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Image# 202210169537495973

FEC FORM 3Y

REPORT OF RECEIPTS AND DISBURSEMENTS

TOKIWI SX F	or Other Than An Au	thorized Committe	e		Office Use Only				
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing over the lines.	g, type	12FE4M:	5				
UNITED WOMEN'S HE	EALTH ALLIANCE F	PAC							
ADDRESS (number and street)	1775 EYE STREET NW								
▼ Check if different									
than previously reported. (ACC)	WASHINGTON			DC _	20006				
2. FEC IDENTIFICATION NU	IMBER ▼ CI	TY▲	ST	ATE A	ZIP CODE ▲				
C C00755694		IS THIS NI REPORT (N	EW) OR	AM (A)	ENDED				
4. TYPE OF REPORT (Choose One)	Report Due On:		ay 20 (M5)		20 (M8) Nov 20 (M11) (Non-Election year Only) Pec 20 (M12)				
(a) Quarterly Reports:			ın 20 (M6) ıl 20 (M7)		20 (M9) Dec 20 (M12) (Non-Election Year Only) 20 (M10) Jan 31 (YE)				
April 15 Quarterly Report (Q	1)	1 20 (WH)		000 2					
July 15 Quarterly Report (Q	(C) 12-Day PRE-Election	Primary (12P)		General (
October 15 Quarterly Report (Q	Report for the:	Convention (1		Special (1					
January 31 Year-End Report (Y	E) Electi	on on	D D / Y	Y	in the State of				
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:	General (30G)		Runoff (36	DR) Special (30S)				
Termination Report (TER)		on on /	D D / Y	Y	in the State of				
5. Covering Period 08	01 2022	through	M M /	31/	2022				
I certify that I have examined th	s Report and to the best of	f my knowledge and be	elief it is true,	correct and	complete.				
Type or Print Name of Treasure	PLISHKA, JOHN, , ,								
Signature of Treasurer	HKA, JOHN, , ,	[Electronically	Filed] Date	e 10	/ 16 / Y Y Y Y Y 2022				
NOTE: Submission of false, errone	eous, or incomplete information	on may subject the person	on signing this	Report to th	e penalties of 52 U.S.C. § 30109.				
Office Use Only					FEC FORM 3X Rev. 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 80 01 2022 80 31 2022 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 77688.71 January 1. 2022 (b) Cash on Hand at 123546.62 Beginning of Reporting Period..... 135421.16 1150392.18 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 1228080.89 258967.78 6(a) and 6(c) for Column B)..... 194433.33 1163546.44 7. Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 64534.45 64534.45 (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:	M / D D / Y Y Y Y Y Y TO:	08 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date				
11.	Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees						
	(i) Itemized (use Schedule A)	2430.00	28435.00				
	(ii) Unitemized	132991.16	1096957.18				
	(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	135421.16	1125392.18				
	(b) Political Party Committees	0.00	0.00				
	(c) Other Political Committees (such as PACs)	0.00	0.00				
12.	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) Transfers From Affiliated/Other	135421.16	1125392.18				
	Party Committees	0.00	0.00				
13.	All Loans Received	0.00	0.00				
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00				
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made to Federal Candidates and Other	0.00	25000.00				
17	Political Committees	0.00	0.00				
	Other Federal Receipts (Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds	0.00	0.00				
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00				
	(b) Levin Funds (from Schedule H5)	0.00	0.00				
	(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00				
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	135421.16	1150392.18				
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	135421.16	1150392.18				

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) (i) Federal Share	0.00	0.00		
(i) I ederal Share		1 1 1 1 1 1 1 1		
(ii) Non-Federal Share	0.00	0.00		
(b) Other Federal Operating Expenditures	194348.33	997068.55		
(c) Total Operating Expenditures	194348.33	997068.55		
(add 21(a)(i), (a)(ii), and (b))	134340.03	337000.00		
Committees	0.00	0.00		
Federal Candidates/Committees and Other Political Committees	0.00	0.00		
Independent Expenditures	0.00	105117.00		
(use Schedule E)	0.00	165417.89		
(use Schedule F)	0.00	0.00		
Loan Repayments Made	0.00	0.00		
Loans Made Refunds of Contributions To:	0.00	0.00		
(a) Individuals/Persons Other Than Political Committees	85.00	1060.00		
(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	1060.00		
Other Disbursements (Including				
Non-Federal Donations)	0.00	0.00		
Federal Election Activity (52 U.S.C. § 30101(20))			
(a) Allocated Federal Election Activity (from Schedule H6)				
(i) Federal Share	0.00	0.00		
	333	3.00		
(ii) "Levin" Share(b) Federal Election Activity Paid	0.00	0.00		
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		
Total Disbursements (add Lines 21(c), 22,				
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	194433.33	1163546.44		
Total Federal Disbursements				
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	404400.00			
nom zaro ory	194433.33	1163546.44		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

FEC FORM 3X (Rev. 05/2016)		Page 3
III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	135421.16	1125392.18
4. Total Contribution Refunds (from Line 28(d))	85.00	1060.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	135336.16	1124332.18
66. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	194348.33	997068.55
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	25000.00
88. Net Operating Expenditures (subtract Line 37 from Line 36)	194348.33	972068.55

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

Form/Schedule: F3XA
Transaction ID:

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

Form/Schedule: F3XA Transaction ID:

The opening balance of this report is the result of a series of amendments to correct donors who were previously reported, but had actually charged back their payments. This reports opening balance is based on the closing balance of the most recent M8 Amendment (Amendment 1)

: 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 the treasurers name and the PAC address. Our filing software still had the old information saved.

