Image#	20221	0269541	657984
--------	-------	---------	--------

10/26/2022 11 : 10

PAGE 1 / 31

REPO	DRT	OF	REC	EIPTS
AND	DIS	BUF	RSEN	IENTS

FEC FORM 3X	A	EPORT (ND DISE Other Than A	URSEN	IENT	S		Office Use Only	Г
1. NAME OF COMMITTEE (in		Pe or print ▼		nple: If typin the lines.	ng, type	12FE4M	5	
ADDRESS (number and		775 EYE STREET	NW					
Check if diffe than previous reported. (AC	sly 👘 👘	MASHINGTON					20006	-
2. FEC IDENTIFIC	ATION NUME	BER V	CITY A		S		ZIP CC	DE 🔺
C C00755694	4		3. IS THIS REPORT	~	JEW N) OR	AM (A)	IENDED	
4. TYPE OF REP (Choose One) (a) Quarterly Rep		(b) Monthly Report Due On:	Feb 20 (M2) Mar 20 (M3)		May 20 (M5) Jun 20 (M6)		20 (M8)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election
(a) Quarterry Hep April 15	0165.		Apr 20 (M4)		Jul 20 (M7)	Oct 2	20 (M10)	Year Only) Jan 31 (YE)
Quarterly July 15	Report (Q1) Report (Q2)	(c) 12-Day PRE -Elec Report fo	tion	Primary (12F Convention (General (Special (Runoff (12R)
Quarterly January Year-End	Report (Q3) 31 Report (YE)		Election on	M M /	08 /	2022	in the State o	of ZZ
Year Onl	Non-election y) (MY)	(d) 30-Day POST -Ele Report fo		General (300	à)	Runoff (3	0R)	Special (30S)
(TER)	on Report		Election on	M M /	D D /	Y Y Y Y Y	in the State o	of
5. Covering Period	M M 10	/ D D / Y 01	2022	through	10 M	/ D D / 19	Y Y Y Y 2022	
I certify that I have ex Type or Print Name of	F	Report and to the PLISHKA, JOHN, ,		ledge and I	pelief it is true	e, correct and	d complete.	
Signature of Treasure	. PLISHKA	, JOHN, , ,		Electronically	<i>Filed]</i> Da	ate 10	/ D D / 26	y y y y y 2022
NOTE: Submission of fa	alse, erroneous	, or incomplete inf	ormation may sub	ject the pers	son signing thi	s Report to th	ne penalties of 52	U.S.C. § 30109
Office Use Only							FEC FOR Rev. 05/2	

6.

7.

8.

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 M D D MM D D 10 01 2022 10 19 2022 Report Covering the Period: From: To: COLUMN A COLUMN B This Period Calendar Year-to-Date (a) Cash on Hand Y 77688.71 January 1, 2022 (b) Cash on Hand at 55122.88 Beginning of Reporting Period..... 89254.00 1400516.98 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 1478205.69 144376.88 6(a) and 6(c) for Column B)..... 55845.26 1389674.07 Total Disbursements (from Line 31)..... Cash on Hand at Close of Reporting Period 88531.62 88531.62 (subtract Line 7 from Line 6(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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A)	2755.00	35049.00
The second se		
(ii) Unitemized	86499.00	1340467.98
(iii) TOTAL (add		1075546.00
Lines 11(a)(i) and (ii)	89254.00	1375516.98
	0.00	0.00
(b) Political Party Committees	0.00	49. 49. 49. 49.
(c) Other Political Committees	0.00	0.00
(such as PACs) (d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)	89254.00	1375516.98
. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
All Loans Received	0.00	0.00
. Loan Repayments Received	0.00	0.00
. Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	25000.00
. Refunds of Contributions Made	7 7 7	
to Federal Candidates and Other		
Political Committees	0.00	0.00
. Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account	0.00	
(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
. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	89254.00	1400516.98
E		
. Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	89254.00	1400516.98

Page 3

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)	of Disbursements	Page 4				
II. Disbursements	COLUMN A Total This Period	COLUMN B				
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calendar Year-to-Date				
(i) Federal Share	0.00	0.00				
(ii) Non-Federal Share	0.00	0.00				
(b) Other Federal Operating Expenditures	55650.26	1222821.18				
(c) Total Operating Expenditures						
(add 21(a)(i), (a)(ii), and (b))►	55650.26	1222821.18				
Transfers to Affiliated/Other Party Committees	0.00	0.00				
Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00				
Independent Expenditures						
(use Schedule E) Coordinated Party Expenditures	0.00	165417.89				
(52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00				
Loan Repayments Made	0.00	0.00				
Loans Made	0.00	0.00				
Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	195.00	1435.00				
(b) Political Party Committees(c) Other Political Committees	0.00	0.00				
(such as PACs)	0.00	0.00				
 (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) 	195.00	1435.00				
Other Disbursements (Including Non-Federal Donations)	0.00	0.00				
, i i i i i i i i i i i i i i i i i i i	4					
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) III ouisII Obour						
(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))	55845.26	1389674.07				
Total Federal Disbursements						
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)						
	55845.26	1389674.07				

DETAILED SUMMARY PAGE

of Disbursements

COLUMN A

Total This Period

FEC Form 3X (Rev. 05/2016)

III. Net Contributions/ Operating Expenditures

33.	Total Contributions (other than loans)
	(from Line 11(d), page 3)
34.	Total Contribution Refunds
	(from Line 28(d))
35.	Net Contributions (other than loans)
	(subtract Line 34 from Line 33)
36.	Total Federal Operating Expenditures
	(add Line 21(a)(i) and Line 21(b))
37.	Offsets to Operating Expenditures
	(from Line 15, page 3)
38.	Net Operating Expenditures

(subtract Line 37 from Line 36)

		-7			-7	89254.00
Γ.	ī.	-		Ţ	-	195.00
_	1		-	1		89059.00
÷	÷	-	÷	÷	-	55650.26
÷	÷	-7	÷	÷	7	55050.20
		7			-7	0.00
100						

1375516.98				
137 33 10.90	-7		-7	 <u></u>
1435.00				
1433.00	-7		-7	
1374081.98				
1374001.30	- 7		7	
1222821.18				
	-7		7	<u></u>
25000.00				
23000.00	-7	 	7	 <u></u>
1197821.18				
1107021.10	-7-	 	-7-	 L

COLUMN B

Calendar Year-to-Date

Page 5

:97 `A=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF`=H9A=N5 H=CB

Form/Schedule: F3XN 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 send back. 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: Transaction ID:

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

PAGE 7

OF

31

			Detailed Summary Page	×	-	Ш	11b	11c		12				
					13		14	15		16	17			
or for	nformation copied from such Reports and S commercial purposes, other than using the													
	AME OF COMMITTEE (In Full) INITED WOMEN'S HEALTH A	LLIANCE	PAC											
	II Name of Individual (Last, First, Middle Init LMASI, DIANA, , ,	ial) or Full C	organization Name	[Date of Receipt									
	ailing Address 1279 MAPLE RD				10 / D D / Y Y Y Y 2022									
Cit		State	Zip Code		Transaction ID : SA11AI-28285761									
R	EDFIELD	KS	66769		Amount of Each Receipt this Period									
	EC ID number of contributing deral political committee.	С			75.00									
	ame of Employer (for Individual) etired	Occ Ret	upation (for Individual) ired		Me	emo	Item							
Re	eceipt For:	Aggregate	Year-to-Date ▼											
	Primary General Other (specify) ▼		275.00											
	III Name of Individual (Last, First, Middle Init		Date of	Red	ceipt									
Ma	ailing Address 14812 CALIFORNIA ST				10 / D D / Y Y Y Y 10 13 2022									
Cit	•	State	Zip Code		Trans	actio	on ID : S	SA11AI-2	28286	6735				
0	МАНА	NE	68154	/	Amount	of	Each Re	eceipt thi	s Pe	eriod				
	EC ID number of contributing deral political committee.	С			80.00 Memo Item									
	ame of Employer (for Individual) tired		upation (for Individual) ired											
Re	eceipt For:	Aggregate	Year-to-Date ▼											
	Primary General Other (specify) ▼		415.00											
	III Name of Individual (Last, First, Middle Init BLACK, ANTHONY, , ,	ial) or Full C	organization Name		Date of Receipt									
	ailing Address 1305 NORTHCLIFF AVE APT B13				м м 10	/	D D D 11	/ Y	202	22	Y			
Cit	-	State OK	Zip Code					SA11AI-:						
	ORMAN		73071	/	Amount	of	Each Re	eceipt thi	s Pe	eriod				
	EC ID number of contributing deral political committee.	С					9	,		55.0	0			
	ame of Employer (for Individual) etired	Occ Reti	upation (for Individual) red		Me	emo	Item							
Re	eceipt For:	Aggregate	Year-to-Date ▼											
	Primary General Other (specify)		295.00											
SUB	TOTAL of Receipts This Page (optional)			 			9		2	210.0	0			

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

а.

