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

WOMEN'S HEALTH PAC

ADDRESS (number and street) PO BOX 33079

☐ Check if different than previously reported. (ACC)

WASHINGTON | DC | 20033 –

2. **FEC IDENTIFICATION NUMBER ▼** C C00878918

CITY ▲ | STATE ▲ | ZIP CODE ▲

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

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

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

(b) Monthly Report Due On:

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

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

Election on M M / D D / Y Y Y Y in the State of

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

Election on M M / D D / Y Y Y Y in the State of

5. Covering Period 01 / 01 / 2025 through 06 / 30 / 2025

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

Type or Print Name of Treasurer Mcdonald, Candace, , ,

Signature of Treasurer *Mcdonald, Candace, , ,* Date 07 / 11 / 2025

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

Office Use Only							

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC **Form 3X** (Rev. 05/2016)

Write or Type Committee Name

WOMEN'S HEALTH PAC

Report Covering the Period: From: 01 / 01 / 2025 To: 06 / 30 / 2025

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2025		67271.06
(b) Cash on Hand at Beginning of Reporting Period	67271.06	
(c) Total Receipts (from Line 19)	13704.10	13704.10
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	80975.16	80975.16
7. Total Disbursements (from Line 31)	52131.62	52131.62
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	28843.54	28843.54
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)	0.00	

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

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

WOMEN'S HEALTH PAC

Report Covering the Period: From: 01/01/2025 To: 06/30/2025

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)	0.00	0.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	0.00	0.00
(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) ▶	0.00	0.00
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	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	13704.10	13704.10
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)) ▶	13704.10	13704.10
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ▶	13704.10	13704.10

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	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶	0.00	0.00
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	0.00
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	0.00	0.00
(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)) ▶	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations)	52131.62	52131.62
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))	52131.62	52131.62
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) ▶	52131.62	52131.62

DETAILED SUMMARY PAGE
of Disbursements

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

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)
☐ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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

A.
Full Name (Last, First, Middle Initial)
Amandea Robertson
Mailing Address 3003 Pinetuck Ln
City: Rock Hill | State: SC | Zip Code: 29730
Purpose of Disbursement: Marketing Consulting - Non Contribution Account
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 02 / 24 / 2025
FEC Identification Number: C
Transaction ID : SB29.5496
Amount of Each Disbursement this Period: 570.00
☐ Memo Item

B.
Full Name (Last, First, Middle Initial)
Arrival Creative LLC
Mailing Address 14141 Winterset Drive
City: Orlando | State: FL | Zip Code: 32832
Purpose of Disbursement: Tech Support - Non Contribution Account
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 01 / 16 / 2025
FEC Identification Number: C
Transaction ID : SB29.5468
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

C.
Full Name (Last, First, Middle Initial)
Autpbks Printx Inc
Mailing Address 3694 Nostrand Ave
City: Brooklyn | State: NY | Zip Code: 11229
Purpose of Disbursement: Printing - Non Contribution Account
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 01 / 30 / 2025
FEC Identification Number: C
Transaction ID : SB29.5471
Amount of Each Disbursement this Period: 457.27
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 2027.27

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

Image# 202507119762768083

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)
21b 22 23 26 27
28a 28b 28c X 29 30b

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

A.
Full Name (Last, First, Middle Initial)
Bovee, Denise, , ,
Mailing Address 691 N Quince Avenue
City: Upland | State: CA | Zip Code: 91787
Purpose of Disbursement: Photography - Non Contribution Account
Candidate Name
Category/ Type
Office Sought: House Senate President
State: District:
Disbursement For: Primary General Other (specify)
Date of Disbursement: 02 / 25 / 2025
FEC Identification Number: C
Transaction ID : SB29.5497
Amount of Each Disbursement this Period: 700.00
Memo Item

B.
Full Name (Last, First, Middle Initial)
Cape Point Consulting LLC
Mailing Address 8206 Louisiana Boulevard Northeast
City: Albuquerque | State: NM | Zip Code: 87113
Purpose of Disbursement: PAC Management Consulting - Non Contribtuion Account
Candidate Name
Category/ Type
Office Sought: House Senate President
State: District:
Disbursement For: Primary General Other (specify)
Date of Disbursement: 01 / 06 / 2025
FEC Identification Number: C
Transaction ID : SB29.5473
Amount of Each Disbursement this Period: 10000.00
Memo Item

