

**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="2021"/>	<input type="text" value="23558.27"/>	<input type="text" value="23558.27"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="23558.27"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="741284.15"/>	<input type="text" value="741284.15"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="764842.42"/>	<input type="text" value="764842.42"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="620441.76"/>	<input type="text" value="620441.76"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="144400.66"/>	<input type="text" value="144400.66"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="15156.87"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

UNITED WOMEN'S HEALTH ALLIANCE PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y 01 / 01 / 2021 To: M M / D D / Y Y Y Y Y 06 / 30 / 2021

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).....	3542.00	3542.00
(ii) Unitemized	737742.15	737742.15
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	741284.15	741284.15
(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)	741284.15	741284.15
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.).....	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)).....▶	741284.15	741284.15
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	741284.15	741284.15

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	619266.76	619266.76
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	619266.76	619266.76
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	1175.00	1175.00
(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)).....	1175.00	1175.00
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)) ..	620441.76	620441.76
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	620441.76	620441.76

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)	741284.15	741284.15
34. Total Contribution Refunds (from Line 28(d))	1175.00	1175.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	740109.15	740109.15
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	619266.76	619266.76
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	619266.76	619266.76

: 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 61
	<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
ANASTASI, JOHN, , ,

Mailing Address 3180 N LAKE SHORE DR
APT 22H

City CHICAGO State IL Zip Code 60657

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
01 / 04 / 2021
Transaction ID : SA11AI-24166298

Amount of Each Receipt this Period
35.00

Memo Item

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

Mailing Address 3180 N LAKE SHORE DR
APT 22H

City CHICAGO State IL Zip Code 60657

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
02 / 08 / 2021
Transaction ID : SA11AI-24169648

Amount of Each Receipt this Period
35.00

Memo Item

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

Mailing Address 3180 N LAKE SHORE DR
APT 22H

City CHICAGO State IL Zip Code 60657

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
04 / 08 / 2021
Transaction ID : SA11AI-24177768

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 95.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 61
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
ANASTASI, JOHN, , ,

Mailing Address 3180 N LAKE SHORE DR
APT 22H

City CHICAGO	State IL	Zip Code 60657
-----------------	-------------	-------------------

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

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	22	/	2021

Transaction ID : SA11AI-24179922

Amount of Each Receipt this Period
35.00

Memo Item

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

Mailing Address 3180 N LAKE SHORE DR
APT 22H

City CHICAGO	State IL	Zip Code 60657
-----------------	-------------	-------------------

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

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	17	/	2021

Transaction ID : SA11AI-24184252

Amount of Each Receipt this Period
25.00

Memo Item

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

Mailing Address 3180 N LAKE SHORE DR
APT 22H

City CHICAGO	State IL	Zip Code 60657
-----------------	-------------	-------------------

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

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	24	/	2021

Transaction ID : SA11AI-24185734

Amount of Each Receipt this Period
35.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 61
	<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	

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. ANASTASI, JOHN, , ,

Mailing Address 3180 N LAKE SHORE DR
APT 22H

City CHICAGO State IL Zip Code 60657

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
06 / 02 / 2021
Transaction ID : SA11AI-24187234

Amount of Each Receipt this Period
35.00

Memo Item

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

Mailing Address 1600 MARSHALL CIR
UNIT 201

City DUPONT State WA Zip Code 98327

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 ▼
500.00

Date of Receipt
04 / 08 / 2021
Transaction ID : SA11AI-24143508

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 5503 HUNTINGTON PKWY

City BETHESDA State MD Zip Code 20814

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 ▼
300.00

Date of Receipt
03 / 03 / 2021
Transaction ID : SA11AI-24172900

Amount of Each Receipt this Period
300.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	835.00
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 61
	<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	

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. GARRAHAN-MASTERS, MARY, , ,

Mailing Address 501 HARRIET LN

City HAVERTOWN	State PA	Zip Code 19083
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		15		2021

Transaction ID : SA11AI-24167240

Amount of Each Receipt this Period
45.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. GARRAHAN-MASTERS, MARY, , ,

Mailing Address 501 HARRIET LN

City HAVERTOWN	State PA	Zip Code 19083
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		03		2021