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

PAGE 8 OF

31

			Detailed Summary Page	>			11		11c		12			
Δ	w information conied from such Departs and C	totomonto	hu not be cold or used by any r		13		14		15		16 ptribut	17		
	ny information copied from such Reports and S for commercial purposes, other than using the													
	NAME OF COMMITTEE (In Full)													
	UNITED WOMEN'S HEALTH A	LLIANCE	PAC											
Α.	Full Name of Individual (Last, First, Middle Ini BOX, CHRISTIANE, , ,	tial) or Full O	rganization Name		Date of Receipt									
	Mailing Address 230 GLEN LAKE DR													
	City	State	Zip Code		Transaction ID : SA11AI-28286721									
	ATLANTA	GA	30327	_	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С												
	Name of Employer (for Individual) Retired	Occ Reti	upation (for Individual) red			Men	no Ite	em						
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General	33 - 3		11.										
	Other (specify) v		205.00											
в.	Full Name of Individual (Last, First, Middle Ini BRAVO, BONNIE, , ,		Date	of F	Recei	ipt								
	Mailing Address 3660 VISTA CAMPANA N UNIT 40				[™] 10		/	05	/ Y	20)22	Y		
	City	State	Zip Code		Trar	Isac	ction	ID : 5	SA11AL	282	89437			
	OCEANSIDE	CA	92057		Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С			55.00									
	Name of Employer (for Individual) Retired	Occ Ret		Memo Item										
	Receipt For:	Aggregate	Year-to-Date V											
	Primary General		205.00	11.										
	Other (specify) v		4											
с.	Full Name of Individual (Last, First, Middle Ini BROOKS, BARBARA, , ,	tial) or Full O	rganization Name		Date	of F	Recei	ipt						
	Mailing Address 22880 N CRANES MILL RD				^M 10		/	D D D 14	/ Y)22	Y		
	City	State	Zip Code		Tra	nsa	ction	ID : \$	SA11AI-	282	88363	;		
	CANYON LAKE	TX	78133		Amou	nt c	of Ea	ch Re	eceipt th	is F	'eriod			
	FEC ID number of contributing federal political committee.	С			<u> </u>		y		, ,	_	20.0	00		
	Name of Employer (for Individual) Retired	Occi Reti	upation (for Individual) red			Men	no Ite	em						
	Receipt For:	Aggregate	Year-to-Date ▼											
	Other (specify)		265.00											
	UBTOTAL of Receipts This Page (optional)			_	<u> </u>		_	-		_	125.0	00		
Ľ				_	÷		9	-	9	=	-			

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

FEC Schedule A (Form 3X) Rev. 06/2016

-

Image# 202210269541657992

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 9 OF

31

	EMIZED RECEIPTS		for each categ Detailed Sumr		×	★ 11a 11b 11c 12 13 14 15 16					17				
	y information copied from such Reports and Sta 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 Initia BROWN, PAT, , ,	al) or Full C	rganization Name			Date of Receipt									
	Mailing Address 1305 W ILLINOIS ST					10 05 2022									
	City BELLINGHAM	State WA	Zip Code 98225			Transaction ID : SA11AI-28287811 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С				65.00									
	Name of Employer (for Individual) Retired	Occ Ret	upation (for Indivi	dual)		Μ	emo	ltem							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	255.00											
В.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name BROWN, JANE, , ,							Date of Receipt							
	Mailing Address 20 WESTBROOK LN						10 / Y Y Y Y 2022								
	City GROTON	State MA	Zip Code 01450					SA11AI- Receipt th							
	FEC ID number of contributing federal political committee.	С			100.00 Memo Item										
	Name of Employer (for Individual) Retired		upation (for Indivi ired												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	310.00											
<u>с</u> .	Full Name of Individual (Last, First, Middle Initia	al) or Full C	rganization Name	1		Date of	f Re	ceipt							
	Mailing Address 2110 W VIRGINIA AVE	-				10 ^M	1	D 06		y y 2022	Y				
	City DUNBAR	State WV	Zip Code 25064					-	SA11AI-		-				
	FEC ID number of contributing federal political committee.	С				<u> </u>		y 1	- 7	60	.00				
	Name of Employer (for Individual) Retired	Occ Reti	upation (for Indivi red	dual)		Memo Item									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼												
F	UBTOTAL of Receipts This Page (optional)				• -			, .		225	.00				

SCHEDULE A (FEC Form 3X) ľ

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 10 OF

31

IТ	EMIZED RECEIPTS		Use separate schedule(s)	(C	heck onl	y one)						
11			for each category of the Detailed Summary Page		× 11a 13	11		11c 15	\vdash	12 16	1	7
	ny information copied from such Reports and S for commercial purposes, other than using the				for the	purpos	e of so	liciting	con	tribut	ions	<u> </u>
	NAME OF COMMITTEE (IN Full) UNITED WOMEN'S HEALTH A	LLIANCE	PAC									
Α.	Full Name of Individual (Last, First, Middle Init CONNOLLY, JANET, , ,	tial) or Full O	rganization Name		Date o	f Recei	pt					
	Mailing Address 1305 CHARMUTH RD				10 ^M	/ [07	/ Y		22	Y	
	City LUTHVLE TIMON	State MD	Zip Code 21093	_	Trans Amoun	saction						
	FEC ID number of contributing federal political committee.	С								55.0	0]
	Name of Employer (for Individual) Retired	Occi Reti	upation (for Individual) red		М	emo Ite	em					
	Receipt For:	Aggregate	Year-to-Date ▼									
	Other (specify) ▼		240.00									
в.	Full Name of Individual (Last, First, Middle Init COOPER, JOHN, , ,	tial) or Full O	rganization Name		Date o	f Recei	pt					
	Mailing Address 572 60TH PL S				10 ^M	/ [13	/ Y	202	22	Y	
	City	State	Zip Code		Trans	action	ID : SA	A11AI-2	2828	8373		
	BIRMINGHAM	AL	35212		Amoun	t of Ea	ch Rec	ceipt thi	is Pe	eriod		
	FEC ID number of contributing federal political committee.	С						- T		30.0	0	
	Name of Employer (for Individual) Retired	Occ Ret	upation (for Individual) ired		М	emo Ite	em					
	Receipt For:	Aggregate	Year-to-Date ▼									
	Other (specify)		235.00									
<u>с</u> .	Full Name of Individual (Last, First, Middle Init COOPER, JOHN, , ,	tial) or Full O	rganization Name		Date o	f Recei	pt					
•••	Mailing Address 572 60TH PL S				10 ^M		13	/ Y	202	22	Y	
	City BIRMINGHAM	State AL	Zip Code 35212			saction						
	FEC ID number of contributing federal political committee.	С						, sept th		30.0	0	
	Name of Employer (for Individual) Retired	Occi Reti	upation (for Individual) red		M	emo Ite	em					
	Receipt For: Primary General	Aggregate	Year-to-Date ▼									
	Other (specify)		235.00									
s	UBTOTAL of Receipts This Page (optional)									115.0	0	1

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 11 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using th			
	ALLIANCE	E PAC	
Full Name of Individual (Last, First, Middle In CORBY, JACQUELYNNE, , , Mailing Address 981 GLEN OAKS BLVD	nitial) or Full C	Organization Name	Date of Receipt
City	State	Zip Code	10 05 2022 Transaction ID : SA11AI-28288511
PASADENA	CA	91105	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer (for Individual) Retired		upation (for Individual) ired	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	
Other (specify) V		345.00	
Full Name of Individual (Last, First, Middle II CORBY, JACQUELYNNE, , ,	nitial) or Full C	Organization Name	Date of Receipt
Mailing Address 981 GLEN OAKS BLVD			10 06 / Y Y Y Y 2022
City PASADENA	State CA	Zip Code 91105	Transaction ID : SA11AI-28289347 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		80.00
Name of Employer (for Individual) Retired		cupation (for Individual) tired	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 345.00	
Full Name of Individual (Last, First, Middle In C. DIGIROLAMO, VINCENT, , ,	nitial) or Full C	Organization Name	Date of Receipt
Mailing Address 2002 FOX TRACE TRL	1		10 / D D / Y Y Y Y Y 10 05 2022
City CUYAHOGA FALLS	State OH	Zip Code 44223	Transaction ID : SA11AI-28287817 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		55.00
Name of Employer (for Individual) Retired	Occ Reti	upation (for Individual) ired	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.00	
SUBTOTAL of Receipts This Page (optional)	<u> </u>		185.00
TOTAL This Period (last page this line numbe		, , , , , , , , , , , , , , , , , , ,	