C.
Full Name (Last, First, Middle Initial)
Cape Point Consulting LLC
Mailing Address 8206 Louisiana Boulevard Northeast
City: Albuquerque | State: NM | Zip Code: 87113
Purpose of Disbursement: PAC Management Consulting and Expenses - Non Contribtuion Account
Candidate Name
Category/ Type
Office Sought: House Senate President
State: District:
Disbursement For: Primary General Other (specify)
Date of Disbursement: 01 / 06 / 2025
FEC Identification Number: C
Transaction ID : SB29.5474
Amount of Each Disbursement this Period: 4072.10
Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 14772.10

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

Image# 202507119762768084

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)
☐ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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

A. Full Name (Last, First, Middle Initial)
Cape Point Consulting LLC
Mailing Address 8206 Louisiana Boulevard Northeast
City: Albuquerque | State: NM | Zip Code: 87113
Purpose of Disbursement: PAC Management Consulting - Non Contribtuion Account
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 02 / 19 / 2025
FEC Identification Number: C
Transaction ID : SB29.5495
Amount of Each Disbursement this Period: 10000.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial)
Cape Point Consulting LLC
Mailing Address 8206 Louisiana Boulevard Northeast
City: Albuquerque | State: NM | Zip Code: 87113
Purpose of Disbursement: PAC Management Consulting - Non Contribtuion Account
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 03 / 31 / 2025
FEC Identification Number: C
Transaction ID : SB29.5513
Amount of Each Disbursement this Period: 10000.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial)
Delaware Corp & TA
Mailing Address 150 Martin Luther King Jr Blvd S
City: Dover | State: DE | Zip Code: 19901
Purpose of Disbursement: Tax Payment - Non Contribution Account
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 05 / 27 / 2025
FEC Identification Number: C
Transaction ID : SB29.5912
Amount of Each Disbursement this Period: 391.89
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 20391.89

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

Image# 202507119762768085

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)
21b 22 23 26 27
28a 28b 28c X 29 30b

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

A.
Full Name (Last, First, Middle Initial)
Docusign
Mailing Address 221 Main St #800
City: San Francisco | State: CA | Zip Code: 94105
Purpose of Disbursement: Software Subscription - Non Contribution Account
Candidate Name
Category/ Type
Office Sought: House Senate President
State: District:
Disbursement For: Primary General Other (specify)
Date of Disbursement: 04 / 07 / 2025
FEC Identification Number: C
Transaction ID : SB29.5891
Amount of Each Disbursement this Period: 309.95
Memo Item

B.
Full Name (Last, First, Middle Initial)
Fitzgerald, Jocelyn, , ,
Mailing Address 143 S 15th Street
City: Pittsburgh | State: PA | Zip Code: 15203
Purpose of Disbursement: Reimbursement - Travel Expenses - See below if Itemized- Non Contribution
Candidate Name
Category/ Type
Office Sought: House Senate President
State: District:
Disbursement For: Primary General Other (specify)
Date of Disbursement: 04 / 29 / 2025
FEC Identification Number: C
Transaction ID : SB29.5898
Amount of Each Disbursement this Period: 211.53
Memo Item

C.
Full Name (Last, First, Middle Initial)
Intuit
Mailing Address 2700 Coast Ave
City: Mountain View | State: CA | Zip Code: 94043
Purpose of Disbursement: Software Subscription - Non Contribution Account
Candidate Name
Category/ Type
Office Sought: House Senate President
State: District:
Disbursement For: Primary General Other (specify)
Date of Disbursement: 05 / 05 / 2025
FEC Identification Number: C
Transaction ID : SB29.5911
Amount of Each Disbursement this Period: 37.10
Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 558.58

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

Image# 202507119762768086

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)
21b 22 23 26 27
28a 28b 28c X 29 30b