Form/Schedule: Transaction ID:

FOR LINE NUMBER:					PAGE		8	OF	34	
(C	(check only one)									
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	y information copied from such Reports and Sta for commercial purposes, other than using the n					
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AL	LIANCE	PAC			
Α.	Full Name of Individual (Last, First, Middle Initia ABRAHAMSON, DOUGLAS, , , Mailing Address 17929 W BIG LAKE BLVD	al) or Full O	rganization Nam	е	Date of Receipt	
	City MOUNT VERNON	State WA	Zip Code 98274		08 02 2022 Transaction ID : SA11AI-28073192	_
	FEC ID number of contributing federal political committee.	C	96274		Amount of Each Receipt this Period 35.00	
		Reti	upation (for Indiv red Year-to-Date ▼	ridual)	Memo Item	
	Primary General Other (specify) ▼		7 1 1 7	250.00		
В.	Full Name of Individual (Last, First, Middle Initia ASKEW, SUSAN, , , Mailing Address 7913 FARMINGWOOD LN	al) or Full O	rganization Nam	e	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City RALEIGH	State NC		Transaction ID : SA11AI-28072532 Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	ÿ ,				
	Name of Employer (for Individual) Retired	Occi Reti	upation (for Indivired	vidual)	Memo Item	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	730.00		
С.	Full Name of Individual (Last, First, Middle Initia BENSON, LILA, , ,	al) or Full O	rganization Nam	е	Date of Receipt	
	Mailing Address 1725 PARAGOULD DR				08	
	JONESBORO	State AR	Zip Code 72405		Transaction ID : SA11AI-28071352 Amount of Each Receipt this Period	_
	FEC ID number of contributing federal political committee.				55.00	
	Name of Employer (for Individual) Retired Occupation (for Individual) Retired				Memo Item	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼	255.00		
S	UBTOTAL of Receipts This Page (optional)			>	265.00	
T	OTAL This Period (last page this line number on	nly)		·····		

FOR LINE NUMBER:					PAGE	9	OF	34	
(check only one)									
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Any information copied from such Reports and S or for commercial purposes, other than using the					
NAME OF COMMITTEE (IN Full) UNITED WOMEN'S HEALTH A	LLIANCE PAC				
Full Name of Individual (Last, First, Middle Ini CHRYSTAL, CAROL, , , Mailing Address 3218 SHARPE RD	tial) or Full Organization Name	Date of Receipt			
Mailing Address 3210 SHARPE RU	08 22 2022				
City WALL TOWNSHIP	State Zip Code NJ 07719	Transaction ID : SA11AI-28069094			
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 30.00			
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00				
Full Name of Individual (Last, First, Middle Ini DEMUTH, DORIS, , ,	tial) or Full Organization Name	Date of Receipt			
Mailing Address 150 N DOUGLAS ST APT 37		08 10 2022			
City RIPON	State Zip Code WI 54971				
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 35.00			
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00				
Full Name of Individual (Last, First, Middle Ini	tial) or Full Organization Name	Date of Receipt			
Mailing Address 150 N DOUGLAS ST APT 37 City	State Zip Code	08 12 2022 Transaction ID : SA11Al-28070010			
RIPON FEC ID number of contributing federal political committee.	WI 54971 C	Amount of Each Receipt this Period 50.00			
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item			
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 210.00				
SUBTOTAL of Receipts This Page (optional)		115.00			
TOTAL This Period (last page this line number	only)				

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Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (IN Full) UNITED WOMEN'S HEALTH	ALLIANCE PA	AC _	
Full Name of Individual (Last, First, Middle DILLON, GLENNA, , , Mailing Address 11390 US HIGHWAY 19	Initial) or Full Organ	ization Name	Date of Receipt
APT 106			08 11 2022
City	1	Zip Code	Transaction ID : SA11AI-28071982
PORT RICHEY	FL	34668	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		80.00
Name of Employer (for Individual) Retired	Occupation Retired	on (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year	-to-Date ▼ 400.00	
Full Name of Individual (Last, First, Middle DRASHER, CLAYTON, , , Mailing Address 1008 HIDEBOUND RD	Initial) or Full Organ	ization Name	Date of Receipt
Mailing Address 1008 HIDEBOOND RD	08 12 2022		
City	Transaction ID : SA11AI-28071646		
BURNS	TN	37029	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	55.00	
Name of Employer (for Individual) Retired	Occupati Retired	on (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year	-to-Date ▼ 275.00	
Full Name of Individual (Last, First, Middle RRIEDBAUER, BARBARA, , ,	Initial) or Full Organ	ization Name	Date of Receipt
Mailing Address 3 GROVE ISLE DR APT 1704	0	7'- O-d-	08 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City MIAMI	State FL	Zip Code 33133	Transaction ID : SA11AI-28071608
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 75.00
Name of Employer (for Individual) Retired	Occupation Retired	on (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year	-to-Date ▼ 330.00	
SUBTOTAL of Receipts This Page (optional)			210.00
TOTAL This Period (last page this line numb	er only)		