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

PAGE 12 OF

31

Any information copied from such Reports and Statements may not be solid or used by any person for the purpose of solicitit contributions from such reports and Statements may not be solid or used by any person for the purpose of solicitit contributions from such reports and statements may not be solid or used by any person for the purpose of solicitit contributions from such reports and statements may not be solid or used by any person for the purpose of solicit contributions from such reports and statements may not be solid or used by any person for the purpose of solicit contributions from such reports and statements may not be solid or used by any person for the purpose of solicit contributions from such reports and statements may not be solid or used by any person for the purpose of solicit contributions from such reports and statements may not be solid or used by any person for the purpose of solicit contributions from such reports and statements may not be solid or used by any person for the purpose of solicit contributions from such reports and statements may not be solid or used by any person for the purpose of solicit contributions from such reports and statements may not be solid or used by any person for the purpose of solicit contributions from such reports and statements freq freceipt fo	xich committee.
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from survival (MARE OF COMMITTEE (In Full) VAME OF COMMITTEE (In Full) VUNITED WOMEN'S HEALTH ALLIANCE PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. DRASHER, CLAYTON, , . Mailing Address 1008 HIDEBOUND RD City BURNS FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: PIL Name of Individual (Last, First, Middle Initial) or Full Organization Name B. FELDMANN, SUSAN, , , Mailing Address 210 EDINBURGH LN City B. FELDMANN, SUSAN, , , Mailing Address 210 EDINBURGH LN City PETALUMA FEC ID number of contributing federal political committee. City PETALUMA FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Name of Employer (for Individual) Retired Receipt For: Name of Employer (for Individual)	xich committee.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt A. DRASHER, CLAYTON, , , Mailing Address 1008 HIDEBOUND RD Date of Receipt City State Zip Code BURNS TN 37029 FEC ID number of contributing federal political committee. C Amount of Each Receipt Name of Employer (for Individual) Occupation (for Individual) Memo Item Receipt For: Other (specify) ▼ Aggregate Year-to-Date ▼ Date of Receipt Mailing Address 210 EDINBURGH LN City State Zip Code FEC ID number of contributing federal political committee. City State 330.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt B. FELDMANN, SUSAN, , , Mailing Address 210 EDINBURGH LN Transaction ID : SA11A City State Zip Code Transaction ID : SA11A PETALUMA State Zip Code Transaction ID : SA11A Amount of Each Receipt Memo Item Memo Item Mering derear political committee. C 94952 Memo Item Name of Employer (for Individual) Occupation (for Ind	2022 Al-28287299 this Period 55.00
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name DRASHER, CLAYTON, , , Mailing Address 1008 HIDEBOUND RD Dite of Receipt Other State Zip Code BURNS TN 37029 FEC ID number of contributing tederal political committee. C Image: Contributing tederal political committee. Name of Employer (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Image: Contributing tederal political committee. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt FELDMANN, SUSAN, , , Mailing Address 210 EDINBURGH LN Transaction ID : SA11A Amount of Each Receipt City State Zip Code Transaction ID : SA11A Amount of Each Receipt FEC ID number of contributing federal political committee. Occupation (for Individual) Memo Item Name of Employer (for Individual) Occupation (for Individual) Memo Item Retired Aggregate Year-to-Date ▼ Memo Item Primary	2022 Al-28287299 this Period 55.00
A. DRASHER, CLAYTON, , , Date of Receipt Mailing Address 1008 HIDEBOUND RD TN Zip Code City State Zip Code BURNS TN 37029 FEC ID number of contributing federal political committee. C Amount of Each Receipt Name of Employer (for Individual) Retired Occupation (for Individual) Retired Memo Item Primary General Occupation Name Memo Item Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt City State Zip Code PETALUMA CA 94952 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Retired Occupation (for Individual) Retired Memo Item Receipt For: Primary General Occupation (for Individual) Retired Memo Item Receipt For: Primary General Occupation (for Individual) Retired Memo Item	2022 Al-28287299 this Period 55.00
10 10 City State TN 37029 FEC ID number of contributing federal political committee. C Amount of Each Receipt Name of Employer (for Individual) Occupation (for Individual) Memo Item Retired Retired Memo Item Bulk NS C State State Primary General Other (specify) ▼ Date of Receipt Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt B. FELDMANN, SUSAN, , , Mailing Address 210 EDINBURGH LN Date of Receipt City State Zip Code PETALUMA C 94952 FEC ID number of contributing federal political committee. Occupation (for Individual) Retired Name of Employer (for Individual) Occupation (for Individual) Memo Item Retired Aggregate Year-to-Date ▼ Memo Item Memo Item Aggregate Year-to-Date ▼ Memo Item	2022 Al-28287299 this Period 55.00
BURNS TN 37029 Amount of Each Receipt FEC ID number of contributing federal political committee. C Amount of Each Receipt Name of Employer (for Individual) Ccupation (for Individual) Memo Item Retired Aggregate Year-to-Date ▼ Memo Item Primary General 330.00 Other (specify) ▼ B. FELDMANN, SUSAN, , , Mailing Address 210 EDINBURGH LN Date of Receipt City State Zip Code Transaction ID : SA11A PETALUMA CA 94952 Amount of Each Receipt FEC ID number of contributing federal political committee. Occupation (for Individual) Memo Item Name of Employer (for Individual) Occupation (for Individual) Memo Item Receipt For: Aggregate Year-to-Date ▼ Memo Item Mailing Address 210 EDINBURGH LN Occupation (for Individual) Memo Item Memo Item Aggregate Year-to-Date ▼ Memo Item Marine of Employer (for Individual) Retired Memo Item Receipt For: Aggregate Year-to-Date ▼ Memo Item Memo Item 215.00 Memo Item	this Period 55.00
Fell Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Image: State City PETALUMA	55.00
federal political committee. Image: Committee com	Y = Y = Y = Y
Retired Retired Receipt For: Aggregate Year-to-Date ▼ Other (specify) ▼ 330.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt B. FELDMANN, SUSAN, , , Mailing Address 210 EDINBURGH LN Date of Receipt City State Zip Code Transaction ID : SA11A PETALUMA CA 94952 Amount of Each Receipt FEC ID number of contributing federal political committee. Occupation (for Individual) Retired Memo Item Name of Employer (for Individual) Occupation (for Individual) Memo Item Primary General Aggregate Year-to-Date ▼ Memo Item	
Primary General Other (specify) 330.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt B. FELDMANN, SUSAN, , , Mailing Address 210 EDINBURGH LN Date of Receipt City State Zip Code PETALUMA CA 94952 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Retired Occupation (for Individual) Retired Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 215,00	
Primary General Other (specify) 330.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt B. FELDMANN, SUSAN, , , Mailing Address 210 EDINBURGH LN Date of Receipt City State Zip Code PETALUMA CA 94952 FEC ID number of contributing federal political committee. C Amount of Each Receipt Name of Employer (for Individual) Retired Occupation (for Individual) Retired Memo Item Receipt For: Aggregate Year-to-Date ▼ Memo Item Primary General 215,00	
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt B. FELDMANN, SUSAN, , , Date of Receipt Mailing Address 210 EDINBURGH LN Image: Constraint of Contributing federal political committee. Date of Receipt FEC ID number of contributing federal political committee. C C Transaction ID : SA11A Amount of Each Receipt Name of Employer (for Individual) Retired Occupation (for Individual) Retired Memo Item Receipt For: Aggregate Year-to-Date ▼ Memo Item Other (specify) ▼ 215.00 15.00	
B. FELDMANN, SUSAN, , , Date of Receipt Mailing Address 210 EDINBURGH LN Image: Constraint of Constrai	
City State Zip Code Transaction ID : SA11A PETALUMA CA 94952 Amount of Each Receipt FEC ID number of contributing federal political committee. C Image: Control of Co	
PETALUMA CA 94952 Amount of Each Receipt FEC ID number of contributing federal political committee. C Amount of Each Receipt Name of Employer (for Individual) Retired Occupation (for Individual) Retired Memo Item Receipt For: Aggregate Year-to-Date ▼ 215.00 Memo Item	2022
FEC ID number of contributing federal political committee. C Image: Contributing federal political committee. Name of Employer (for Individual) Retired Occupation (for Individual) Retired Memo Item Receipt For: Aggregate Year-to-Date ▼ Image: Contributing federal political committee. Primary General Other (specify) ▼ Aggregate Year-to-Date ▼	J-28288029
federal political committee. C Name of Employer (for Individual) Retired Occupation (for Individual) Retired Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 215.00	this Period
Retired Retired Receipt For: Aggregate Year-to-Date ▼ Other (specify) ▼ 215.00	55.00
Primary General Other (specify) ▼ 215.00	
Primary General Other (specify) ▼ 215.00	
Full Names of Individual (Look First Middle India) on Full Opportunities Names	
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. FRANKLIN, MARK, , ,	
Mailing Address 1017 SHADOWLAWN DR	Y Y Y Y 2022
City State Zip Code Transaction ID : SA11A	AI-28289431
TOLEDO OH 43609 Amount of Each Receipt	this Period
FEC ID number of contributing federal political committee.	135.00
Name of Employer (for Individual)Occupation (for Individual)Memo ItemRetiredRetired	
Receipt For: Aggregate Year-to-Date ▼ Primary General	
Other (specify) 650.00	
SUBTOTAL of Receipts This Page (optional)	245.00