Transaction ID : SA11AI-24169222

Amount of Each Receipt this Period
35.00

Memo Item

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

Mailing Address 501 HARRIET LN

City HAVERTOWN	State PA	Zip Code 19083
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
230.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		08		2021

Transaction ID : SA11AI-24177586

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	180.00
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 61
	<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	

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

A. GARRAHAN-MASTERS, MARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 501 HARRIET LN
 City HAVERTOWN State PA Zip Code 19083
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt **06 / 18 / 2021**
Transaction ID : SA11AI-24190664
 Amount of Each Receipt this Period 50.00
 Memo Item

B. HOLST, PETER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11613 122ND AVE NW
 City GIG HARBOR State WA Zip Code 98329
 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 ▼ 285.00

Date of Receipt **02 / 08 / 2021**
Transaction ID : SA11AI-24169692
 Amount of Each Receipt this Period 35.00
 Memo Item

C. HOLST, PETER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11613 122ND AVE NW
 City GIG HARBOR State WA Zip Code 98329
 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 ▼ 285.00

Date of Receipt **05 / 13 / 2021**
Transaction ID : SA11AI-24183916
 Amount of Each Receipt this Period 100.00
 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 61
	<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	

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

A. HOLST, PETER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11613 122ND AVE NW
 City GIG HARBOR State WA Zip Code 98329
 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 ▼ 285.00

Date of Receipt 05 / 14 / 2021
Transaction ID : SA11AI-24183976
 Amount of Each Receipt this Period 50.00
 Memo Item

B. HOLST, PETER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11613 122ND AVE NW
 City GIG HARBOR State WA Zip Code 98329
 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 ▼ 285.00

Date of Receipt 05 / 23 / 2021
Transaction ID : SA11AI-24185460
 Amount of Each Receipt this Period 100.00
 Memo Item

C. JUDD, JUDY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1241 ISLAND DR APT 101
 City ANN ARBOR State MI Zip Code 48105
 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 ▼ 400.00

Date of Receipt 06 / 17 / 2021
Transaction ID : SA11AI-24161598
 Amount of Each Receipt this Period 400.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	550.00
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 61
	<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	

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

A. KULIK, MICHELE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2101 BIRCH TRACE DR
 City YOUNGSTOWN State OH Zip Code 44515
 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 ▼ 300.00

Date of Receipt **01 / 07 / 2021**
Transaction ID : SA11AI-24131826
 Amount of Each Receipt this Period 35.00
 Memo Item

B. KULIK, MICHELE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2101 BIRCH TRACE DR
 City YOUNGSTOWN State OH Zip Code 44515
 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 ▼ 300.00

Date of Receipt **02 / 01 / 2021**
Transaction ID : SA11AI-24168904
 Amount of Each Receipt this Period 30.00
 Memo Item

C. KULIK, MICHELE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2101 BIRCH TRACE DR
 City YOUNGSTOWN State OH Zip Code 44515
 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 ▼ 300.00

Date of Receipt **04 / 06 / 2021**
Transaction ID : SA11AI-24177272
 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 14 OF 61
	<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	

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

A. KULIK, MICHELE, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2101 BIRCH TRACE DR

City YOUNGSTOWN	State OH	Zip Code 44515
--------------------	-------------	-------------------

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 ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		14		2021

Transaction ID : SA11AI-24184096

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address 2101 BIRCH TRACE DR

City YOUNGSTOWN	State OH	Zip Code 44515
--------------------	-------------	-------------------

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 ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		24		2021

Transaction ID : SA11AI-24185728

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address 2101 BIRCH TRACE DR

City YOUNGSTOWN	State OH	Zip Code 44515
--------------------	-------------	-------------------

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 ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		28		2021

Transaction ID : SA11AI-24186746

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 61
<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

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

A. KULIK, MICHELE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2101 BIRCH TRACE DR
 City YOUNGSTOWN State OH Zip Code 44515
 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 ▼ 300.00

Date of Receipt 06 / 14 / 2021
Transaction ID : SA11AI-24189688
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Mastroianni, Stephanie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2021 L St NW Ste 101-193
 City Washington State DC Zip Code 20036
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UNITED WOMEN'S HEALTH ALLIANCE Occupation (for Individual) Treasurer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1221.57

