

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 UNITED WOMEN'S HEALTH ALLIANCE PAC

ADDRESS (number and street) 1775 EYE STREET NW WASHINGTON DC 20006 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00755694 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X]

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special Election on: 11/08/2022 in the State of ZZ

5. Covering Period 10/01/2022 through 10/19/2022

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. PLISHKA, JOHN, , , Type or Print Name of Treasurer

Signature of Treasurer PLISHKA, JOHN, , , [Electronically Filed] Date 10/26/2022

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

UNITED WOMEN'S HEALTH ALLIANCE PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2022"/>		77688.71
(b) Cash on Hand at Beginning of Reporting Period.....	55122.88	
(c) Total Receipts (from Line 19)	89254.00	1400516.98
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	144376.88	1478205.69
7. Total Disbursements (from Line 31).....	55845.26	1389674.07
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	88531.62	88531.62
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	2920.07	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

UNITED WOMEN'S HEALTH ALLIANCE PAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	2755.00	35049.00
(ii) Unitemized	86499.00	1340467.98
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	89254.00	1375516.98
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	89254.00	1375516.98
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	25000.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	89254.00	1400516.98
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	89254.00	1400516.98

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	55650.26	1222821.18
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	55650.26	1222821.18
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	165417.89
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	195.00	1435.00
(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)).....	195.00	1435.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	55845.26	1389674.07
32. 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

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	89254.00	1375516.98
34. Total Contribution Refunds (from Line 28(d))	195.00	1435.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	89059.00	1374081.98
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	55650.26	1222821.18
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	25000.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	55650.26	1197821.18

: 97 `A -G7 9 @ @ B9 CI G`H9 LH`F9 @ H98 `HC `5 `F9 DCFH`ZG7 <98 I @ `CF `H9 A -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. Secondly, if employer/occupation information was still not provided within the above steps, a follow up letter is sent via US mail along with a separate pre-addressed return envelope sent to the contributor, again clearly requesting the name of employer and occupation, without solicitation of a contribution to send back. 3. Lastly, the third/final step if employer/occupation information was still not provided, a follow up phone call is placed to the contributor within 30 days of receipt of the contribution during which the missing information is clearly requested (without solicitation of a contribution) as an FEC compliance requirement. If all of these steps have been exhausted and the employer and occupation information still has not been obtained from the donor, 'best efforts' will be entered into these fields to communicate to the FEC that all above steps were taken. If we are able to obtain missing employer/occupation information, we will amend our report to include the updated information.

Form/Schedule:
Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A. ALMASI, DIANA, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1279 MAPLE RD

City REDFIELD	State KS	Zip Code 66769
------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		06		2022

Transaction ID : SA11AI-28285761

Amount of Each Receipt this Period
75.00

Memo Item

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

Mailing Address 14812 CALIFORNIA ST

City OMAHA	State NE	Zip Code 68154
---------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
415.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2022

Transaction ID : SA11AI-28286735

Amount of Each Receipt this Period
80.00

Memo Item

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

Mailing Address 1305 NORTHCLIFF AVE
APT B13

City NORMAN	State OK	Zip Code 73071
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
295.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2022

Transaction ID : SA11AI-28289057

Amount of Each Receipt this Period
55.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	210.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

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

A. BOX, CHRISTIANE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 230 GLEN LAKE DR
 City ATLANTA State GA Zip Code 30327
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt 10 / 13 / 2022
Transaction ID : SA11AI-28286721
 Amount of Each Receipt this Period 50.00
 Memo Item

B. BRAVO, BONNIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3660 VISTA CAMPANA N UNIT 40
 City OCEANSIDE State CA Zip Code 92057
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt 10 / 05 / 2022
Transaction ID : SA11AI-28289437
 Amount of Each Receipt this Period 55.00
 Memo Item

C. BROOKS, BARBARA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 22880 N CRANES MILL RD
 City CANYON LAKE State TX Zip Code 78133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 265.00

Date of Receipt 10 / 14 / 2022
Transaction ID : SA11AI-28288363
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	125.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. BROWN, PAT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1305 W ILLINOIS ST
 City BELLINGHAM State WA Zip Code 98225
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 10 / 05 / 2022
Transaction ID : SA11AI-28287811
 Amount of Each Receipt this Period 65.00
 Memo Item

B. BROWN, JANE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20 WESTBROOK LN
 City GROTON State MA Zip Code 01450
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt 10 / 18 / 2022
Transaction ID : SA11AI-28288619
 Amount of Each Receipt this Period 100.00
 Memo Item