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	Statements may not be sold or used by any persible name and address of any political committee t						
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC						
Full Name of Individual (Last, First, Middle GREENE, BETTY, , ,	Initial) or Full Organization Name	Date of Receipt					
Mailing Address 5886 DE ZAVALA RD	08 08 2022						
City							
SAN ANTONIO	TX 78249	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	55.00					
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item					
Retired	Retired	_					
Receipt For:	Aggregate Year-to-Date ▼	7					
Primary General		Ì					
Other (specify) ▼	485.00						
Full Name of Individual (Last, First, Middle HARDEN, BETTY, , ,	Initial) or Full Organization Name	Date of Receipt					
Mailing Address 310 SYCAMORE ST		08 04 2022					
City	State Zip Code	Transaction ID : SA11AI-28071506					
CAMDEN	FEC ID number of contributing						
FEC ID number of contributing federal political committee.							
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item					
Receipt For: Primary General	Aggregate Year-to-Date ▼						
Other (specify) ▼	225.00						
Full Name of Individual (Last, First, Middle LARDEN, BETTY, , ,	Initial) or Full Organization Name	Date of Receipt					
Mailing Address 310 SYCAMORE ST		08 10 2022					
City	State Zip Code	Transaction ID : SA11AI-28070358					
CAMDEN	NJ 08103	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	30.00					
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item					
Receipt For:	Aggregate Year-to-Date ▼	1					
Primary General		Ì					
Other (specify)	225.00						
SUBTOTAL of Receipts This Page (optional).		170.00					
TOTAL This Period (last page this line number	er only)						

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Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	LLIANCE PAC	
Full Name of Individual (Last, First, Middle Ini HARLOW, TERRY, , , Mailing Address PO BOX 414	tial) or Full Organization Name	Date of Receipt
City	State Zip Code	7 2022 100 100 100 100 100 100 100 100 10
WOODSTOCK FEC ID number of contributing federal political committee.	VT 05091	Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) Retired Receipt For:	Occupation (for Individual) Retired Aggregate Year-to-Date ▼	Memo Item
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00	
Full Name of Individual (Last, First, Middle Ini HARLOW, TERRY, , , Mailing Address PO BOX 414	tial) or Full Organization Name	Date of Receipt
City WOODSTOCK	State Zip Code VT 05091	7 Transaction ID : SA11Al-28067782 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C Conjunction (for Individual)	100.00 Memo Item
Name of Employer (for Individual) Retired Receipt For:	Occupation (for Individual) Retired	Metho item
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00	
Full Name of Individual (Last, First, Middle Ini HERZBERG, JOHN, , ,	tial) or Full Organization Name	Date of Receipt
Mailing Address 3012 BLUFFWOOD DR		08 18 2022
City SAINT CHARLES	State Zip Code MO 63301	Transaction ID : SA11AI-28071638 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 ▼ 265.00	
SUBTOTAL of Receipts This Page (optional)	·····	255.00
TOTAL This Period (last page this line number	only)	

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(0	che	ck only	or	ne)					
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	Statements may not be sold or used by any pene name and address of any political committee	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle II ISRAEL, LESLEY, , , Mailing Address 55 DAVIS LN City EASTON FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	Date of Receipt M M M	
Full Name of Individual (Last, First, Middle II JOHANSEN, RALPH, , , Mailing Address 322 EVERGREEN AVE City MADISON FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify) This is the first time of the state of the	State Zip Code WI 53704 C Occupation (for Individual) Retired Aggregate Year-to-Date 280,00	Date of Receipt M M M / D D / 2022 Transaction ID: SA11Al-28072628 Amount of Each Receipt this Period 40.00 Memo Item
Full Name of Individual (Last, First, Middle II JONES, JESSE, , , Mailing Address 9213 SPRING ST City HIGHLAND FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	State Zip Code IN 46322 C Occupation (for Individual) Retired Aggregate Year-to-Date ▼	Date of Receipt M M M
SUBTOTAL of Receipts This Page (optional)		230.00
TOTAL This Period (last page this line numbe	r only)	

FOR LINE NUMBER:						PAGE	_ ′	14	OF		34	
	(check only one)											
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Any information copied from such Reports and or for commercial purposes, other than using the		person for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle In KAYE, STEVEN, , , Mailing Address 113 CLAREMONT AVE City SANTA CLARA	State Zip Code CA 95051	Date of Receipt M
FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: □ Primary □ General □ Other (specify) ▼	Memo Item	
Full Name of Individual (Last, First, Middle In KEATING, CARLEEN, , , Mailing Address 2477 JACKSON ST City SAN FRANCISCO FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify) Other (specify)	State Zip Code CA 94115 C Occupation (for Individual) Retired Aggregate Year-to-Date 395.00	Date of Receipt M M M
Full Name of Individual (Last, First, Middle In KELLY, LAWRENCE, , , Mailing Address 122 GIBSON WHITE CIR City MADISONVILLE FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	State Zip Code TN 37354 C Occupation (for Individual) Retired Aggregate Year-to-Date ▼	Date of Receipt Mark
SUBTOTAL of Receipts This Page (optional))	275.00
TOTAL This Period (last page this line numbe	r only)	

FOR LINE NUMBER: PAGE 15 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c 12