Date of Receipt 06 / 30 / 2021
Transaction ID : SA11AI-24326806
 Amount of Each Receipt this Period 1221.57
 Memo Item
 Cash advance for Nextivia and Unbounce monthly bill
 The SB - Nextivia and Unbounce transactions marked MEMO were paid from Stephanies personal account

C. OAS, RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 106 10TH ST NE APT 124
 City AUBURN State WA Zip Code 98002
 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 ▼ 201.00

Date of Receipt 03 / 04 / 2021
Transaction ID : SA11AI-24165376
 Amount of Each Receipt this Period 201.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	251.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 61
	<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	

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

A. OCHOA, MARIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7487 BLIX ST
 City SAN DIEGO State CA Zip Code 92111
 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 ▼ 400.00

Date of Receipt 05 / 04 / 2021
Transaction ID : SA11AI-24181890
 Amount of Each Receipt this Period 200.00
 Memo Item

B. OCHOA, MARIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7487 BLIX ST
 City SAN DIEGO State CA Zip Code 92111
 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 ▼ 400.00

Date of Receipt 05 / 20 / 2021
Transaction ID : SA11AI-24153698
 Amount of Each Receipt this Period 200.00
 Memo Item

C. SELBERG, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 5404
 City PALM SPRINGS State CA Zip Code 92263
 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 01 / 18 / 2021
Transaction ID : SA11AI-24167398
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	425.00
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 61
	<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	

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. SELBERG, ROBERT, , ,		Date of Receipt
Mailing Address PO BOX 5404		<input type="text" value="02"/> / <input type="text" value="23"/> / <input type="text" value="2021"/>
City PALM SPRINGS	State CA	Zip Code 92263
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI-24171678
Name of Employer (for Individual) Retired		Occupation (for Individual) Retired
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="215.00"/>	Amount of Each Receipt this Period <input type="text" value="25.00"/>
		<input type="checkbox"/> Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. SELBERG, ROBERT, , ,		Date of Receipt
Mailing Address PO BOX 5404		<input type="text" value="04"/> / <input type="text" value="16"/> / <input type="text" value="2021"/>
City PALM SPRINGS	State CA	Zip Code 92263
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI-24179044
Name of Employer (for Individual) Retired		Occupation (for Individual) Retired
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="215.00"/>	Amount of Each Receipt this Period <input type="text" value="25.00"/>
		<input type="checkbox"/> Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. SELBERG, ROBERT, , ,		Date of Receipt
Mailing Address PO BOX 5404		<input type="text" value="05"/> / <input type="text" value="11"/> / <input type="text" value="2021"/>
City PALM SPRINGS	State CA	Zip Code 92263
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI-24183176
Name of Employer (for Individual) Retired		Occupation (for Individual) Retired
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="215.00"/>	Amount of Each Receipt this Period <input type="text" value="25.00"/>
		<input type="checkbox"/> Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="75.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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 61
	<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	

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

A. SELBERG, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 5404

City PALM SPRINGS	State CA	Zip Code 92263
----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
215.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 26 / 2021

Transaction ID : SA11AI-24186226

Amount of Each Receipt this Period
 25.00

Memo Item

B. SELBERG, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 5404

City PALM SPRINGS	State CA	Zip Code 92263
----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
215.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 27 / 2021

Transaction ID : SA11AI-24186466

Amount of Each Receipt this Period
 25.00

Memo Item

C. SELBERG, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 5404

City PALM SPRINGS	State CA	Zip Code 92263
----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
215.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 01 / 2021

Transaction ID : SA11AI-24187008

Amount of Each Receipt this Period
 25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	75.00
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 19 OF 61
	(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

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

A. SELBERG, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 5404

City PALM SPRINGS	State CA	Zip Code 92263
----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
215.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 17 / 2021
Transaction ID : SA11AI-24190568

Amount of Each Receipt this Period
 40.00

Memo Item

B. WILLIAMS, JAMES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4639 VESTA CT

City WICHITA	State KS	Zip Code 67208
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
236.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 28 / 2021
Transaction ID : SA11AI-24168616