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

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

PAGE 13 OF

31

••	EIVIIZED RECEIFIS		Detailed Summary Page		' 11a		11b	11c		12			
					13		14	15		16	17		
	y information copied from such Reports and S for commercial purposes, other than using the												
	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	LLIANCE	PAC										
Α.	Full Name of Individual (Last, First, Middle Ini GAUDREAULT, MARK, , ,	tial) or Full Or	ganization Name		Date o	f Re	eceipt						
	Mailing Address 70 CHERRY LN				м м 10	1	0			y y 2022	Y		
	City	State	Zip Code		Trans	sact	tion ID	: SA11A	\I-28	285893	3		
	MADBURY	NH	03823		Amoun	t of	Each	Receipt	this	Period			
	FEC ID number of contributing federal political committee.	С			<u> </u>					35.	00		
	Name of Employer (for Individual)	Occu	pation (for Individual)		М	emo	o Item						
	Best Efforts	Care	taker										
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General	Aggregate		- 1.									
	Other (specify)		215.00										
в.	Full Name of Individual (Last, First, Middle Ini GRIFFIN, RAYMOND, , ,	tial) or Full Or	ganization Name		Date o	f Re	eceipt						
	Mailing Address 11859 CISCO BAY DR				M M	/	1		2	2022	Y		
	City	State	Zip Code		Trans	act	ion ID	: SA11A	J-28:	286155	;		
	DOWLING	MI	49050					Receipt					
	FEC ID number of contributing federal political committee.	С							_	35.	00		
	Name of Employer (for Individual) Retired	Occu Retir	pation (for Individual) ed		М	emo	o Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	1									
с.	Full Name of Individual (Last, First, Middle Ini HOSTETLER, RICHARD, , ,	tial) or Full Or	ganization Name		Date o	f Re	eceipt						
	Mailing Address 2524 ASHTON AVE				^M 10	/	0	D / 4		2022	Y		
	City KALAMAZOO	State MI	Zip Code 49004					: SA11/ Receipt	-		-		
	FEC ID number of contributing federal political committee.	С			<u> </u>		<u>,</u>	. ,	_	55.	00		
	Name of Employer (for Individual) Retired	Occu Retire	pation (for Individual) ed		M	lem	o Item						
	Receipt For: Primary General Other (specify)	Aggregate `	Year-to-Date ▼ 370.00]									
s	UBTOTAL of Receipts This Page (optional)			•			, ,	. ,		125.	00		

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

number only).....

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 14 OF

31

			Detailed Summary Page	×	11a		11	b	11c	12					
<u> </u>					13		14		15	16	17				
	y information copied from such Reports and S for commercial purposes, other than using the														
	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	LLIANCE	PAC												
A.	Full Name of Individual (Last, First, Middle Init HOSTETLER, RICHARD, , ,	ial) or Full C	rganization Name		Date of	f Re	ecei	ipt							
	Mailing Address 2524 ASHTON AVE				^M 10	1	ſ	D D 07	/ Y	y 2022	Y				
	City KALAMAZOO	State MI	Zip Code 49004							28289247	,				
	FEC ID number of contributing federal political committee.	С					-		- -	65.0					
	Name of Employer (for Individual) Retired	Occ Reti	upation (for Individual) red		M	emo	o Ite	em							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 370.00	1											
в.	Full Name of Individual (Last, First, Middle Init IRVING, BETH, , ,	ial) or Full C	rganization Name		Date of	f Re	ecei	ipt							
	Mailing Address 285 PLANTATION ST APT 901			10 / Y Y Y Y Y 2022											
	City WORCESTER	State MA	Zip Code 01604		Transaction ID : SA11AI-28286061 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С			25.0	00									
	Name of Employer (for Individual) Best Efforts		upation (for Individual) ial Worker		M	emo	o Ite	em							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00]											
С.	Full Name of Individual (Last, First, Middle Init JANYSEK, GLADYS, , ,	ial) or Full C	rganization Name		Date of	f Re	ecei	ipt							
	Mailing Address 505 S APPERSON ST				^M 10	1	ſ	07	/ Y	2022 2022	Y				
	City KARNES CITY	State TX	Zip Code 78118							-28287457 his Period	1				
	FEC ID number of contributing federal political committee.	С					y		y	45.0	00				
	Name of Employer (for Individual) Retired Receipt For:	Reti			М	emc	o Ite	em							
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 240.00	1											
s	UBTOTAL of Receipts This Page (optional)						7		,	135.0	00				
т	OTAL This Period (last page this line number of	only)		•			-								

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

PAGE 15 OF

31

		Detailed Summary Page		× 11a		11b	11c	12	
				13	1	14	15	16	17
Any information copied from such Reports an or for commercial purposes, other than using									
NAME OF COMMITTEE (In Full)									
VINITED WOMEN'S HEALTH	ALLIANCE	PAC							
Full Name of Individual (Last, First, Middle A. JOHANSEN, RALPH, , ,	Initial) or Full C	rganization Name		Date of	f Rec	eipt			
Mailing Address 322 EVERGREEN AVE				10 ^M	/	06) / Y	y y 2022	Y
City	State	Zip Code		Trans	actio	n ID :	SA11AI-	2828767	1
MADISON	WI	53704		Amount	t of E	ach R	Receipt th	is Perio	k
FEC ID number of contributing federal political committee.	С								.00
Name of Employer (for Individual) Retired	Occ Reti	upation (for Individual) ired		M	emo	ltem			
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General	, iggi ogulo		11						
Other (specify) V		315.00							
Full Name of Individual (Last, First, Middle B. JOHNSON, BRUCE, , ,	Initial) or Full C	rganization Name		Date of	f Rec	eipt			
Mailing Address 463 OHIO ST				10 ^M	/	D D 17) / Y	y y 2022	Y
City	State	Zip Code		Trans	actio	n ID :	SA11AI-2	2828651	7
ALDRICH	MO	65601					Receipt th		
FEC ID number of contributing federal political committee.	C			<u> </u>			-	100	.00
Name of Employer (for Individual) Retired	Occ Ret	upation (for Individual) ired		M	emo	Item			
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General			11.						
Other (specify)		410.00	4						
Full Name of Individual (Last, First, Middle C. JONES, JESSE, , ,	Initial) or Full C	rganization Name		Date of	f Rec	eipt			
Mailing Address 9213 SPRING ST				10 ^M	/	05		2022	Y
City	State	Zip Code		Trans	actio	on ID :	SA11AI-	2828943	5
HIGHLAND	IN	46322		Amount	t of E	ach F	Receipt th	is Period	ł
FEC ID number of contributing federal political committee.	С			<u> </u>	,		. y	80	.00
Name of Employer (for Individual) Retired	Occ Reti	upation (for Individual) red		М	emo	ltem			
Receipt For:	Aggregate	Year-to-Date ▼							
Other (specify)		475.00							
SUBTOTAL of Receipts This Page (optional)			•		. ,		, , , , , , , , , , , , , , , , , , ,	215	.00

