TRANSFERS AND DONOR CREATION LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	29	/	2022

Mailing Address 1607 Ponce de Leon ave
Suite GM8

City SAN JUAN State PR Zip Code 00909

Purpose of Disbursement
Telephone fundraising

003
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B-73711
Amount of Each Disbursement this Period
12081.57

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Memo Item

Full Name (Last, First, Middle Initial)

C. North American Marketing Solutions Inc

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	03	/	2022

Mailing Address 3245 N 126th St

City Brookfield State WI Zip Code 53005

Purpose of Disbursement
Mailers and Caging

003
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B-73661
Amount of Each Disbursement this Period
2343.97

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

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

19603.37

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

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

Full Name (Last, First, Middle Initial)

A. North American Marketing Solutions Inc

Mailing Address 3245 N 126th St

City Brookfield State WI Zip Code 53005

Purpose of Disbursement
Mailers and Caging

003
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

C
Transaction ID : SB21B-73664
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. North American Marketing Solutions Inc

Mailing Address 3245 N 126th St

City Brookfield State WI Zip Code 53005

Purpose of Disbursement
Mailers and Caging

003
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

C
Transaction ID : SB21B-73664
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. North American Marketing Solutions Inc

Mailing Address 3245 N 126th St

City Brookfield State WI Zip Code 53005

Purpose of Disbursement
Mailers and Caging

003
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

C
Transaction ID : SB21B-73664
Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)

UNITED WOMEN'S HEALTH ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. North American Marketing Solutions Inc

Mailing Address 3245 N 126th St

City
Brookfield

State
WI

Zip Code
53005

Purpose of Disbursement
Mailers and Caging

003

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
06			29			2022			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-73667

Amount of Each Disbursement this Period

[REDACTED] 3454.42

Memo Item

Full Name (Last, First, Middle Initial)

B. North American Marketing Solutions Inc

Mailing Address 3245 N 126th St

City
Brookfield

State
WI

Zip Code
53005

Purpose of Disbursement
Mailers and Caging

003

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
06			30			2022			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-73668

Amount of Each Disbursement this Period

[REDACTED] 7389.93

Memo Item

Full Name (Last, First, Middle Initial)

C. PACSmart Filing Services

Mailing Address 1013 Centre Rd.
Suite 403-A

City
Wilmington

State
DE

Zip Code
19805

Purpose of Disbursement
FEC Compliance Reporting

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
06			27			2022			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-73666

Amount of Each Disbursement this Period

[REDACTED] 1100.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

[REDACTED] 11944.35

[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

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

A. PACSmart Filing Services

Full Name (Last, First, Middle Initial)

Mailing Address 1013 Centre Rd.
Suite 403-A

City Wilmington State DE Zip Code 19805

Purpose of Disbursement
FEC Compliance Reporting

Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 29 / 2022

FEC Identification Number

C
Transaction ID : SB21B-73667
Amount of Each Disbursement this Period
2200.00

Memo Item

B. RallyPay

Full Name (Last, First, Middle Initial)

Mailing Address 995 Market Street
Floor 2

City San Francisco State CA Zip Code 94103

Purpose of Disbursement
Combined "off the top" Credit Card Chargebacks

Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2022

FEC Identification Number

C
Transaction ID : SB21B-75321
Amount of Each Disbursement this Period
29.00

Memo Item

C. RallyPay

Full Name (Last, First, Middle Initial)

Mailing Address 995 Market Street
Floor 2

City San Francisco State CA Zip Code 94103

Purpose of Disbursement
Combined "off the top" CC Transaction fees Jun

Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2022

FEC Identification Number

C
Transaction ID : SB21B-75321
Amount of Each Disbursement this Period
85.80

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

2314.80

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

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

Full Name (Last, First, Middle Initial)

A. RallyPay

Mailing Address 995 Market Street
Floor 2

City San Francisco State CA Zip Code 94103

Purpose of Disbursement
Combined "off the top" CC Transaction fees Jun

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement
MM / DD / YYYY
06 / 30 / 2022

FEC Identification Number

Transaction ID : SB21B-75321
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. RallyPay

Mailing Address 995 Market Street
Floor 2

City San Francisco State CA Zip Code 94103

Purpose of Disbursement
Combined "off the top" Credit Card Chargebacks

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement
MM / DD / YYYY
06 / 30 / 2022

FEC Identification Number

Transaction ID : SB21B-75319
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. RallyPay

Mailing Address 995 Market Street
Floor 2

City San Francisco State CA Zip Code 94103

Purpose of Disbursement
Combined "off the top" CC Transaction fees Jun

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement
MM / DD / YYYY
06 / 30 / 2022

FEC Identification Number

Transaction ID : SB21B-75321
Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

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

Full Name (Last, First, Middle Initial)

A. RallyPay

Mailing Address 995 Market Street
Floor 2

City San Francisco State CA Zip Code 94103

Purpose of Disbursement
Combined "off the top" Credit Card Chargebacks

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-75320
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. RallyPay

Mailing Address 995 Market Street
Floor 2

City San Francisco State CA Zip Code 94103

Purpose of Disbursement
Combined "off the top" CC Transaction fees Jun

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-75320
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. RallyPay

Mailing Address 995 Market Street
Floor 2

City San Francisco State CA Zip Code 94103

Purpose of Disbursement
Combined "off the top" CC Transaction fees Jun

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-75320
Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

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

Full Name (Last, First, Middle Initial)

A. VoIPster Communications

Mailing Address 11400 Decimal Dr #1003

City Louisville State KY Zip Code 40299

Purpose of Disbursement Carrier Minutes Category/Type **003**

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement
 M M / D D / Y Y Y Y Y Y
 06 / 03 / 2022