Amount of Each Receipt this Period
 16.00

Memo Item

C. WILLIAMS, JAMES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4639 VESTA CT

City WICHITA	State KS	Zip Code 67208
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
236.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 04 / 2021
Transaction ID : SA11AI-24169324

Amount of Each Receipt this Period
 35.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	91.00
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 61
	<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	

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

A. WILLIAMS, JAMES, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4639 VESTA CT

City WICHITA	State KS	Zip Code 67208
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
236.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	12	/	2021

Transaction ID : SA11AI-24178050

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 4639 VESTA CT

City WICHITA	State KS	Zip Code 67208
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
236.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	22	/	2021

Transaction ID : SA11AI-24179930

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address 4639 VESTA CT

City WICHITA	State KS	Zip Code 67208
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
236.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	17	/	2021

Transaction ID : SA11AI-24184250

Amount of Each Receipt this Period
35.00

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 61
	<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	

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

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

Mailing Address **2084 TERRACE DR**

City SAINT PAUL	State MN	Zip Code 55112
---------------------------	--------------------	--------------------------

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	/	D D	/	Y Y Y Y
01		06		2021

Transaction ID : SA11AI-24166466

Amount of Each Receipt this Period

50.00

 Memo Item

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

Mailing Address **2084 TERRACE DR**

City SAINT PAUL	State MN	Zip Code 55112
---------------------------	--------------------	--------------------------

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	/	D D	/	Y Y Y Y
02		08		2021

Transaction ID : SA11AI-24169646

Amount of Each Receipt this Period

40.00

 Memo Item

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

Mailing Address **2084 TERRACE DR**

City SAINT PAUL	State MN	Zip Code 55112
---------------------------	--------------------	--------------------------

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	/	D D	/	Y Y Y Y
04		07		2021

Transaction ID : SA11AI-24177528

Amount of Each Receipt this Period

30.00

 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 61
	<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	

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

A. ZARNEKE, RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2084 TERRACE DR
 City SAINT PAUL State MN Zip Code 55112
 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 **04 / 14 / 2021**
Transaction ID : SA11AI-24178612
 Amount of Each Receipt this Period 30.00
 Memo Item

B. ZARNEKE, RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2084 TERRACE DR
 City SAINT PAUL State MN Zip Code 55112
 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 **05 / 10 / 2021**
Transaction ID : SA11AI-24182868
 Amount of Each Receipt this Period 40.00
 Memo Item

C. ZARNEKE, RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2084 TERRACE DR
 City SAINT PAUL State MN Zip Code 55112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **06 / 01 / 2021**
Transaction ID : SA11AI-24186972
 Amount of Each Receipt this Period 30.00
 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: PAGE 23 OF 61
(check only one)

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

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

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

Mailing Address 2084 TERRACE DR

City SAINT PAUL	State MN	Zip Code 55112
--------------------	-------------	-------------------

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	/	D D	/	Y Y Y Y
06	/	14	/	2021

Transaction ID : SA11AI-24189690

Amount of Each Receipt this Period
30.00

Memo Item

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

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
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Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	3542.00

**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

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

A. Mastroianni, Stephanie, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 2021 L St NW Ste 101-193

City Washington State DC Zip Code 20036

Purpose of Disbursement Wages Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement 04 / 15 / 2021

FEC Identification Number C

Transaction ID : SB21B-46379

Amount of Each Disbursement this Period 212.44

Memo Item

B. Mastroianni, Stephanie, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 2021 L St NW Ste 101-193

City Washington State DC Zip Code 20036

Purpose of Disbursement Wages Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement 04 / 15 / 2021

FEC Identification Number C

Transaction ID : SB21B-46379

Amount of Each Disbursement this Period 1516.67

Memo Item

C. Mastroianni, Stephanie, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 2021 L St NW Ste 101-193

City Washington State DC Zip Code 20036

Purpose of Disbursement Wages Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement 05 / 18 / 2021

FEC Identification Number C

Transaction ID : SB21B-4638!