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

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

PAGE 16 OF

31

				Detailed Summary Page		K 11			11b		11c		12	<u> </u>
Δηγ	information copied from such Reports and Sta	temente r		not be sold or used by any n	areon	13 for t		 	14 1056 0		15 icitina		16 htribut	17 ions
	r commercial purposes, other than using the r													
	AME OF COMMITTEE (In Full)	_		_										
γι	JNITED WOMEN'S HEALTH AL	LIANC	E F	PAC										
	ull Name of Individual (Last, First, Middle Initia KOTZUR, JOYCE, , ,	al) or Full	Orga	nization Name		Date	of	Po	ceipt					
	lailing Address 3411 COLONY DR								D	D		V	V	V
	5						0	ľ	13			20)22	
		State TX		Zip Code		Tra	ans	acti	ion ID :	: SA	11AI-2	2828	38855	
	SAN ANTONIO		_	78230	_	Amc	unt	of	Each F	Rece	ipt thi	s Pe	eriod	
	EC ID number of contributing deral political committee.	С						_			-gr-	_	35.0	00
N	ame of Employer (for Individual)	00	ccupa	tion (for Individual)			Me	emo	Item					
	etired	R	etired			_								
R	eceipt For: Primary General	Aggregat	te Yea	ar-to-Date 🔻										
	Other (specify)			220.00										
	ull Name of Individual (Last, First, Middle Initia ABRIOLA, ROBERTA, , ,	al) or Full	Orga	nization Name		Date	e of	Re	ceipt					
N	lailing Address 16969 KIRKSHIRE AVE					M 1	 0	/	17		Y	Y 202	22	Y
C	ity	State		Zip Code		Tra	ins	acti	on ID :	SA1	11AI-2	828	86441	
E	EVERLY HILLS	MI		48025		Amo	unt	of	Each F	Rece	ipt thi	s Pe	eriod	
	EC ID number of contributing deral political committee.	С									-y		20.0	00
	ame of Employer (for Individual) etired		ccupa etirec	tion (for Individual)			Me	emo	Item					
R	eceipt For:			ar-to-Date ▼										
	Primary General	, iggi ogu												
	Other (specify) v	L	,	210.00										
	ull Name of Individual (Last, First, Middle Initia LACEY, SHIRLEY, , ,	al) or Full	Orga	nization Name		Date	e of	Re	ceipt					
N	ailing Address 3240 FAYCREST RD						0 [™]	/	D 10		/ Y	202	22	Y
	ity	State		Zip Code		Tra	ans	act	ion ID :	: SA	11AI-2	2828	87277	
	COLUMBUS	OH		43232	_	Amc	unt	of	Each F	Rece	ipt thi	s Pe	eriod	
	EC ID number of contributing deral political committee.	С						_	y		g		80.0	00
	ame of Employer (for Individual) est Efforts		•	tion (for Individual) H CARE PROVIDER			Me	emc	Item					
	eceipt For:			aar-to-Date ▼										
	Primary General Other (specify)		-40-	315.00										
SU	BTOTAL of Receipts This Page (optional)			•	•				9		9		135.0	0

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

100

Image# 202210269541658000

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS		

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 17 OF

31

	EMIZED RECEIPTS			r each category of the etailed Summary Page		_	11a		11b		11c		12					
	y information copied from such Reports and Stat for commercial purposes, other than using the na					for						con		ons	17			
	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALI				10 30					5 110								
A.	Full Name of Individual (Last, First, Middle Initial LEWIS, AMY, , ,) or Full O	rgani	zation Name		Da	ate of	Re	ceipt									
	Mailing Address 117 DEWEY AVE					N	10 ^M	/	D 1		/ Y	y 202	22	Y				
	City AMARILLO	State TX		Zip Code 79124	_				-		A11AI-2							
	FEC ID number of contributing federal political committee.	C				An	nount	of	Each	Re	ceipt thi	is Pe	eriod 25.0	0				
	Name of Employer (for Individual) Retired	Occu Reti	•	on (for Individual)			Me	emo	Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year	-to-Date ▼ 215.00														
в.	Full Name of Individual (Last, First, Middle Initial MCRAE, GLORIA, , ,) or Full O	rgani	zation Name		Da	ate of	Re	ceipt									
	Mailing Address 350 BAUMAN AVE				10 / 11 / 2022 Transaction ID : SA11AI-28289727													
	City CLAWSON	State MI		Zip Code 48017							A11AI-2 ceipt thi		-	_				
	FEC ID number of contributing federal political committee.	С									-		30.0	0				
	Name of Employer (for Individual) Retired		upatio	on (for Individual)			Me	emo	Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year	-to-Date ▼ 260.00														
с.	Full Name of Individual (Last, First, Middle Initial MCRAE, GLORIA, , ,) or Full O	rgani	zation Name		Da	ate of	Re	ceipt									
	Mailing Address 350 BAUMAN AVE					N	10 ^M	/	D 1	D 2	/ Y	202	22 [°]	Y				
	City CLAWSON	State MI		Zip Code 48017	_						A11AI-							
	FEC ID number of contributing federal political committee.	С				Ę	_		y .		9	_	30.0	0				
	Name of Employer (for Individual) Retired	Occu Retii	•	on (for Individual)		L	Me	emo	Item									
	Receipt For: Primary General Other (specify)	-to-Date ▼ 260.00																
s	UBTOTAL of Receipts This Page (optional)			•					,		9		85.0	0]			
т	OTAL This Period (last page this line number on	ly)		•	-	Ľ			,		-,-]			

Image# 202210269541658001

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 18 OF

31

TIEWIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a		11b	11c	;	12 16	17
Any information copied from such Reports a or for commercial purposes, other than usin				for the		pose o	of solicit		ontribu	tions
NAME OF COMMITTEE (In Full)	-									
Full Name of Individual (Last, First, Midd A. MURPHY, PAM, , ,	le Initial) or Full O	rganization Name		Date o	f Re	ceipt				
Mailing Address 1103 MALLARD WAY	Otata	Zin Onde		10 ^M		13	3	2	022	
City GRANBURY	State TX	Zip Code 76048					: SA11 Receipt			
FEC ID number of contributing federal political committee.	С						, iocolpt		80.	
Name of Employer (for Individual) Retired	Occu Reti	ipation (for Individual) red		М	emo	tem				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 290.00]							
Full Name of Individual (Last, First, Midd B. PARSLEY, CHARLES, , ,	le Initial) or Full O	rganization Name		Date o	f Re	eceipt				
Mailing Address PO BOX 37				м м 10	1	D 17			ү 022	Y
City KERMIT	State WV	Zip Code 25674					: SA11 Receipt			
FEC ID number of contributing federal political committee.	C								150.	00
Name of Employer (for Individual) Kermit Water & Sewerage		upation (for Individual) PERVISOR		М	emc	o Item				
Receipt For:	Aggregate	Year-to-Date 🔻								
Other (specify)		370.00								
Full Name of Individual (Last, First, Midd C. PORTER, HELEN, , ,	le Initial) or Full O	rganization Name		Date o	f Re	eceipt				
Mailing Address PO BOX 342				^M 10	/	D 18			022 [°]	Y
City CORONA	State NM	Zip Code 88318					: SA11			
FEC ID number of contributing federal political committee.	С			Amoun		Each	Receipt	unis F	75.	
Name of Employer (for Individual) Retired	Occu Retir	ipation (for Individual) ed		М	emo	o Item				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 240.00]							
SUBTOTAL of Receipts This Page (optional	al)				_		. ,		305.	00

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

1.0

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

PAGE 19 OF

31

			Detailed Summary Pag			11a		11b	11c		12	<u> </u>
Ar	y information copied from such Reports and	Statements m	l av not be sold or used by	anv pe	rson	13 for the		14 Irpose of	15 solicitina		16 ntribut	17 tions
	for commercial purposes, other than using th											
\setminus	NAME OF COMMITTEE (In Full)											
	UNITED WOMEN'S HEALTH A	ALLIANCE	E PAC									
	Full Name of Individual (Last, First, Middle In PYLE, REX, , ,	nitial) or Full C	Organization Name			. .						
Α.	Mailing Address 1224 SW 94TH ST					Date o		•		_		_
	Maining Address 1224 SW 9418 ST					10 ^M	/	/ D 03			022	Y
	City	State	Zip Code			Tran	sac	tion ID :	SA11AI-	282	88447	,
	OKLAHOMA CITY	OK	73139		_	Amour	nt o	f Each F	Receipt thi	is P	'eriod	
	FEC ID number of contributing federal political committee.	С						4		Ξ	35.0	
	Name of Employer (for Individual)	Occ	upation (for Individual)			N	/lem	no Item				
	Retired	Ret	ired									
	Receipt For:	Aggregate	Year-to-Date 🔻									
	Primary General Other (specify) ▼		220.0	0								
– R	Full Name of Individual (Last, First, Middle Ir ROBILLARD, CATHERINE, , ,	nitial) or Full C	Organization Name			Date o	of B	leceint				
υ.	Mailing Address 2 LEXINGTON ST					M) / Y	Y	Y	Y
						10		19)22	
	City	State	Zip Code						SA11AI-2			
	STONEHAM	MA	02180		_	Amour	nt o	f Each F	Receipt th	is P	'eriod	
	FEC ID number of contributing federal political committee.	С				<u> </u>			-	_	30.0	00
	Name of Employer (for Individual) Retired		upation (for Individual) ired			N	1em	no Item				
	Receipt For:	Aggregate	Year-to-Date V									
	Primary General											
	Other (specify) ▼		, 210.0	00								
с.	Full Name of Individual (Last, First, Middle Ir ROSENBAUM, PEARL, , ,	nitial) or Full C	Organization Name			Date o	of R	leceipt				
	Mailing Address 5858 E CAREY AVE					^M 10	Л	/ D D D D D D D D D D D D D D D D D D D)22 [°]	Y
	City	State	Zip Code			Tran	sac	tion ID :	SA11AI-	282	89415	5
	LAS VEGAS	NV	89156		_	Amour	nt o	f Each F	Receipt th	is P	'eriod	
	FEC ID number of contributing federal political committee.	С				<u> </u>		,		_	35.	00
	Name of Employer (for Individual)	Occ	upation (for Individual)			Ν	/lem	no Item				
	Retired	Reti	red									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify)		225.0	00								
_	UBTOTAL of Receipts This Page (optional)					· ·	-			_	100.0	00
\vdash	CONTRACTOR DECEMPTS THIS FAGE (OPTIONAL)			••••••		÷	÷	,		-	÷	

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

а.