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

A.
Full Name (Last, First, Middle Initial)
Intuit
Mailing Address 2700 Coast Ave
City: Mountain View | State: CA | Zip Code: 94043
Purpose of Disbursement: Software Subscription - Non Contribution Account
Candidate Name
Category/ Type
Office Sought: House Senate President
State: District:
Disbursement For: Primary General Other (specify)
Date of Disbursement: 06 / 05 / 2025
FEC Identification Number: C
Transaction ID : SB29.5923
Amount of Each Disbursement this Period: 37.10
Memo Item

B.
Full Name (Last, First, Middle Initial)
Katz Compliance
Mailing Address P.O. Box 33079
City: Washington | State: DC | Zip Code: 20033
Purpose of Disbursement: Compliance Services - Non Contribution Account
Candidate Name
Category/ Type
Office Sought: House Senate President
State: District:
Disbursement For: Primary General Other (specify)
Date of Disbursement: 01 / 09 / 2025
FEC Identification Number: C
Transaction ID : SB29.5465
Amount of Each Disbursement this Period: 2668.75
Memo Item

C.
Full Name (Last, First, Middle Initial)
Katz Compliance
Mailing Address P.O. Box 33079
City: Washington | State: DC | Zip Code: 20033
Purpose of Disbursement: Compliance Services - Non Contribution Account
Candidate Name
Category/ Type
Office Sought: House Senate President
State: District:
Disbursement For: Primary General Other (specify)
Date of Disbursement: 02 / 11 / 2025
FEC Identification Number: C
Transaction ID : SB29.5478
Amount of Each Disbursement this Period: 500.00
Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 3205.85

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

Image# 202507119762768087

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)
21b 22 23 26 27
28a 28b 28c X 29 30b

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

A.
Full Name (Last, First, Middle Initial)
Katz Compliance
Mailing Address P.O. Box 33079
City: Washington | State: DC | Zip Code: 20033
Purpose of Disbursement: Compliance Services - Non Contribution Account
Candidate Name
Category/ Type
Office Sought: House Senate President
State: District:
Disbursement For: Primary General Other (specify)
Date of Disbursement: 02 / 20 / 2025
FEC Identification Number: C
Transaction ID : SB29.5484
Amount of Each Disbursement this Period: 500.00
Memo Item

B.
Full Name (Last, First, Middle Initial)
Katz Compliance
Mailing Address P.O. Box 33079
City: Washington | State: DC | Zip Code: 20033
Purpose of Disbursement: Compliance Services - Non Contribution Account
Candidate Name
Category/ Type
Office Sought: House Senate President
State: District:
Disbursement For: Primary General Other (specify)
Date of Disbursement: 03 / 07 / 2025
FEC Identification Number: C
Transaction ID : SB29.5502
Amount of Each Disbursement this Period: 500.00
Memo Item

C.
Full Name (Last, First, Middle Initial)
Katz Compliance
Mailing Address P.O. Box 33079
City: Washington | State: DC | Zip Code: 20033
Purpose of Disbursement: Compliance Services - Non Contribution Account
Candidate Name
Category/ Type
Office Sought: House Senate President
State: District:
Disbursement For: Primary General Other (specify)
Date of Disbursement: 04 / 08 / 2025
FEC Identification Number: C
Transaction ID : SB29.5892
Amount of Each Disbursement this Period: 500.00
Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 1500.00

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

Image# 202507119762768088

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)
21b 22 23 26 27
28a 28b 28c X 29 30b

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

A.
Full Name (Last, First, Middle Initial)
Katz Compliance
Mailing Address P.O. Box 33079
City: Washington | State: DC | Zip Code: 20033
Purpose of Disbursement: Compliance Services - Non Contribution Account
Candidate Name
Category/ Type
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Date of Disbursement: 05 / 30 / 2025
FEC Identification Number: C
Transaction ID : SB29.5910
Amount of Each Disbursement this Period: 906.50
Memo Item