FEC Identification Number
C
Transaction ID : SB21B-73661
 Amount of Each Disbursement this Period
 3518.21

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement Category/Type

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement
 M M / D D / Y Y Y Y Y Y

FEC Identification Number
C
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement Category/Type

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement
 M M / D D / Y Y Y Y Y Y

FEC Identification Number
C
 Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	3518.21
TOTAL This Period (last page this line number only).....▶	151671.86

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 32 OF 36
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mastroianni, Stephanie, , ,			Nature of Debt (Purpose): Advance for various legal, administrative
Mailing Address 2021 L St NW Ste 101-193			
City Washington	State DC	Zip Code 20036	

Outstanding Balance Beginning This Period <input type="text" value="2920.07"/>	Transaction ID : SD10-997100	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2920.07"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor LIVE TRANSFERS AND DONOR CREATION LLC			Nature of Debt (Purpose): Telephone fundraising
Mailing Address 1607 Ponce de Leon ave Suite GM8			
City SAN JUAN	State PR	Zip Code 00909	

Outstanding Balance Beginning This Period <input type="text" value="16961.28"/>	Transaction ID : SD10-997102	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="16961.28"/>	Outstanding Balance at Close of This Period <input type="text" value="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 <input type="text"/>		
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="2920.07"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text" value="2920.07"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="2920.07"/>

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
FEC IDENTIFICATION NUMBER C C00755694

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising - clearing from 05/18/22
Category/Type 004
Date of Public Distribution/Dissemination 05/18/2022
Amount 636.05
Transaction ID: SE-S936334
Date of Disbursement or Obligation 06/03/2022

Name of Federal Candidate: LAWRENCE, BRENDA, LULENAR,
Support Oppose
Office Sought: House District: 14 State: MI
Disbursement For: Primary General 2022 Other (specify)

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising - clearing from 05/18/22
Category/Type 004
Date of Public Distribution/Dissemination 05/18/2022
Amount 636.04
Transaction ID: SE-S936336
Date of Disbursement or Obligation 06/03/2022

Name of Federal Candidate: LESKO, DEBBIE,
Support Oppose
Office Sought: House District: 08 State: AZ
Disbursement For: Primary General 2022 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1272.09
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MASTROIANNI, STEPHANIE, , ,

[Electronically Filed]

Signature

Date 05/18/2022

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
FEC IDENTIFICATION NUMBER C C00755694

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising - clearing from 05/18/22
Category/Type 004
Date of Public Distribution/Dissemination 05/18/2022
Amount 636.05
Transaction ID: SE-S936338
Date of Disbursement or Obligation 06/03/2022

Name of Federal Candidate: BLUNT, ROY, , ,
Support Oppose
Office Sought: House Senate State: MO
Disbursement For: Primary General 2022 Other (specify)

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising - clearing from 05/18/22
Category/Type 004
Date of Public Distribution/Dissemination 05/18/2022
Amount 636.05
Transaction ID: SE-S936340
Date of Disbursement or Obligation 06/03/2022

Name of Federal Candidate: MURRAY, PATTY, , ,
Support Oppose
Office Sought: House Senate State: WA
Disbursement For: Primary General 2022 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1272.10
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MASTROIANNI, STEPHANIE, , , [Electronically Filed] Date 05/18/2022
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
FEC IDENTIFICATION NUMBER C C00755694

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising - clearing from 05/18/22
Category/Type 004
Date of Public Distribution/Dissemination 05/18/2022
Amount 636.05
Transaction ID: SE-S936342
Date of Disbursement or Obligation 06/03/2022

Name of Federal Candidate: VAN HOLLEN, CHRIS, ,
Support Oppose
Office Sought: House Senate
District: 00 State: MD
Calendar Year-To-Date Per Election for Office Sought 19957.05
Disbursement For: Primary General
Other (specify)

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising - clearing from 05/18/22
Category/Type 004
Date of Public Distribution/Dissemination 05/18/2022
Amount 636.05
Transaction ID: SE-S936344
Date of Disbursement or Obligation 06/03/2022

Name of Federal Candidate: CORNYN, JOHN, , Sen,
Support Oppose
Office Sought: House Senate
District: 00 State: TX
Calendar Year-To-Date Per Election for Office Sought 19957.05
Disbursement For: Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1272.10
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MASTROIANNI, STEPHANIE, ,

[Electronically Filed]

Date

05/18/2022

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC
FEC IDENTIFICATION NUMBER C C00755694

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising - clearing from 05/18/22
Category/Type 004
Date of Public Distribution/Dissemination 05/18/2022
Amount 636.04
Transaction ID: SE-S936346
Date of Disbursement or Obligation 06/03/2022

Name of Federal Candidate: TILLIS, THOM, R., Sen.
Support Oppose
Office Sought: House Senate
District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought 19957.05
Disbursement For: Primary General 2026 Other (specify)

Full Name of Payee LIVE TRANSFERS AND DONOR CREATION LLC
Mailing Address 1607 Ponce de Leon ave Suite GM8
City SAN JUAN State PR Zip Code 00909
Purpose of Expenditure Telephone Fundraising - clearing from 05/18/22
Category/Type 004
Date of Public Distribution/Dissemination 05/18/2022
Amount 636.05
Transaction ID: SE-S936348
Date of Disbursement or Obligation 06/03/2022

Name of Federal Candidate: SHAHEEN, JEANNE, , ,
Support Oppose
Office Sought: House Senate
District: 00 State: NH
Calendar Year-To-Date Per Election for Office Sought 19957.06
Disbursement For: Primary General 2026 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1272.09
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures 5088.38

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MASTROIANNI, STEPHANIE, , ,

[Electronically Filed]

Signature

Date 05/18/2022