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name KING, EARL, , , Date of Receipt Mailing Address 20815 ADELINE DR 16 2022 City Zip Code State Transaction ID: SA11AI-28072684 CA **COLFAX** 95713 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. KIRBY, ANNE, , , Date of Receipt Mailing Address 4100 62ND AVE N 2022 **APT 138** City State Zip Code Transaction ID: SA11AI-28067368 PINELLAS PARK FL 33781 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. LACEY, SHIRLEY, , , Date of Receipt Mailing Address 3240 FAYCREST RD 16 2022 City Zip Code State Transaction ID: SA11AI-28072678 OH **COLUMBUS** 43232 Amount of Each Receipt this Period FEC ID number of contributing C 75.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Best Efforts HEALTH CARE PROVIDER Receipt For: Aggregate Year-to-Date ▼ Primary General 235.00 Other (specify) 155.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 - - 7

				MBER	:	PAGE	 16	OF	34
(check only one)									
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	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 PAC	
Full Name of Individual (Last, First, Middle MATTATALL, BEVERLY, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 140 MARBLE ST		08
City	State Zip Code	Transaction ID: SA11AI-28072210
STONEHAM	MA 02180	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Retired	Retired	_
Receipt For:	Aggregate Year-to-Date ▼]
Primary General		
Other (specify) ▼	270.00	
Full Name of Individual (Last, First, Middle MATTATALL, BEVERLY, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 140 MARBLE ST		08 10 / Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI-28072842
STONEHAM	MA 02180	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 ▼	
Full Name of Individual (Last, First, Middle		
MICHAELS, LINDA, , ,		Date of Receipt
Mailing Address 76 FACTORY ST		08 22 2022
City	State Zip Code	Transaction ID : SA11AI-28071766
SALISBURY	CT 06068	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer (for Individual) House Wife	Occupation (for Individual) House Wife	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify)	245.00	
SUBTOTAL of Receipts This Page (optional).		105.00
TOTAL This Period (last page this line number	er only)	

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	ny information copied from such Reports and Stator commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AL	LIANCE	PAC	
Α.		al) or Full Org	anization Name	Date of Receipt
	Mailing Address PO BOX 724			08 08 2022
	City	State	Zip Code	Transaction ID : SA11AI-28070554
	LANGLEY	WA	98260	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		45.00
	Name of Employer (for Individual) Retired	Occup Retire	ation (for Individual) ed	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate Yo	ear-to-Date ▼ 270.00	
В.	Full Name of Individual (Last, First, Middle Initial PARSLEY, CHARLES, , ,	al) or Full Org	anization Name	Date of Receipt
	Mailing Address PO BOX 37			08 16 2022
	City	State	Zip Code	Transaction ID : SA11AI-28071860
	KERMIT	WV	25674	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		60.00
	Name of Employer (for Individual) Best Efforts		oation (for Individual) ERVISOR	Memo Item
	Receipt For:	Aggregate Ye	ear-to-Date ▼	
	Primary General Other (specify) ▼	4	220.00	
С .	Full Name of Individual (Last, First, Middle Initial SCUDERI, MARGARET, , ,	al) or Full Org	anization Name	Date of Receipt
	Mailing Address 208 FALL HARVEST			08
	City CENTERVILLE	State GA	Zip Code 31028	Transaction ID : SA11AI-28072940 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		55.00
	Name of Employer (for Individual) Retired	Occup Retire	oation (for Individual) d	Memo Item
	Receipt For:	Aggregate Ye	ear-to-Date ▼	
	Primary General Other (specify)		455.00	
H	CUBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number of		<u> </u>	160.00

FOR LINE NUMBER:						PAGE		18	OF	34
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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC		
Full Name of Individual (Last, First, Middle SCUDERI, MARGARET, , ,	Initial) or Full Organization N	Name	Date of Receipt
Mailing Address 208 FALL HARVEST			08 11 2022
City	State Zip Cod		Transaction ID : SA11AI-28070170
CENTERVILLE	GA 31028		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		120.00	
Name of Employer (for Individual) Retired	ndividual)	Memo Item	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	455.00	
Full Name of Individual (Last, First, Middle SMITH, MARY, , , Mailing Address 244 N MACY ST RM 233	Initial) or Full Organization N	Name	Date of Receipt
			08 02 2022
City	State Zip Cod	le	Transaction ID : SA11AI-28071560
FOND DU LAC	WI 54935	_	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 Retired	Individual)	Memo Item
Receipt For: Primary General	Aggregate Year-to-Date		
Other (specify) ▼		255.00	
Full Name of Individual (Last, First, Middle STARR, BETH, , ,	Initial) or Full Organization N	Name	Date of Receipt
Mailing Address 2231 NE BRIDGECREEK A APT L107			08 / D D / Y Y Y Y Y Y Z 2022
City VANCOUVER	State Zip Cod WA 98664	ie [Transaction ID : SA11AI-28071630 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		65.00
Name of Employer (for Individual) Retired	Occupation (for I	ndividual)	Memo Item
Receipt For:	Aggregate Year-to-Date	▼	
Primary General Other (specify)	7	450.00	
SUBTOTAL of Receipts This Page (optional).		>	235.00
TOTAL This Period (last page this line number	er only)		