Amount of Each Disbursement this Period 1516.67

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 3245.78

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

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

A. Mastroianni, Stephanie, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 2021 L St NW Ste 101-193

City Washington State DC Zip Code 20036

Purpose of Disbursement Wages

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 05 / 18 / 2021

FEC Identification Number: C

Transaction ID : SB21B-46385

Amount of Each Disbursement this Period: 212.44

Memo Item

B. Mastroianni, Stephanie, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 2021 L St NW Ste 101-193

City Washington State DC Zip Code 20036

Purpose of Disbursement Wages

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 15 / 2021

FEC Identification Number: C

Transaction ID : SB21B-46390

Amount of Each Disbursement this Period: 1516.67

Memo Item

C. Mastroianni, Stephanie, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 2021 L St NW Ste 101-193

City Washington State DC Zip Code 20036

Purpose of Disbursement Wages

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 15 / 2021

FEC Identification Number: C

Transaction ID : SB21B-46391

Amount of Each Disbursement this Period: 212.44

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1941.55

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

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

A. Blank Rome LLP

Full Name (Last, First, Middle Initial)

Mailing Address 1825 Eye Street NW

City Washington State DC Zip Code 20006

Purpose of Disbursement Legal Fees 001 Category/Type

Candidate Name

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

State: District:

Date of Disbursement: 03 / 15 / 2021

FEC Identification Number: C
Transaction ID : SB21B-46374
Amount of Each Disbursement this Period: 961.00

Memo Item

B. Blank Rome LLP

Full Name (Last, First, Middle Initial)

Mailing Address 1825 Eye Street NW

City Washington State DC Zip Code 20006

Purpose of Disbursement Legal Fees 001 Category/Type

Candidate Name

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

State: District:

Date of Disbursement: 05 / 14 / 2021

FEC Identification Number: C
Transaction ID : SB21B-46384
Amount of Each Disbursement this Period: 2331.00

Memo Item

C. Blank Rome LLP

Full Name (Last, First, Middle Initial)

Mailing Address 1825 Eye Street NW

City Washington State DC Zip Code 20006

Purpose of Disbursement Legal Fees 001 Category/Type

Candidate Name

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

State: District:

Date of Disbursement: 05 / 19 / 2021

FEC Identification Number: C
Transaction ID : SB21B-46388
Amount of Each Disbursement this Period: 1619.00

Memo Item

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

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

4911.00

**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

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

A. Blank Rome LLP

Full Name (Last, First, Middle Initial)

Mailing Address 1825 Eye Street NW

City Washington State DC Zip Code 20006

Purpose of Disbursement Legal Fees

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 22 / 2021

FEC Identification Number: C

Transaction ID : SB21B-46392

Amount of Each Disbursement this Period: 1782.00

Memo Item

B. COA Network Inc.

Full Name (Last, First, Middle Initial)

Mailing Address 991 Route 22 West Suite 200

City Bridgewater Township State NJ Zip Code 08807

Purpose of Disbursement 800 Telephone numbers

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 23 / 2021

FEC Identification Number: C

Transaction ID : SB21B-47338

Amount of Each Disbursement this Period: 66.40

Memo Item

C. COA Network Inc.

Full Name (Last, First, Middle Initial)

Mailing Address 991 Route 22 West Suite 200

City Bridgewater Township State NJ Zip Code 08807

Purpose of Disbursement 800 Telephone numbers

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 04 / 23 / 2021

FEC Identification Number: C

Transaction ID : SB21B-46371

Amount of Each Disbursement this Period: 151.60

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. COA Network Inc.		Date of Disbursement MM / DD / YYYY 05 / 24 / 2021
Mailing Address 991 Route 22 West Suite 200		FEC Identification Number C [REDACTED] Transaction ID : SB21B-46386 Amount of Each Disbursement this Period [REDACTED] 136.95
City Bridgewater Township	State NJ	Zip Code 08807
Purpose of Disbursement 800 Telephone numbers	Category/Type 001	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. COA Network Inc.		Date of Disbursement MM / DD / YYYY 06 / 23 / 2021
Mailing Address 991 Route 22 West Suite 200		FEC Identification Number C [REDACTED] Transaction ID : SB21B-46392 Amount of Each Disbursement this Period [REDACTED] 127.95
City Bridgewater Township	State NJ	Zip Code 08807
Purpose of Disbursement 800 Telephone numbers	Category/Type 001	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. EagleBank		Date of Disbursement MM / DD / YYYY 01 / 12 / 2021
Mailing Address 7815 Woodmont ave		FEC Identification Number C [REDACTED] Transaction ID : SB21B-4733 Amount of Each Disbursement this Period [REDACTED] 153.80
City Bethesda	State MD	Zip Code 20814
Purpose of Disbursement Bank analysis fee	Category/Type 001	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 418.70
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. EagleBank