B.
Full Name (Last, First, Middle Initial)
Katz Compliance
Mailing Address P.O. Box 33079
City: Washington | State: DC | Zip Code: 20033
Purpose of Disbursement: Compliance Services - Non Contribution Account
Candidate Name
Category/ Type
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Date of Disbursement: 06 / 06 / 2025
FEC Identification Number: C
Transaction ID : SB29.5924
Amount of Each Disbursement this Period: 670.25
Memo Item

C.
Full Name (Last, First, Middle Initial)
Luma Labs, Inc.
Mailing Address 265 CASTRO ST
City: SAN FRANCISCO | State: CA | Zip Code: 94114
Purpose of Disbursement: Software Subscription - Non Contribution Account
Candidate Name
Category/ Type
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Date of Disbursement: 03 / 12 / 2025
FEC Identification Number: C
Transaction ID : SB29.5503
Amount of Each Disbursement this Period: 69.00
Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 1645.75

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

Image# 202507119762768089

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)
21b 22 23 26 27
28a 28b 28c X 29 30b

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

A.
Full Name (Last, First, Middle Initial)
Luma Labs, Inc.
Mailing Address 265 CASTRO ST
City: SAN FRANCISCO | State: CA | Zip Code: 94114
Purpose of Disbursement: Software Subscription - Non Contribution Account
Candidate Name
Category/ Type
Office Sought: House Senate President
State: District:
Disbursement For: Primary General Other (specify)
Date of Disbursement: 04 / 14 / 2025
FEC Identification Number: C
Transaction ID : SB29.5893
Amount of Each Disbursement this Period: 69.00
Memo Item

B.
Full Name (Last, First, Middle Initial)
Luma Labs, Inc.
Mailing Address 265 CASTRO ST
City: SAN FRANCISCO | State: CA | Zip Code: 94114
Purpose of Disbursement: Software Subscription - Non Contribution Account
Candidate Name
Category/ Type
Office Sought: House Senate President
State: District:
Disbursement For: Primary General Other (specify)
Date of Disbursement: 05 / 13 / 2025
FEC Identification Number: C
Transaction ID : SB29.5907
Amount of Each Disbursement this Period: 69.00
Memo Item

C.
Full Name (Last, First, Middle Initial)
Luma Labs, Inc.
Mailing Address 265 CASTRO ST
City: SAN FRANCISCO | State: CA | Zip Code: 94114
Purpose of Disbursement: Software Subscription - Non Contribution Account
Candidate Name
Category/ Type
Office Sought: House Senate President
State: District:
Disbursement For: Primary General Other (specify)
Date of Disbursement: 06 / 12 / 2025
FEC Identification Number: C
Transaction ID : SB29.5920
Amount of Each Disbursement this Period: 69.00
Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 207.00

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

Image# 202507119762768090

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)
21b 22 23 26 27
28a 28b 28c X 29 30b

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

A.
Full Name (Last, First, Middle Initial)
My Peonika Online Flower Sjop
Mailing Address 1302 Kings Hwy
City: Brooklyn | State: NY | Zip Code: 11229
Purpose of Disbursement: Gifts For Supporters - Non Contribution Account
Candidate Name
Category/ Type
Office Sought: House Senate President
State: District:
Disbursement For: Primary General Other (specify)
Date of Disbursement: 02 / 20 / 2025
FEC Identification Number: C
Transaction ID : SB29.5485
Amount of Each Disbursement this Period: 292.88
Memo Item

B.
Full Name (Last, First, Middle Initial)
My Peonika Online Flower Sjop
Mailing Address 1302 Kings Hwy
City: Brooklyn | State: NY | Zip Code: 11229
Purpose of Disbursement: Gifts For Supporters - Non Contribution Account
Candidate Name
Category/ Type
Office Sought: House Senate President
State: District:
Disbursement For: Primary General Other (specify)
Date of Disbursement: 02 / 20 / 2025
FEC Identification Number: C
Transaction ID : SB29.5487
Amount of Each Disbursement this Period: 260.22
Memo Item