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					for the purpose of soliciting contributions colicit contributions from such committee.
NAME OF COMMITTEE (In Full)				
WINITED WOMEN	'S HEALTH ALLIAI	NCE F	AC		
Full Name of Individual (L STEPHAN, WILLIAM,	ast, First, Middle Initial) or F	-ull Orga	nization Name		Date of Receipt
Mailing Address 421 VINE	ST				08 18 2022
City	Sta	te	Zip Code		Transaction ID : SA11AI-28072600
MADISON	IN		47250		Amount of Each Receipt this Period
FEC ID number of contrib federal political committee	Ŭ .				100.00
Name of Employer (for Inc	dividual)	Occupa	tion (for Individual)		Memo Item
Retired		Retired	1		_
Receipt For:		egate Yea	ar-to-Date ▼		
	eneral		005	E 00	
Other (specify) ▼		1 7	325	5.00	
Full Name of Individual (Lagrange TRAMER, HARRIE)	ast, First, Middle Initial) or F	Full Orga	nization Name		Date of Receipt
Mailing Address 151 N MI					M = M / D = D / Y = Y = Y = Y
APT 1604 City	4 Sta	te	Zip Code		08 12 2022
CHICAGO	IL		60601		Transaction ID : SA11AI-28071940 Amount of Each Receipt this Period
FEC ID number of contrib	uting			1	Amount of Each Hoodpt this Follow
federal political committee	ŭ				30.00
Name of Employer (for Inc Retired	dividual)	Occupa	ation (for Individual)		Memo Item
Receipt For:	Aggre	egate Yea	ar-to-Date ▼		
Primary Ge Other (specify) ▼	eneral			5.00	
Full Name of Individual (L. TRAMER, HARRIE	ast, First, Middle Initial) or F	Full Orga	nization Name		Date of Receipt
Mailing Address 151 N MI	CHIGAN AVE				M = M / D = D / Y = Y = Y
APT 1604		to	Zin Code		08 23 2022
City CHICAGO	Sta [*]	ıe	Zip Code 60601	-	Transaction ID : SA11AI-28072474
			30001		Amount of Each Receipt this Period
FEC ID number of contrib federal political committee	ŭ l				25.00
Name of Employer (for Inc Retired	dividual)	Occupa Retired	tion (for Individual)		Memo Item
Receipt For:		egate Yea	ar-to-Date ▼		
Primary Ge Other (specify)	eneral		285	5.00	
SUBTOTAL of Receipts This	s Page (optional)				155.00
TOTAL This Period (last page	ge this line number only)				
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	ny information copied from such Reports and St for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AL	LIANCE	PAC	
Α.	Full Name of Individual (Last, First, Middle Initi WALKER, SANDRA, , ,	al) or Full Or	ganization Name	Date of Receipt
	Mailing Address 734 BRISTOL VILLAGE DR APT 104			08 29 2022
	City	State	Zip Code	Transaction ID : SA11AI-28072324
	MIDLOTHIAN	VA	23114	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		55.00
	Name of Employer (for Individual) Retired	Occup Retire	pation (for Individual) ed	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	/ear-to-Date ▼ 280.00	
В.	Full Name of Individual (Last, First, Middle Initi WILSON, SHARON, , ,	al) or Full Or	ganization Name	Date of Receipt
	Mailing Address 10416 LEWISTOWN RD	To: .		08 11 2022
	City CORDOVA	State MD	Zip Code 21625	Transaction ID : SA11AI-28067210
	FEC ID number of contributing federal political committee.	C	21025	Amount of Each Receipt this Period 45.00
	Name of Employer (for Individual) Retired	Occu Retir	pation (for Individual) ed	Memo Item
	Receipt For:	Aggregate \	/ear-to-Date ▼	
	Primary General Other (specify) ▼		230.00	
	Full Name of Individual (Last, First, Middle Initi	al) or Full Or	ganization Name	Date of Receipt
	Mailing Address			M = M / D = D / Y = Y = Y
	City	State	Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		
	Name of Employer (for Individual)	Occup	pation (for Individual)	Memo Item
	Receipt For: Primary General Other (specify)		/ear-to-Date ▼	
S	SUBTOTAL of Receipts This Page (optional)		>	100.00
Ιτ	OTAL This Period (last page this line number of	only)		2430.00

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S	CHEDULE B (FEC Form 3X)			FOI	RIINI	NUMBER: PAGE 21 OF 34						
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the	(che	eck or	nly one)						
			Summary Page		X 21k							
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	y information copied from such Reports and State for commercial purposes, other than using the na											
	NAME OF COMMITTEE (In Full)	ine and add	iless of any politic	Jai Collii	muee	to solicit contributions from such committee.						
$ \rangle$	UNITED WOMEN'S HEALTH ALL		240									
	UNITED WOMEN'S HEALTH ALL	IANCE	AC									
	Full Name (Last, First, Middle Initial)											
Α.	ABC Company					Date of Disbursement						
						08 02 2022						
	Mailing Address PO Box 2413					08 02 2022						
	City	State	Zip Code			TEC Identification Name to						
	Huntington	NY	11743			FEC Identification Number						
	Purpose of Disbursement Fundraising and Media Consulting			-00								
	Candidate Name			00	14	Transaction ID : SB21B-74741						
	Candidate Name			Categ Typ		Amount of Each Disbursement this Period						
	Office Sought: House Disburse	ment For:		. 71		7500.00						
	Senate	Primary	General			4 4 4						
	President	Other (spe	ecify) ▼			Memo Item						
_	State: District:											
B	Full Name (Last, First, Middle Initial)					Date of Disbursement						
υ.	ABC Company					M M / D D / Y Y Y						
	Mailing Address PO Box 2413					08 08 2022						
	City	State	Zip Code			FEC Identification Number						
	Huntington Purpose of Disbursement	NY	11743									
	Fundraising and Media Consulting			00	004	C Transition ID ORDER TATA						
	Candidate Name			Categ	gory/	Transaction ID: SB21B-74741 Amount of Each Disbursement this Period						
				Тур								
		nent For:				20000.00						
	Senate President	Primary Other (spe	General									
	State: District:	J 0 11.10. (Op 0	,			Memo Item						
	Full Name (Last, First, Middle Initial)											
C.	ABC Company					Date of Disbursement						
						M M / D D / Y Y Y						
	Mailing Address PO Box 2413					08 22 2022						
	City	State	Zip Code			FEC Identification Number						
	Huntington	NY	11743									
	Purpose of Disbursement Fundraising and Media Consulting			00	4	C						
	Candidate Name				_	Transaction ID : SB21B-74741						
	Canada Name			Categ Typ		Amount of Each Disbursement this Period						
	Office Sought: House Disburse	ment For:		71		12000.00						
	Senate	Primary	General									
	President	Other (spe	ecify) 🔻			Memo Item						
_	State: District:											
	UBTOTAL of Disbursements This Page (optional).					39500.00						
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Т	OTAL This Period (last page this line number only	·)			▶							