C. CANNON, CAROLYN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2110 W VIRGINIA AVE
 City DUNBAR State WV Zip Code 25064
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt 10 / 06 / 2022
Transaction ID : SA11AI-28288503
 Amount of Each Receipt this Period 60.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	225.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. CONNOLLY, JANET, , ,

Mailing Address 1305 CHARMUTH RD

City LUTHVLE TIMON	State MD	Zip Code 21093
-----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2022

Transaction ID : SA11AI-28289233

Amount of Each Receipt this Period
55.00

Memo Item

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

Mailing Address 572 60TH PL S

City BIRMINGHAM	State AL	Zip Code 35212
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
235.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2022

Transaction ID : SA11AI-28288373

Amount of Each Receipt this Period
30.00

Memo Item

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

Mailing Address 572 60TH PL S

City BIRMINGHAM	State AL	Zip Code 35212
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
235.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2022

Transaction ID : SA11AI-28289711

Amount of Each Receipt this Period
30.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	115.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

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

A. CORBY, JACQUELYNNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 981 GLEN OAKS BLVD
 City PASADENA State CA Zip Code 91105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt 10 / 05 / 2022
Transaction ID : SA11AI-28288511
 Amount of Each Receipt this Period 50.00
 Memo Item

B. CORBY, JACQUELYNNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 981 GLEN OAKS BLVD
 City PASADENA State CA Zip Code 91105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt 10 / 06 / 2022
Transaction ID : SA11AI-28289347
 Amount of Each Receipt this Period 80.00
 Memo Item

C. DIGIROLAMO, VINCENT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2002 FOX TRACE TRL
 City CUYAHOGA FALLS State OH Zip Code 44223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 05 / 2022
Transaction ID : SA11AI-28287817
 Amount of Each Receipt this Period 55.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	185.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 31
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A. DRASHER, CLAYTON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1008 HIDEBOUND RD
 City BURNS State TN Zip Code 37029
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 10 / 10 / 2022
Transaction ID : SA11AI-28287299
 Amount of Each Receipt this Period 55.00
 Memo Item

B. FELDMANN, SUSAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 210 EDINBURGH LN
 City PETALUMA State CA Zip Code 94952
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt 10 / 04 / 2022
Transaction ID : SA11AI-28288029
 Amount of Each Receipt this Period 55.00
 Memo Item

C. FRANKLIN, MARK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1017 SHADOWLAWN DR
 City TOLEDO State OH Zip Code 43609
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 10 / 05 / 2022
Transaction ID : SA11AI-28289431
 Amount of Each Receipt this Period 135.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	245.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. GAUDREAU, MARK, , ,

Mailing Address 70 CHERRY LN

City MADBURY	State NH	Zip Code 03823
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Best Efforts	Occupation (for Individual) Caretaker
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
215.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 06 / 2022

Transaction ID : SA11AI-28285893

Amount of Each Receipt this Period
35.00

Memo Item

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

Mailing Address 11859 CISCO BAY DR

City DOWLING	State MI	Zip Code 49050
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2022

Transaction ID : SA11AI-28286155

Amount of Each Receipt this Period
35.00

Memo Item

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

Mailing Address 2524 ASHTON AVE

City KALAMAZOO	State MI	Zip Code 49004
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
370.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 04 / 2022

Transaction ID : SA11AI-28288115

Amount of Each Receipt this Period
55.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	125.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A. HOSTETLER, RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2524 ASHTON AVE
 City KALAMAZOO State MI Zip Code 49004
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 370.00

Date of Receipt 10 / 07 / 2022
Transaction ID : SA11AI-28289247
 Amount of Each Receipt this Period 65.00
 Memo Item

B. IRVING, BETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 285 PLANTATION ST APT 901
 City WORCESTER State MA Zip Code 01604
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Social Worker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 10 / 06 / 2022
Transaction ID : SA11AI-28286061
 Amount of Each Receipt this Period 25.00
 Memo Item

C. JANYSEK, GLADYS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 505 S APPERSON ST
 City KARNES CITY State TX Zip Code 78118
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 10 / 07 / 2022
Transaction ID : SA11AI-28287457
 Amount of Each Receipt this Period 45.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	135.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A. JOHANSEN, RALPH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 322 EVERGREEN AVE
 City MADISON State WI Zip Code 53704
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 06 / 2022
Transaction ID : SA11AI-28287671
 Amount of Each Receipt this Period 35.00
 Memo Item