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

PAGE 20 OF

31

		Detailed Summary Page	×	11a	111	b	11c	12					
				13	14		15	16	17				
Any information copied from such Reports or for commercial purposes, other than usi													
NAME OF COMMITTEE (In Full)													
UNITED WOMEN'S HEALT	H ALLIANCE												
Full Name of Individual (Last, First, Mide A. STREATFIELD, DAVID, , ,	dle Initial) or Full O	rganization Name		Date of	Receip	pt							
Mailing Address 2409 11TH AVE W				10 05 2022									
City	State	Zip Code		Trans	action	ID : S	SA11AI-2	2828782	5				
SEATTLE	WA	98119		Amount	of Ead	ch Re	ceipt thi	is Period					
FEC ID number of contributing federal political committee.	С		75.					00					
Name of Employer (for Individual) Retired	Occi Reti	upation (for Individual) red		Me	emo Ite	em							
Receipt For:	Aggregate	Year-to-Date 🔻											
Primary General	33 3		1										
Other (specify) V		265.00											
Full Name of Individual (Last, First, Mide B. STREATFIELD, DAVID, , ,	dle Initial) or Full O	rganization Name		Date of	Receip	pt							
Mailing Address 2409 11TH AVE W		10 / D D / Y Y Y Y 10 18 2022											
City	State	Zip Code		Trans	action	ID : S	A11AI-2	28286297	7				
SEATTLE	WA	98119		Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C						-7-	80.	00				
Name of Employer (for Individual) Retired	Occ	upation (for Individual) red		Me	emo Ite	em							
Receipt For:	Aggregate	Year-to-Date V											
Primary General			11.										
Other (specify) v		265.00	4										
Full Name of Individual (Last, First, Mide C. TRAINO, PAULETTE, , ,	dle Initial) or Full O	rganization Name		Date of	Receip	pt							
Mailing Address 23812 BITTERN LN				^M ^M	/ D	04	/ Y	2022	Y				
City	State	Zip Code		Trans	action	ID : 5	SA11AI-:	2828955	5				
LAGUNA NIGUEL	CA	92677		Amount	of Ead	ch Re	ceipt thi	is Period					
FEC ID number of contributing federal political committee.	C				, ,		<u> </u>	30.	00				
Name of Employer (for Individual) Best Efforts	upation (for Individual) Efforts	Memo Item											
Receipt For:	Aggregate	Year-to-Date 🔻											
Primary General Other (specify)		250.00											
		, , , , , , , , , , , , , , , , , , , ,	_	-		_							
SUBTOTAL of Receipts This Page (option	al))	•			-	9	185.	00				

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

FEC Schedule A (Form 3X) Rev. 06/2016

100

1.

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

PAGE 21 OF

31

			Detailed Summary Page	×	1	la		11b	11c		12		
					1:			14	15		16	17	
	nformation copied from such Reports and St commercial purposes, other than using the												
	NITED WOMEN'S HEALTH A	LLIANCE	PAC										
	II Name of Individual (Last, First, Middle Init RAINO, PAULETTE, , ,	ial) or Full O	rganization Name		Date of Receipt								
Ma	iling Address 23812 BITTERN LN					™ 10	/	07	Y 1		022	Y	
Cit	-	State	Zip Code		Tr	ans	act	ion ID :	SA11A	-282	87489)	
LA	AGUNA NIGUEL	CA	92677		Am	ount	t of	Each F	Receipt t	his F	^v eriod		
	C ID number of contributing leral political committee.	С						-		_	40.0		
	nme of Employer (for Individual) est Efforts		upation (for Individual) t Efforts			Me	emo	o Item					
	eceipt For:		Year-to-Date ▼										
	Primary General	, iggi oguto		11									
	Other (specify)	L	250.00										
	II Name of Individual (Last, First, Middle Init SINGER, PATRICIA, , ,	ial) or Full O	rganization Name		Dat	e of	Re	eceipt					
Ma	ailing Address 1809 GLASSBORO RD				™ 10	/	13			022	Y		
Cit	iy	State	Zip Code		Tr	ans	acti	ion ID :	SA11AI	-282	86739		
W	ILLIAMSTOWN	NJ	08094		Am	ount	t of	Each F	Receipt t	his F	² eriod		
	C ID number of contributing deral political committee.	С		45.00									
	ame of Employer (for Individual) tired	Occ	upation (for Individual) red			Me	emo	o Item					
Re	eceipt For:	Aggregate	Year-to-Date V										
	Primary General	33 - 3		11									
	Other (specify) v	L	, 205.00	4									
	II Name of Individual (Last, First, Middle Init JSINGER, PATRICIA, , ,	ial) or Full O	rganization Name		Dat	e of	Re	eceipt					
Ma	ailing Address 1809 GLASSBORO RD					™ 10	/	D 18			022 [°]	Y	
Cit	-	State	Zip Code		T	ans	act	ion ID :	SA11A	-282	88643	6	
W	(ILLIAMSTOWN	NJ	08094		Am	ount	t of	Each F	Receipt t	his F	Period		
	C ID number of contributing deral political committee.	С				_		y	. ,	_	35.0	00	
	me of Employer (for Individual) etired	Occu Reti	upation (for Individual) red			M	emo	o Item					
Re	eceipt For:	Aggregate	Year-to-Date 🔻										
	Other (specify)		205.00										
SUB	TOTAL of Receipts This Page (optional)										120.0	0	
<u> </u>	- · · · ·			_					,		-		

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

-

SCHEDULE A (FEC Form 3X) DECEIDEC

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 22 OF

31

11	EMIZED RECEIPTS			or each category of the Detailed Summary Page	×	-	1a 3		11b 14		11c 15	12 16	17				
	y information copied from such Reports and Sta for commercial purposes, other than using the r																
	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AL	LIANCE	ΞP	AC													
Α.	Full Name of Individual (Last, First, Middle Initia VANDYKE, MARCIA, , , Mailing Address 140 WASHINGTON RD		Drgar			Date of Receipt							Y				
	City RYE	StateZip CodeNH03870							Transaction ID : SA11AI-28288645 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		ion (for Individual)		Am			- j -		eceipt tr		d 0.00				
	Name of Employer (for Individual) Retired			М	emo) Item	1										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 365.00													
в.	Full Name of Individual (Last, First, Middle Initia WARREN, GLEN, , ,	al) or Full O		Da	ite o	f Re	eceipt										
	Mailing Address 730 E 43RD ST							/		D 10	/ Y	y y 2022	Ý				
	City BALTIMORE	State MD		Zip Code 21212							SA11AI- eceipt th						
	FEC ID number of contributing federal political committee.	С									5	5.00					
	Name of Employer (for Individual) Retired	Occ Ret		Ļ	М	emo) Item	1									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 440.00													
с.	Full Name of Individual (Last, First, Middle Initia WARREN, GLEN, , ,	al) or Full O	Orgai	nization Name		Da	ite o	f Re	eceipt								
	Mailing Address 730 E 43RD ST					M	10 ^M	/		D 10	/ Y	y y 2022	Y				
	City BALTIMORE	State MD		Zip Code 21212							SA11AI						
	FEC ID number of contributing federal political committee.	С			50.00												
	Name of Employer (for Individual) Retired	Occi Reti	•	ion (for Individual)		L	Μ	emo	b Item	ı							
	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 440.00													
s	UBTOTAL of Receipts This Page (optional)					Γ				_		18!	5.00				