SCHEDULE B (FEC Form 3X)			EOD LINE	NUMBER: PAGE 22 OF 34					
ITEMIZED DISBURSEMENTS		rate schedule(s)	(check only	- Hombert					
II LIVIIZED DISBURSEIVIEN IS		category of the	X 21b	22 23 26 27					
	Detailed S	Summary Page	28a	28b 28c 29 30b					
Any information copied from such Reports and Staten	nents mav n	not be sold or us	ed by any perso	on for the purpose of soliciting contributions					
or for commercial purposes, other than using the name									
NAME OF COMMITTEE (In Full)									
$ \; angle$ UNITED WOMEN'S HEALTH ALLI	ANCE P	AC							
	_								
Full Name (Last, First, Middle Initial)									
A. ABC Company				Date of Disbursement					
				M M / D D / Y Y Y Y					
Mailing Address PO Box 2413				08 22 2022					
City	State	Zip Code		FFO Islantification No. 1					
Huntington	NY	11743		FEC Identification Number					
Purpose of Disbursement				C					
Fundraising and Media Consulting			004	Transaction ID : SB21B-74742					
Candidate Name			Category/	Amount of Each Disbursement this Period					
			Type	2522.02					
Office Sought: House Disbursen				6500.00					
	Primary	General							
President State: District:	Other (spec	any) ▼		Memo Item					
Full Name (Last, First, Middle Initial)									
B. COA Network Inc.				Date of Disbursement					
COA NELWORK IIIC.				M M / D D / Y Y Y Y					
Mailing Address 991 Route 22 West				08 23 2022					
Suite 200									
City	State	Zip Code		FEC Identification Number					
Bridgewater Township	NJ	08807							
Purpose of Disbursement 800 Telephone numbers			001	C					
Candidate Name			001	Transaction ID : SB21B-74742					
Canadato Hamo			Category/ Type	Amount of Each Disbursement this Period					
Office Sought: House Disbursen	nent For		Type	148.65					
	Primary	General							
	Other (spec			Mama Itam					
State: District:				Memo Item					
Full Name (Last, First, Middle Initial)									
C. EagleBank				Date of Disbursement					
				M M M / D D / Y M Y M Y					
Mailing Address 7815 Woodmont ave				08 10 2022					
City	Stata	Zin Codo							
City Bethesda	State MD	Zip Code 20814		FEC Identification Number					
Purpose of Disbursement		2001-7		C					
Bank analysis fee			001	Transaction ID : SB21B-74742					
Candidate Name			Category/	Amount of Each Disbursement this Period					
			Type						
Office Sought: House Disbursen	nent For:			272.46					
Senate	Primary	General							
President	Other (spec	eify) 🔻		Memo Item					
State: District:									
				6024.44					
SUBTOTAL of Disbursements This Page (optional)			······ >	6921.11					
TOTAL This Period (last page this line number only)									

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SCHEDULE B (FEC Form 3X)			EOD LIVE	NUMBER: PAGE 23 OF 34					
ITEMIZED DISBURSEMENTS		arate schedule(s)	(check onl	NOMBELL.					
		category of the Summary Page	` 🗶 21b	·					
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Any information copied from such Reports and State or for commercial purposes, other than using the na									
NAME OF COMMITTEE (In Full)									
UNITED WOMEN'S HEALTH ALL	JANCE I	PAC							
Full Name (Last, First, Middle Initial)				2. (2:1					
A. Google Gsuite				Date of Disbursement					
Mailing Address 1600 Amphitheatre Pkwy				08 01 2022					
City	State CA	Zip Code		FEC Identification Number					
Mountain View Purpose of Disbursement	CA	94043		C					
Email Services			001	C Toward to D SPACE 74740					
Candidate Name			Category/	Transaction ID : SB21B-74742 Amount of Each Disbursement this Period					
			Type						
	ement For:			39.09					
Senate President	Primary Other (spe	General							
State: District:									
Full Name (Last, First, Middle Initial)				1					
B. Grasshopper				Date of Disbursement					
Mailing Address 320 Summer St				08 18 2022					
City	State	Zip Code		FEC Identification Number					
Boston Purpose of Disbursement	MA	02210							
Telephone Service			001	C					
Candidate Name			Category/	Transaction ID : SB21B-74742 Amount of Each Disbursement this Period					
			Type						
	ement For:			110.88					
Senate President	Primary	General							
State: President	Other (spe	ecity)		Memo Item					
Full Name (Last, First, Middle Initial)									
C. Intuit Inc.				Date of Disbursement					
Mailing Address 2700 Coast Ave				08					
City	State	Zip Code		FEC Identification Number					
Mountain View	CA	94043							
Purpose of Disbursement Accounting Software			001	C					
Candidate Name			001	Transaction ID : SB21B-7474					
			Category/ Type	Amount of Each Disbursement this Period					
Office Sought: House Disburse	ement For:		.71-2	106.00					
Senate	Primary	General		7 7 7 7					
President	Other (spe	ecify) 🔻		Memo Item					
State: District:				_					
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SUBTOTAL of Disbursements This Page (optional)			·····	7 7 7					
TOTAL This Period (last page this line number onl	y)								