B. JOHNSON, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 463 OHIO ST
 City ALDRICH State MO Zip Code 65601
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 410.00

Date of Receipt 10 / 17 / 2022
Transaction ID : SA11AI-28286517
 Amount of Each Receipt this Period 100.00
 Memo Item

C. JONES, JESSE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9213 SPRING ST
 City HIGHLAND State IN Zip Code 46322
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 10 / 05 / 2022
Transaction ID : SA11AI-28289435
 Amount of Each Receipt this Period 80.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	215.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 16 OF 31
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A. KOTZUR, JOYCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3411 COLONY DR
 City SAN ANTONIO State TX Zip Code 78230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 13 / 2022
Transaction ID : SA11AI-28288855
 Amount of Each Receipt this Period 35.00
 Memo Item

B. LABRIOLA, ROBERTA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16969 KIRKSHIRE AVE
 City BEVERLY HILLS State MI Zip Code 48025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 17 / 2022
Transaction ID : SA11AI-28286441
 Amount of Each Receipt this Period 20.00
 Memo Item

C. LACEY, SHIRLEY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3240 FAYCREST RD
 City COLUMBUS State OH Zip Code 43232
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) HEALTH CARE PROVIDER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 10 / 2022
Transaction ID : SA11AI-28287277
 Amount of Each Receipt this Period 80.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	135.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

A. LEWIS, AMY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 117 DEWEY AVE
 City AMARILLO State TX Zip Code 79124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt 10 / 19 / 2022
Transaction ID : SA11AI-28286195
 Amount of Each Receipt this Period 25.00
 Memo Item

B. MCRAE, GLORIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 350 BAUMAN AVE
 City CLAWSON State MI Zip Code 48017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 10 / 11 / 2022
Transaction ID : SA11AI-28289727
 Amount of Each Receipt this Period 30.00
 Memo Item

C. MCRAE, GLORIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 350 BAUMAN AVE
 City CLAWSON State MI Zip Code 48017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 10 / 12 / 2022
Transaction ID : SA11AI-28286837
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	85.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

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

Mailing Address 1103 MALLARD WAY

City GRANBURY	State TX	Zip Code 76048
------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
290.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2022

Transaction ID : SA11AI-28286707

Amount of Each Receipt this Period
80.00

Memo Item

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

Mailing Address PO BOX 37

City KERMIT	State WV	Zip Code 25674
----------------	-------------	-------------------

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

Name of Employer (for Individual) Kermit Water & Sewerage	Occupation (for Individual) SUPERVISOR
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
370.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2022

Transaction ID : SA11AI-28286433

Amount of Each Receipt this Period
150.00

Memo Item

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

Mailing Address PO BOX 342

City CORONA	State NM	Zip Code 88318
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2022

Transaction ID : SA11AI-28288635

Amount of Each Receipt this Period
75.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	305.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

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

A. PYLE, REX, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1224 SW 94TH ST
 City OKLAHOMA CITY State OK Zip Code 73139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 03 / 2022
Transaction ID : SA11AI-28288447
 Amount of Each Receipt this Period 35.00
 Memo Item

B. ROBILLARD, CATHERINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 LEXINGTON ST
 City STONEHAM State MA Zip Code 02180
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 19 / 2022
Transaction ID : SA11AI-28288575
 Amount of Each Receipt this Period 30.00
 Memo Item

C. ROSENBAUM, PEARL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5858 E CAREY AVE
 City LAS VEGAS State NV Zip Code 89156
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 10 / 05 / 2022
Transaction ID : SA11AI-28289415
 Amount of Each Receipt this Period 35.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	100.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. STREATFIELD, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2409 11TH AVE W
 City SEATTLE State WA Zip Code 98119
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 265.00

Date of Receipt 10 / 05 / 2022
Transaction ID : SA11AI-28287825
 Amount of Each Receipt this Period 75.00
 Memo Item

B. STREATFIELD, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2409 11TH AVE W
 City SEATTLE State WA Zip Code 98119
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 265.00

Date of Receipt 10 / 18 / 2022
Transaction ID : SA11AI-28286297
 Amount of Each Receipt this Period 80.00
 Memo Item

C. TRAINO, PAULETTE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 23812 BITTERN LN
 City LAGUNA NIGUEL State CA Zip Code 92677
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 04 / 2022
Transaction ID : SA11AI-28289555
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	185.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A. TRAINO, PAULETTE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 23812 BITTERN LN
 City LAGUNA NIGUEL State CA Zip Code 92677
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 07 / 2022
Transaction ID : SA11AI-28287489
 Amount of Each Receipt this Period 40.00
 Memo Item