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 23 OF

31

···			for each category of the Detailed Summary Page		×	11a 13		11b 14	11c	12 16	17		
	ny information copied from such Reports and Sta for commercial purposes, other than using the r												
	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AL	LIANCE	E PAC										
Α.		al) or Full C	Drganization Name		Date of Receipt								
	Mailing Address 2801 TOPAZ WAY	State	Zip Code		10 07 2022 Transaction ID : SA11AI-28289751								
	TALLAHASSEE	FL	32309						Receipt th				
	FEC ID number of contributing federal political committee.					-	1.7	30	.00				
	Name of Employer (for Individual) Retired			М	emo	tem							
	Receipt For: Primary General Other (specify) ▼												
в.	Full Name of Individual (Last, First, Middle Initia WASHINGTON, DAVID, , ,	al) or Full C	Drganization Name			Date o	f Re	eceipt					
	Mailing Address 2801 TOPAZ WAY	10 / 14 / 2022 Transaction ID : SA11AI-28286567											
	TALLAHASSEE						SA11AI Receipt th						
	FEC ID number of contributing federal political committee.	С		30.00									
	Name of Employer (for Individual) Retired		cupation (for Individual) tired		Memo Item								
	Receipt For:	Aggregate	e Year-to-Date ▼ 235.00	0									
с.	Full Name of Individual (Last, First, Middle Initia	al) or Full C	Drganization Name			Date o	f Re	eceipt					
	Mailing Address					M = M	/	D	D / Y	Y Y	Y		
	City	State	Zip Code			Amoun	t of	Each I	Receipt th	nis Perioo	k		
	FEC ID number of contributing federal political committee.						9						
	Name of Employer (for Individual) Occupation (for Individual)							o Item					
	Receipt For: Primary General Other (specify)												
s	UBTOTAL of Receipts This Page (optional)			►				7	,	60	.00		
	OTAL This Pariod (last page this line number of									2755	.00		

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

1.000

-

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE					
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 28a	one) 22 23 26 27 28b 28c 29 30b				
Any information copied from such Reports and Staten or for commercial purposes, other than using the nam							
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLI							
Full Name (Last, First, Middle Initial) A. ABC Company			Date of Disbursement				
Mailing Address PO Box 2413			10 13 2022				
City Huntington Purpose of Disbursement	State Zip Code NY 11743		FEC Identification Number				
Fundraising and Media Consulting Candidate Name		004 Category/	C Transaction ID : SB21B-76013 Amount of Each Disbursement this Period				
Office Sought: House Disbursen	ment For: Primary General Other (specify) ▼	Туре	5000.00				
State: District:	Other (specify)		Memo Item				
Full Name (Last, First, Middle Initial) B. ABC Company			Date of Disbursement				
Mailing Address PO Box 2413			10 13 2022				
,	State Zip Code NY 11743	004	FEC Identification Number				
Candidate Name		Category/ Type	Transaction ID : SB21B-76013 Amount of Each Disbursement this Period				
Office Sought: House Disbursen Senate President State: District:	nent For: Primary General Other (specify)		10000.00 Memo Item				
Full Name (Last, First, Middle Initial) C. EagleBank			Date of Disbursement				
Mailing Address 7815 Woodmont ave			10 / D D / Y Y Y Y 10 12 2022				
Bethesda	StateZip CodeMD20814		FEC Identification Number				
Purpose of Disbursement Bank analysis fee Candidate Name		001 Category/	C Transaction ID : SB21B-7601; Amount of Each Disbursement this Period				
Office Sought: House Disbursen	ment For: Primary General	Туре	503.95				
State: District:	Other (specify)		Memo Item				
SUBTOTAL of Disbursements This Page (optional)			15503.95				
TOTAL This Period (last page this line number only))	•••••	, ,				

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 25 OF 31					
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only						
	Detailed Summary Page	210 28a	22 23 26 27 28b 28c 29 30b					
Any information copied from such Reports and Staten	Inents may not be sold or us							
or for commercial purposes, other than using the name								
$ $ \rangle UNITED WOMEN'S HEALTH ALLI	ANCE PAC							
Full Name (Last, First, Middle Initial)								
A. Google Gsuite			Date of Disbursement					
Mailing Address 1600 Amphitheatre Pkwy			10 03 2022					
	State Zip Code		FEC Identification Number					
Mountain View Purpose of Disbursement	CA 94043		\mathbf{C}					
Email Services		001	C Transaction ID : SB21B-76014					
Candidate Name	Categol							
Office Sought: House Disburser	nent For	Туре	46.49					
Senate	Primary General		7 7 7					
President	Other (specify)		Memo Item					
State: District:								
Full Name (Last, First, Middle Initial) B. Grasshopper			Date of Disbursement					
Mailing Address 320 Summer St			10 18 2022					
5	State Zip Code		FEC Identification Number					
Boston Purpose of Disbursement	MA 02210		С					
Telephone Service		001	Transaction ID : SB21B-76212					
Candidate Name		Category/ Type	Amount of Each Disbursement this Period					
Office Sought: House Disbursen			109.58					
Senate President	Primary General							
State: District:	Other (specify)		Memo Item					
Full Name (Last, First, Middle Initial)								
C. Intuit Inc.			Date of Disbursement					
Mailing Address 2700 Coast Ave			10 04 2022					
			10 07 2022					
5	State Zip Code		FEC Identification Number					
Mountain View Purpose of Disbursement	CA 94043		С					
Accounting Software		001	Transaction ID : SB21B-76014					
Candidate Name	Category/	Amount of Each Disbursement this Period						
Office Sought: House Disburser	nent For:	Туре	106.00					
	Primary General							
President	Other (specify)		Memo Item					
State: District:								
SUBTOTAL of Disbursements This Page (optional)			262.07					
		•••••						
TOTAL This Period (last page this line number only)		•••••	L , ,					

SCHEDULE B (FEC Form 3X)	11-		FO	R LINE	LINE NUMBER: PAGE 26 OF					- 31	
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	1 ` -	eck only X 21b 28a	one) 22 28b		23 28c	20		27 30b	
Any information copied from such Reports and S or for commercial purposes, other than using the				any pers	on for the	purpo	ose o	f solic	ting c	ontributic	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	LLIANCE	PAC									
Full Name (Last, First, Middle Initial) A. LIVE TRANSFERS AND DONC	R CREAT	ION LLC			Date of	f Disb	urser		Y	Y Y Y	
Mailing Address 1607 Ponce de Leon ave Suite GM8					10		13	5	2	2022	
City SAN JUAN	State PR	Zip Code 00909							ber	_	
Purpose of Disbursement Telephone fundraising			00)3					76014		
Candidate Name			Cate Ty							-	
Office Sought: House Disbu	ursement For: Primary Other (spe	General				mo Ite			_	7335.95	
State: District:					Ivie	mo ite	em				
Full Name (Last, First, Middle Initial) 3. LIVE TRANSFERS AND DONC			Date of	f Disb	urser		Y	Y Y Y			
Mailing Address 1607 Ponce de Leon ave Suite GM8					10		13	3	2	2022	
City SAN JUAN	State PR	Zip Code 00909			FEC Id	entific	ation	Num	ber		
Purpose of Disbursement Telephone fundraising		003				Transaction ID : SB21B-					
Candidate Name			Cate Ty					-		nt this Pe	riod
Senate	Primary	General				- J -				7117.25	
State: District:	Other (spe	ecity)			Ме	mo Ite	em				
Full Name (Least First Middle Initial)											
Full Name (Last, First, Middle Initial) C. North American Marketing Solu	tions Inc				Date of	f Disb	urser	ment			
	tions Inc				Date of	f Disb	urser 11	D /		2022	
C. North American Marketing Solur Mailing Address 3245 N 126th St City Brookfield	State WI	Zip Code 53005			M M] /	D 11	D /	2		
C. North American Marketing Solut Mailing Address 3245 N 126th St City	State		00 Categ	gory/	FEC Id	entific	11 ation	Numi	2 Der 321B-	2022	_
C. North American Marketing Solu Mailing Address 3245 N 126th St City Brookfield Purpose of Disbursement Mailers and Caging Candidate Name	State	53005		gory/	FEC Id C Amount	entific	11 ation tion ach [Numi	2 Der 321B-	2022 7601	eriod

SCHEDULE B (FEC Form 3X)	Use sens	arate schedule(s)	FOR LINE I	
ITEMIZED DISBURSEMENTS	for each	category of the Summary Page	(check only 21b 28a	one) 22 23 26 27 28b 28c 29 30b
Any information copied from such Reports and State or for commercial purposes, other than using the na				
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALL	IANCE F	PAC		
Full Name (Last, First, Middle Initial) A. North American Marketing Solutio	ns Inc			Date of Disbursement
Mailing Address 3245 N 126th St				10 13 2022
City Brookfield Purpose of Disbursement	State WI	Zip Code 53005		FEC Identification Number
Mailers and Caging Candidate Name			003 Category/	Transaction ID : SB21B-76015 Amount of Each Disbursement this Period
Office Sought: House Disburse Senate President	ement For: Primary Other (spe	General General	Туре	5747.21
State: District: Full Name (Last, First, Middle Initial)		,, , , ,		Memo Item
B. Opus Virtual Offices Mailing Address 1825 NW Corporate Blvd Suite 110				Date of Disbursement
City Boca Raton Purpose of Disbursement Virtual Office	State FL	Zip Code 33431		FEC Identification Number
Candidate Name			001 Category/ Type	Transaction ID : SB21B-76015 Amount of Each Disbursement this Period
Senate President	ement For: Primary Other (spec	General cify)		99.00 Memo Item
State: District: Full Name (Last, First, Middle Initial) C. PACSmart Filing Services				Date of Disbursement
Mailing Address 1013 Centre Rd. Suite 403-A				10 / D D / Y Y Y Y 10 13 2022
City Wilmington Purpose of Disbursement	State DE	Zip Code 19805		FEC Identification Number
FEC Compliance Reporting Candidate Name			001 Category/ Type	Transaction ID : SB21B-7601: Amount of Each Disbursement this Period
Office Sought: House Disburse Senate President	ement For: Primary Other (spe	General cify) ▼		2800.00
State: District:				Memo Item
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only				8646.21