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SCHEDULE B (FEC Form 3X)		, FOR LINE	NUMBER: PAGE 24 OF 34					
ITEMIZED DISBURSEMENTS	Use separate schedule(for each category of the	(orlook orlin)						
	Detailed Summary Page		22 23 28c	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)			D . (D: 1					
A. LIVE TRANSFERS AND DONOR (CREATION LLC		Date of Disbursement					
Mailing Address 1607 Ponce de Leon ave Suite GM8			08 02 2022					
,	State Zip Code		FEC Identification N	umber				
SAN JUAN Purpose of Disbursement	PR 00909							
Telephone fundraising		003	C					
Candidate Name			Transaction ID	: SB21B-74743 bursement this Period				
		Category/ Type	Amount of Each Dis	bursement this Period				
Office Sought: House Disbursem	nent For:	1 2.		35398.69				
	Primary General			,				
State: President State:	Other (specify) ▼		Memo Item					
Full Name (Last, First, Middle Initial)								
B. LIVE TRANSFERS AND DONOR (PEATION I I C		Date of Disburseme	nt				
- LIVE TRAINSI ENS AND DONOR (SILATION LLO		M M / D D	/ Y Y Y Y				
Mailing Address 1607 Ponce de Leon ave Suite GM8		08 08	2022					
,	State Zip Code		FEC Identification N	umber				
SAN JUAN Purpose of Disbursement	PR 00909							
Telephone fundraising		003	C	2222 2222				
Candidate Name		Category/	Transaction ID: SB21B-74743 Amount of Each Disbursement this Period					
		Type						
Office Sought: House Disbursem			12266.22					
	Primary General Other (specify)							
State: District:	Other (specify)		Memo Item					
Full Name (Last, First, Middle Initial)								
C. LIVE TRANSFERS AND DONOR O	CREATION LLC		Date of Disburseme	nt				
			M M / D D	/ Y = Y = Y = Y				
Mailing Address 1607 Ponce de Leon ave			08 08	2022				
Suite GM8 City S	State Zip Code							
,	PR 00909		FEC Identification N	umber				
Purpose of Disbursement Telephone fundraising	-		C					
,		003	Transaction ID	: SB21B-7474;				
Candidate Name		Category/	Amount of Each Dis	bursement this Period				
Office Sought: House Disbursem	nent For:	Туре		5256.94				
	Primary General			4-1-4-1				
President	Other (specify) ▼		Memo Item					
State: District:								
SUBTOTAL of Disbursements This Page (optional)				52921.85				
		<u> </u>						
TOTAL This Period (last page this line number only).								