Mailing Address 7815 Woodmont ave

City Bethesda State MD Zip Code 20814

Purpose of Disbursement
Bank analysis fee

001
Category/ Type

Candidate Name

Office Sought: 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
02		10		2021

FEC Identification Number

C
Transaction ID : SB21B-46370
Amount of Each Disbursement this Period
199.82

Memo Item

Full Name (Last, First, Middle Initial)

B. EagleBank

Mailing Address 7815 Woodmont ave

City Bethesda State MD Zip Code 20814

Purpose of Disbursement
Bank Deposit Error

001
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
03		09		2021

FEC Identification Number

C
Transaction ID : SB21B-46373
Amount of Each Disbursement this Period
100.00

Memo Item

Full Name (Last, First, Middle Initial)

C. EagleBank

Mailing Address 7815 Woodmont ave

City Bethesda State MD Zip Code 20814

Purpose of Disbursement
Bank analysis fee

001
Category/ Type

Candidate Name

Office Sought: 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
03		10		2021

FEC Identification Number

C
Transaction ID : SB21B-4637:
Amount of Each Disbursement this Period
205.76

Memo Item

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

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

505.58

**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

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

Full Name (Last, First, Middle Initial)

A. EagleBank

Mailing Address 7815 Woodmont ave

City Bethesda State MD Zip Code 20814

Purpose of Disbursement
Bank analysis fee

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-46379
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. EagleBank

Mailing Address 7815 Woodmont ave

City Bethesda State MD Zip Code 20814

Purpose of Disbursement
EFT Service Charge

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-46376
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. EagleBank

Mailing Address 7815 Woodmont ave

City Bethesda State MD Zip Code 20814

Purpose of Disbursement
EFT Service Charge

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-4638;
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

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

Full Name (Last, First, Middle Initial)

A. EagleBank

Mailing Address 7815 Woodmont ave

City Bethesda State MD Zip Code 20814

Purpose of Disbursement
Bank analysis fee

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-46384
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. EagleBank

Mailing Address 7815 Woodmont ave

City Bethesda State MD Zip Code 20814

Purpose of Disbursement
Bank analysis fee

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-46389
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. 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-4637
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

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

A. Grasshopper

Full Name (Last, First, Middle Initial)

Mailing Address 320 Summer St

City Boston State MA Zip Code 02210

Purpose of Disbursement Telephone Service

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 04 / 19 / 2021

FEC Identification Number: C

Transaction ID : SB21B-46378

Amount of Each Disbursement this Period: 111.01

Memo Item

B. Grasshopper

Full Name (Last, First, Middle Initial)

Mailing Address 320 Summer St

City Boston State MA Zip Code 02210

Purpose of Disbursement Telephone Service

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 05 / 18 / 2021

FEC Identification Number: C

Transaction ID : SB21B-46385

Amount of Each Disbursement this Period: 110.93

Memo Item

C. Grasshopper

Full Name (Last, First, Middle Initial)