	CHEDULE B (FEC Form 3X)											
11	EMIZED DISBURSEMENTS	for each	category of the Summary Page		21b 28a	22 23 26 27						
	y information copied from such Reports and State for commercial purposes, other than using the nar											
	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALL	IANCE F	PAC									
Α.	Full Name (Last, First, Middle Initial) RallyPay					Date of Disbursement						
	Mailing Address 995 Market Street Floor 2					10 / D D / Y Y Y Y 10 19 2022						
	San Franciso	State CA	Zip Code 94103			FEC Identification Number						
	Purpose of Disbursement Combined "off the top" CC Transaction fees Oct Candidate Name			00 Categ		C Transaction ID : SB21B-81423 Amount of Each Disbursement this Period						
	Office Sought: House Disburse Senate	ment For: Primary	General	Тур		77.06						
_	State: District:		Memo Item									
в.	Full Name (Last, First, Middle Initial) RallyPay		Date of Disbursement									
	Mailing Address 995 Market Street Floor 2					10 19 2022						
	San Franciso	State CA	Zip Code 94103			FEC Identification Number						
	Purpose of Disbursement Combined "off the top" CC Transaction fees Oct Candidate Name		00 Categ	gory/	C Transaction ID : SB21B-81424 Amount of Each Disbursement this Period							
	Office Sought: House Disburser Senate President District:	ment For: Primary Other (spec				Memo Item						
С.	Full Name (Last, First, Middle Initial) RallyPay					Date of Disbursement						
	Mailing Address 995 Market Street Floor 2					10 19 2022						
	City San Franciso Purpose of Disbursement Combined "off the top" CC Transaction fees Oct	State CA	Zip Code 94103	00	2	FEC Identification Number						
	Candidate Name			00 Cateo Typ	gory/	Transaction ID : SB21B-81424 Amount of Each Disbursement this Period						
Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼						Memo Item						
Γ	State: District:					306.66						
⊢	OTAL This Period (last page this line number only											
Ľ		,										

SCHEDULE B (FEC Form 3X)	Use sep	arate schedule(s)	FOR LINE (check only						
ITEMIZED DISBURSEMENTS	for each	category of the Summary Page	21b 28a	22 23 26 27 28b 28c 29 30b					
Any information copied from such Reports and Stat or for commercial purposes, other than using the na									
NAME OF COMMITTEE (IN Full) UNITED WOMEN'S HEALTH ALI		PAC							
Full Name (Last, First, Middle Initial) A. RallyPay				Date of Disbursement					
Mailing Address 995 Market Street Floor 2				10 19 2022					
City San Franciso	State CA	Zip Code 94103		FEC Identification Number					
Purpose of Disbursement Combined "off the top" CC Transaction fees Oct Candidate Name			003	C Transaction ID : SB21B-81424 Amount of Each Disbursement this Period					
	ement For:		Category/ Type	750.67					
State: District:	Primary Other (spe	ecify) ▼		Memo Item					
Full Name (Last, First, Middle Initial) B. RallyPay				Date of Disbursement					
Mailing Address 995 Market Street Floor 2				10 / D D / Y Y Y Y 10 19 2022					
City San Franciso	State CA	Zip Code 94103		FEC Identification Number					
Purpose of Disbursement Combined "off the top" CC Transaction fees Oct Candidate Name			003	C Transaction ID : SB21B-81424 Amount of Each Disburgement this Boried					
	ement For:		Category/ Type	Amount of Each Disbursement this Period					
Senate President	Primary Other (spe	General Gerify)		Memo Item					
State: District: Full Name (Last, First, Middle Initial) C. UPS Store				Date of Disbursement					
Mailing Address 2021 L St NW				10 / D D / Y Y Y Y Y 2022					
City Washington	State DC	Zip Code 20036		FEC Identification Number					
Purpose of Disbursement Postage/Shipping Candidate Name			001	C Transaction ID : SB21B-7601					
· · · · · · · · · · · · · · · · · · ·	ement For:		Category/ Type	Amount of Each Disbursement this Period					
State: District:	Primary Other (spe	General ecify) ▼		Memo Item					
SUBTOTAL of Disbursements This Page (optional))			2312.49					
TOTAL This Period (last page this line number on									

SCHEDULE B	. ,	Use sen	arate schedule(s)	FOR LINE I						
ITEMIZED DISB	UKSEMENIS	for each	category of the Summary Page	(check only 21b 28a	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$					
or for commercial purpo	oses, other than using the na				on for the purpose of soliciting contributions solicit contributions from such committee.					
	TEE (In Full) /IEN'S HEALTH ALL	IANCE F	PAC							
Full Name (Last, Fire A. UPS Store	st, Middle Initial)				Date of Disbursement					
Mailing Address 202 Ste	1 L St NW 101				10 11 2022					
City Washington		State DC	Zip Code 20036		FEC Identification Number					
Purpose of Disburse Postage/Shipping Candidate Name	ment			001 Category/	Transaction ID : SB21B-76015 Amount of Each Disbursement this Period					
Office Sought:	Senate	Primary	General	Туре	23.38					
State: D	istrict:	Other (spe	cify) 🔻		Memo Item					
Full Name (Last, Fire B. UPS Store	st, Middle Initial)				Date of Disbursement					
Mailing Address 202 Ste	21 L St NW 101				10 17 2022					
City Washington		State DC	Zip Code 20036		FEC Identification Number					
Purpose of Disburse Postage/Shipping Candidate Name	ment			001 Category/	Transaction ID : SB21B-76212 Amount of Each Disbursement this Perio					
Office Sought:	House Disburse Senate President	ement For: Primary Other (spe	General	Туре	23.38					
	istrict:	Other (sper	ciry)		Memo Item					
Full Name (Last, First	st, Middle Initial)				Date of Disbursement					
Mailing Address										
City		State	Zip Code		FEC Identification Number					
Purpose of Disburse	ment	1		· · · · ·	С					
Candidate Name				Category/ Type	Amount of Each Disbursement this Period					
Office Sought:	House Disburse Senate President	ement For: Primary Other (spe	General cify) ▼		Memo Item					
State: D	istrict:									
SUBTOTAL of Disburs	ements This Page (optional)			••••••	46.76					
TOTAL This Period (la	st page this line number only	y)		•••••	55650.26					

SCHEDULE D (FEC Form 3X)				PAGE 31 OF 31			
DEBTS AND OBLIGATIONS			(Use separate schedule(s)	FOR LINE NUMBER:			
			for each	(check only one) 9			
Excluding Loans			numbered line)	X 10			
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIA	NCE PAC						
A. Full Name (Last, First, Middle Initial) of Debt	or or Creditor			ebt (Purpose):			
Mastroianni, Stephanie, , ,			Advance to	r various legal, administrative			
Mailing Address 2021 L St NW Ste 101-193							
City	State	Zip Code					
Washington	DC	20036					
Outstanding Balance Beginning This Period			Transacti	on ID : SD10-1184147			
2920.07							
Amount Incurred This Period	Pay	ment This Period	Outstandir	ng Balance at Close of This Period			
0.00		0.	00	2920.07			
B. Full Name (Last, First, Middle Initial) of Debto	r or Creditor		Nature of D	ebt (Purpose):			
Mailing Address							
City	State	Zip Code					
Outstanding Balance Beginning This Period Amount Incurred This Period	Pay	rment This Period	Outstandir	ng Balance at Close of This Period			
C. Full Name (Last, First, Middle Initial) of Debt	or or Creditor		Nature of D	ebt (Purpose):			
Mailing Address							
City	State	Zip Code					
Outstanding Balance Beginning This Period Amount Incurred This Period	Pay	/ment This Period	Outstandir	ng Balance at Close of This Period			
1) SUBTOTALS This Period This Page (optional)				2920.07			
2) TOTALS This Period (last page this line numbe				2920.07			
3) TOTAL OUTSTANDING LOANS from Schedule				0.00			
4) ADD 2) and 3) and carry forward to appropriate	e line of Summa	ary Page (last page or	nly) 🕨	2920.07			