C.
Full Name (Last, First, Middle Initial)
My Peonika Online Flower Sjop
Mailing Address 1302 Kings Hwy
City: Brooklyn | State: NY | Zip Code: 11229
Purpose of Disbursement: Gifts For Supporters - Non Contribution Account
Candidate Name
Category/ Type
Office Sought: House Senate President
State: District:
Disbursement For: Primary General Other (specify)
Date of Disbursement: 02 / 20 / 2025
FEC Identification Number: C
Transaction ID : SB29.5488
Amount of Each Disbursement this Period: 260.22
Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 813.32

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

Image# 202507119762768091

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)
21b 22 23 26 27
28a 28b 28c X 29 30b

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

A.
Full Name (Last, First, Middle Initial)
My Peonika Online Flower Sjop
Mailing Address 1302 Kings Hwy
City: Brooklyn | State: NY | Zip Code: 11229
Purpose of Disbursement: Gifts For Supporters - Non Contribution Account
Candidate Name
Category/ Type
Office Sought: House Senate President
State: District:
Disbursement For: Primary General Other (specify)
Date of Disbursement: 03 / 18 / 2025
FEC Identification Number: C
Transaction ID : SB29.5505
Amount of Each Disbursement this Period: 213.40
Memo Item

B.
Full Name (Last, First, Middle Initial)
Spencer Fane LLP
Mailing Address 1302 Kings Hwy
City: Brooklyn | State: NY | Zip Code: 11229
Purpose of Disbursement: legal & Professional Fees - Non Contribution Account
Candidate Name
Category/ Type
Office Sought: House Senate President
State: District:
Disbursement For: Primary General Other (specify)
Date of Disbursement: 03 / 20 / 2025
FEC Identification Number: C
Transaction ID : SB29.5508
Amount of Each Disbursement this Period: 1597.00
Memo Item

C.
Full Name (Last, First, Middle Initial)
Staryga, Kamila, , ,
Mailing Address 2467 Betlo Ave
City: Mountain View | State: CA | Zip Code: 94043
Purpose of Disbursement: Refund - Non Contribution Account
Candidate Name
Category/ Type
Office Sought: House Senate President
State: District:
Disbursement For: Primary General Other (specify)
Date of Disbursement: 03 / 21 / 2025
FEC Identification Number: C
Transaction ID : SB29.5512
Amount of Each Disbursement this Period: 2500.00
Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 4310.40

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

Image# 202507119762768092

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)
21b 22 23 26 27
28a 28b 28c X 29 30b

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

A. Full Name (Last, First, Middle Initial)
Stevens, Lindsay, , ,

Mailing Address 57570 Barristo Circle

City: La Quinta | State: CA | Zip Code: 92253

Purpose of Disbursement: Reimbursement - Press Release -See Below If Itemized - Non Contribution

Candidate Name

Category/ Type

Office Sought: House Senate President | State: District:

Disbursement For: Primary General Other (specify)

Date of Disbursement: 02 / 12 / 2025

FEC Identification Number: C

Transaction ID : SB29.5492

Amount of Each Disbursement this Period: 1149.00

Memo Item

B. Full Name (Last, First, Middle Initial)
E-Releases

Mailing Address 5024 Campbell Blvd

City: Nottingham | State: MD | Zip Code: 21236

Purpose of Disbursement: Press Release - Non Contribution Account

Candidate Name

Category/ Type

Office Sought: House Senate President | State: District:

Disbursement For: Primary General Other (specify)

Date of Disbursement: 02 / 04 / 2025

FEC Identification Number: C

Transaction ID : SB29.5492.0

Amount of Each Disbursement this Period: 1149.00

X Memo Item

C. Full Name (Last, First, Middle Initial)
Stripe, Inc

Mailing Address 354 Oyster Point Blvd

City: South San Francisco | State: CA | Zip Code: 94080

Purpose of Disbursement: Non-Contribution Account Credit Card Processing Fees

Candidate Name

Category/ Type

Office Sought: House Senate President | State: District:

Disbursement For: Primary General Other (specify)

Date of Disbursement: 02 / 28 / 2025

FEC Identification Number: C

Transaction ID : SB29.5880

Amount of Each Disbursement this Period: 434.91

Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 1583.91

TOTAL This Period (last page this line number only) ▶ 51016.07