B. USINGER, PATRICIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1809 GLASSBORO RD
 City WILLIAMSTOWN State NJ Zip Code 08094
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt 10 / 13 / 2022
Transaction ID : SA11AI-28286739
 Amount of Each Receipt this Period 45.00
 Memo Item

C. USINGER, PATRICIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1809 GLASSBORO RD
 City WILLIAMSTOWN State NJ Zip Code 08094
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt 10 / 18 / 2022
Transaction ID : SA11AI-28288643
 Amount of Each Receipt this Period 35.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	120.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. VANDYKE, MARCIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 140 WASHINGTON RD
 City RYE State NH Zip Code 03870
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 10 / 18 / 2022
Transaction ID : SA11AI-28288645
 Amount of Each Receipt this Period 80.00
 Memo Item

B. WARREN, GLEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 730 E 43RD ST
 City BALTIMORE State MD Zip Code 21212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 10 / 10 / 2022
Transaction ID : SA11AI-28288397
 Amount of Each Receipt this Period 55.00
 Memo Item

C. WARREN, GLEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 730 E 43RD ST
 City BALTIMORE State MD Zip Code 21212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 10 / 10 / 2022
Transaction ID : SA11AI-28289741
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	185.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 23 OF 31
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WASHINGTON, DAVID, , ,

Mailing Address 2801 TOPAZ WAY

City TALLAHASSEE	State FL	Zip Code 32309
---------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
235.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 07 / 2022

Transaction ID : SA11AI-28289751

Amount of Each Receipt this Period
30.00

Memo Item

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

Mailing Address 2801 TOPAZ WAY

City TALLAHASSEE	State FL	Zip Code 32309
---------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
235.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 14 / 2022

Transaction ID : SA11AI-28286567

Amount of Each Receipt this Period
30.00

Memo Item

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

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	2755.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

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

Full Name (Last, First, Middle Initial) A. ABC Company		Date of Disbursement MM / DD / YYYY 10 / 13 / 2022	
Mailing Address PO Box 2413		FEC Identification Number C [REDACTED] Transaction ID : SB21B-76013 Amount of Each Disbursement this Period 5000.00	
City Huntington	State NY	Zip Code 11743	Category/Type 004
Purpose of Disbursement Fundraising and Media Consulting		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. ABC Company		Date of Disbursement MM / DD / YYYY 10 / 13 / 2022	
Mailing Address PO Box 2413		FEC Identification Number C [REDACTED] Transaction ID : SB21B-76013 Amount of Each Disbursement this Period 10000.00	
City Huntington	State NY	Zip Code 11743	Category/Type 004
Purpose of Disbursement Fundraising and Media Consulting		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C. EagleBank		Date of Disbursement MM / DD / YYYY 10 / 12 / 2022	
Mailing Address 7815 Woodmont ave		FEC Identification Number C [REDACTED] Transaction ID : SB21B-76013 Amount of Each Disbursement this Period 503.95	
City Bethesda	State MD	Zip Code 20814	Category/Type 001
Purpose of Disbursement Bank analysis fee		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

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

15503.95

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

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

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

FOR LINE NUMBER: (check only one)

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

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

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

Full Name (Last, First, Middle Initial)

A. Google Gsuite

Mailing Address 1600 Amphitheatre Pkwy

City Mountain View State CA Zip Code 94043

Purpose of Disbursement
Email Services

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-76014
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Grasshopper

Mailing Address 320 Summer St

City Boston State MA Zip Code 02210

Purpose of Disbursement
Telephone Service

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-76212
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Intuit Inc.

Mailing Address 2700 Coast Ave

City Mountain View State CA Zip Code 94043

Purpose of Disbursement
Accounting Software

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B-76014
Amount of Each Disbursement this Period

Memo Item

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

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

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

Full Name (Last, First, Middle Initial)

A. LIVE TRANSFERS AND DONOR CREATION LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		13		2022

Mailing Address 1607 Ponce de Leon ave
Suite GM8

City SAN JUAN State PR Zip Code 00909

Purpose of Disbursement
Telephone fundraising

003
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B-76014
Amount of Each Disbursement this Period
7335.95

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

B. LIVE TRANSFERS AND DONOR CREATION LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		13		2022

Mailing Address 1607 Ponce de Leon ave
Suite GM8

City SAN JUAN State PR Zip Code 00909

Purpose of Disbursement
Telephone fundraising

003
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B-76014
Amount of Each Disbursement this Period
17117.25