SCHEDULE B (FEC Form 3X)			RLINE	LINE NUMBER: PAGE 25 OF 34					
ITEMIZED DISBURSEMENTS		rate schedule(s) category of the	I ` —	ck only				07	
		Summary Page	'	21b 28a	22 28b	23 28c	26	27 30b	
Any information copied from such Reports and Statem	onte may n	not be sold or use	ad by ar						
or for commercial purposes, other than using the name									
NAME OF COMMITTEE (In Full)									
$ \hspace{.05cm} \rangle$ UNITED WOMEN'S HEALTH ALLI.	ANCE P	AC							
Full Name (Last, First, Middle Initial)									
A. LIVE TRANSFERS AND DONOR (CREATION	ON LLC			Date o	f Disburse	ement		
					M = M	/ D		YYYY	
Mailing Address 1607 Ponce de Leon ave Suite GM8					08		6	2022	
	State	Zip Code			EEC 14	antificatio	n Number		
SAN JUAN	PR	00909			FEC 10	entificatio	n Number		
Purpose of Disbursement Telephone fundraising			000		C				
Candidate Name			003		1		ID : SB21		
Candidate Name			Categ Typ		Amoun	t of Each	Disbursen	nent this Period	
Office Sought: House Disbursen	nent For:		71-					11939.41	
	Primary	General				,	,		
State: District:	Other (spec	ify) 🔻			Me	mo Item			
Full Name (Last, First, Middle Initial)									
B. LIVE TRANSFERS AND DONOR (CREATION	ON LLC			Date o	f Disburse	ement		
					M = M	/ D	D / Y	YYY	
Mailing Address 1607 Ponce de Leon ave Suite GM8					08		16	2022	
,	State	Zip Code			FEC Id	entificatio	n Number		
SAN JUAN Purpose of Disbursement	PR	00909		_	С				
Telephone fundraising			003	3		necetion	ID : SB21	D 74744	
Candidate Name			Categ	ory/	1		_	nent this Period	
Office Country House			Type 51						
Office Sought: House Disbursen Senate	nent For: Primary	General				-		5116.90	
	Other (spec			Memo Item					
State: District:					IVIE	mo item			
Full Name (Last, First, Middle Initial)					D-t-	(D:-b			
C. LIVE TRANSFERS AND DONOR (CREATION	ON LLC				f Disburse		TY TY TY	
Mailing Address 1607 Ponce de Leon ave					08	/ D	30	2022	
Suite GM8		_							
City SAN JUAN	State PR	Zip Code 00909			FEC Id	entificatio	n Number		
Purpose of Disbursement		00000	_	_	С				
Telephone fundraising			003	3		ansaction	ID : SB21	B-74744	
Candidate Name			Categ		Amoun	t of Each	Disbursen	nent this Period	
Office Sought: House Disbursen	nent For:		Тур					20138.45	
	Primary	General					7		
President	Other (spec	eify) ▼			Me	mo Item			
State: District:									
SUBTOTAL of Disbursements This Page (optional)								37194.76	
SOUTOTAL OF DISDUISEMENTS THIS Page (optional)				··· •	-		7		
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SCHEDULE B (FEC Form 3X)	l		RLINE	NUMBER: PAGE 26 OF 34				
ITEMIZED DISBURSEMENTS		rate schedule(s) category of the	I ` —	ck only				0.7
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or for commercial purposes, other than using the name								
NAME OF COMMITTEE (In Full)								
$\left ight>$ UNITED WOMEN'S HEALTH ALLI	ANCE P	PAC						
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President State: District:	Other (spec	cify) 🔻			Ме	mo Item		
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B. LIVE TRANSFERS AND DONOR	CREATI	ON LLC			Date of	f Disburse		YYY
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or for commercial purposes, other than using the nan	ne and address of any politica	l committee to	solicit contributions from such committee.					
NAME OF COMMITTEE (In Full)								
UNITED WOMEN'S HEALTH ALLI	ANCE PAC							
Full Name (Last, First, Middle Initial)			Data of Dishursoment					
A. North American Marketing Solution	is inc		Date of Disbursement					
Mailing Address 3245 N 126th St	1		08 02 2022					
Brookfield	State Zip Code WI 53005		FEC Identification Number					
Purpose of Disbursement Mailers and Caging		003	C Transaction ID : SB21B-74745					
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President	Other (specify)		Memo Item					
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B. North American Marketing Solution	ns Inc		Date of Disbursement					
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,	State Zip Code		FEC Identification Number					
Brookfield Purpose of Disbursement	WI 53005		C					
Mailers and Caging		003						
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Full Name (Last, First, Middle Initial) C. North American Marketing Solution	ns Inc		Date of Disbursement					
Mailing Address 3245 N 126th St			08 19 2022					
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- Opus virtuai Omices					M M		D /	Y Y Y Y	Υ	
Mailing Address 1825 NW Corporate Blvd Suite 110			08		03	2022				
City	State	Zip Code			FEC Id	entification	on Numb	er		
Boca Raton Purpose of Disbursement	FL	33431		_	С					
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Office Sought: House Disburs	_				99.00					
President		Primary General Other (specify)								
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C. PACSmart Filing Services						f Disburs				
Mailing Address 1013 Centre Rd.					08		02	2022	Y	
Suite 403-A										
City	State DE	Zip Code			FEC Id	entification	on Numb	er		
Wilmington Purpose of Disbursement	DL	19805			С					
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	LIANCE F	PAC						
Full Name (Last, First, Middle Initial) A. PACSmart Filing Services				Date of Disbursement				
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City Wilmington	State DE	Zip Code 19805		FEC Identification Number				
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State: District: Full Name (Last, First, Middle Initial)								
B. RallyPay		Date of Disbursement						
Mailing Address 995 Market Street Floor 2	08 08 2022							
San Franciso	City State Zip Code San Franciso CA 94103							
Purpose of Disbursement Merchant Processor Fees	003	C Transaction ID : SB21B-74746						
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Office Sought: House Senate President Disbursement For: Primary Other (specify)				23.60 Memo Item				
State: District: Full Name (Last, First, Middle Initial) C. RallyPay				Date of Disbursement				
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City San Franciso	State CA	Zip Code 94103		FEC Identification Number				
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SCHEDULE B (FEC Form 3X)			FOR LINE	PAGE 30 OF 34				
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B. UPS Store						Date of Disbursement					
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City								n Number			
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Office Sought: House Disbursement For:									23.38		
Office	Senate Primary General						-	-	23.36		
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SCHEDULE D (FEC Form 3X) **DEBTS AND OBLIGATIONS**

Excluding Loans

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

PAGE FOR LINE NUMBER: (check only one)

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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: SD10-1033726 Outstanding Balance Beginning This Period 2920.07 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 2920.07 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address City State Zip Code Outstanding Balance Beginning This Period Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address City State Zip Code Outstanding Balance Beginning This Period Outstanding Balance at Close of This Period Payment This Period Amount Incurred This Period 2920.07 1) SUBTOTALS This Period This Page (optional)..... 2920.07 2) TOTALS This Period (last page this line number only)..... 0.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)

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

2920.07