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

C. North American Marketing Solutions Inc

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		11		2022

Mailing Address 3245 N 126th St

City Brookfield State WI Zip Code 53005

Purpose of Disbursement
Mailers and Caging

003
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B-76014
Amount of Each Disbursement this Period
4118.92

Candidate Name

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

Memo Item

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

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

28572.12

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

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

FOR LINE NUMBER:
(check only one)

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

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

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

Full Name (Last, First, Middle Initial)

A. North American Marketing Solutions Inc

Mailing Address 3245 N 126th St

City Brookfield State WI Zip Code 53005

Purpose of Disbursement
Mailing and Caging

003
Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

C
Transaction ID : SB21B-76015
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Opus Virtual Offices

Mailing Address 1825 NW Corporate Blvd Suite 110

City Boca Raton State FL Zip Code 33431

Purpose of Disbursement
Virtual Office

001
Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

C
Transaction ID : SB21B-76015
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. PACSmart Filing Services

Mailing Address 1013 Centre Rd. Suite 403-A

City Wilmington State DE Zip Code 19805

Purpose of Disbursement
FEC Compliance Reporting

001
Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

C
Transaction ID : SB21B-76015
Amount of Each Disbursement this Period

Memo Item

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

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

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

Full Name (Last, First, Middle Initial)

A. RallyPay

Mailing Address 995 Market Street
Floor 2

City San Francisco State CA Zip Code 94103

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

003
Category/ Type

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		19		2022

FEC Identification Number

C

Transaction ID : SB21B-81423

Amount of Each Disbursement this Period

77.06

Memo Item

Full Name (Last, First, Middle Initial)

B. RallyPay

Mailing Address 995 Market Street
Floor 2

City San Francisco State CA Zip Code 94103

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

003
Category/ Type

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		19		2022

FEC Identification Number

C

Transaction ID : SB21B-81424

Amount of Each Disbursement this Period

114.40

Memo Item

Full Name (Last, First, Middle Initial)

C. RallyPay

Mailing Address 995 Market Street
Floor 2

City San Francisco State CA Zip Code 94103

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

003
Category/ Type

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		19		2022

FEC Identification Number

C

Transaction ID : SB21B-81424

Amount of Each Disbursement this Period

115.20

Memo Item

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

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

306.66

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

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

FOR LINE NUMBER: (check only one)

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

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

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

Full Name (Last, First, Middle Initial)

A. RallyPay

Mailing Address 995 Market Street
Floor 2

City San Francisco State CA Zip Code 94103

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

003
Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

C
Transaction ID : SB21B-81424
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. RallyPay

Mailing Address 995 Market Street
Floor 2

City San Francisco State CA Zip Code 94103

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

003
Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

C
Transaction ID : SB21B-81424
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. UPS Store

Mailing Address 2021 L St NW
Ste 101

City Washington State DC Zip Code 20036

Purpose of Disbursement Postage/Shipping

001
Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

C
Transaction ID : SB21B-7601!
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

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

Full Name (Last, First, Middle Initial)

A. UPS Store

Mailing Address 2021 L St NW
Ste 101

City Washington State DC Zip Code 20036

Purpose of Disbursement Postage/Shipping
Candidate Name
Category/Type **001**

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

Date of Disbursement
M M / D D / Y Y Y Y Y Y
10 / 11 / 2022

FEC Identification Number
C
Transaction ID : SB21B-76015
Amount of Each Disbursement this Period
23.38

Memo Item

Full Name (Last, First, Middle Initial)

B. UPS Store

Mailing Address 2021 L St NW
Ste 101

City Washington State DC Zip Code 20036

Purpose of Disbursement Postage/Shipping
Candidate Name
Category/Type **001**

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

Date of Disbursement
M M / D D / Y Y Y Y Y Y
10 / 17 / 2022

FEC Identification Number
C
Transaction ID : SB21B-76212
Amount of Each Disbursement this Period
23.38

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement
Candidate Name
Category/Type

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

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

FEC Identification Number
C
Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	46.76
TOTAL This Period (last page this line number only).....▶	55650.26

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 31 OF 31
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

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

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

Outstanding Balance Beginning This Period <input type="text" value="2920.07"/>		Transaction ID : SD10-1184147	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2920.07"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>		Outstanding Balance at Close of This Period <input type="text"/>	
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>		

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>		Outstanding Balance at Close of This Period <input type="text"/>	
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>		

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