Mailing Address 320 Summer St

City Boston State MA Zip Code 02210

Purpose of Disbursement Telephone Service

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 18 / 2021

FEC Identification Number: C

Transaction ID : SB21B-46391

Amount of Each Disbursement this Period: 110.93

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 332.87

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. LIVE TRANSFERS AND DONOR CREATION LLC			Date of Disbursement MM / DD / YYYY 01 / 04 / 2021	
Mailing Address 1607 Ponce de Leon ave Suite GM8			FEC Identification Number C [REDACTED] Transaction ID : SB21B-46368 Amount of Each Disbursement this Period 5245.07	
City SAN JUAN	State PR	Zip Code 00909	Purpose of Disbursement Telephone fundraising Category/Type 003	
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. LIVE TRANSFERS AND DONOR CREATION LLC			Date of Disbursement MM / DD / YYYY 01 / 08 / 2021	
Mailing Address 1607 Ponce de Leon ave Suite GM8			FEC Identification Number C [REDACTED] Transaction ID : SB21B-46368 Amount of Each Disbursement this Period 5000.00	
City SAN JUAN	State PR	Zip Code 00909	Purpose of Disbursement Telephone fundraising Category/Type 003	
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. LIVE TRANSFERS AND DONOR CREATION LLC			Date of Disbursement MM / DD / YYYY 01 / 08 / 2021	
Mailing Address 1607 Ponce de Leon ave Suite GM8			FEC Identification Number C [REDACTED] Transaction ID : SB21B-46368 Amount of Each Disbursement this Period 5238.36	
City SAN JUAN	State PR	Zip Code 00909	Purpose of Disbursement Telephone fundraising Category/Type 003	
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)..... ▶

15483.43

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

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

Full Name (Last, First, Middle Initial) A. LIVE TRANSFERS AND DONOR CREATION LLC		Date of Disbursement MM / DD / YYYY 01 / 25 / 2021
Mailing Address 1607 Ponce de Leon ave Suite GM8		FEC Identification Number C [REDACTED] Transaction ID : SB21B-46369 Amount of Each Disbursement this Period 8982.24
City SAN JUAN	State PR	Zip Code 00909
Purpose of Disbursement Telephone fundraising		Category/ Type 003
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. LIVE TRANSFERS AND DONOR CREATION LLC		Date of Disbursement MM / DD / YYYY 01 / 28 / 2021
Mailing Address 1607 Ponce de Leon ave Suite GM8		FEC Identification Number C [REDACTED] Transaction ID : SB21B-46369 Amount of Each Disbursement this Period 9977.43
City SAN JUAN	State PR	Zip Code 00909
Purpose of Disbursement Telephone fundraising		Category/ Type 003
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. LIVE TRANSFERS AND DONOR CREATION LLC		Date of Disbursement MM / DD / YYYY 02 / 04 / 2021
Mailing Address 1607 Ponce de Leon ave Suite GM8		FEC Identification Number C [REDACTED] Transaction ID : SB21B-46369 Amount of Each Disbursement this Period 11403.46
City SAN JUAN	State PR	Zip Code 00909
Purpose of Disbursement Telephone fundraising		Category/ Type 003
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

30363.13

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

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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
02		12		2021

Mailing Address 1607 Ponce de Leon ave
Suite GM8

City SAN JUAN State PR Zip Code 00909

Purpose of Disbursement Telephone fundraising
Candidate Name
Category/Type 003

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

FEC Identification Number

C
Transaction ID : SB21B-46370
Amount of Each Disbursement this Period
16184.15

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
02		22		2021

Mailing Address 1607 Ponce de Leon ave
Suite GM8

City SAN JUAN State PR Zip Code 00909

Purpose of Disbursement Telephone fundraising
Candidate Name
Category/Type 003

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

FEC Identification Number

C
Transaction ID : SB21B-46371
Amount of Each Disbursement this Period
14986.93

Memo Item

Full Name (Last, First, Middle Initial)

C. LIVE TRANSFERS AND DONOR CREATION LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		26		2021

Mailing Address 1607 Ponce de Leon ave
Suite GM8

City SAN JUAN State PR Zip Code 00909

Purpose of Disbursement Telephone fundraising
Candidate Name
Category/Type 003

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

FEC Identification Number

C
Transaction ID : SB21B-46371
Amount of Each Disbursement this Period
15033.87

Memo Item

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

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

46204.95

**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

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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
03	/	05	/	2021

Mailing Address 1607 Ponce de Leon ave
Suite GM8

City SAN JUAN State PR Zip Code 00909

Purpose of Disbursement Telephone fundraising 003

Candidate Name

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

FEC Identification Number

C
Transaction ID : SB21B-46372
Amount of Each Disbursement this Period
 15116.67

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
03	/	11	/	2021

Mailing Address 1607 Ponce de Leon ave
Suite GM8

City SAN JUAN State PR Zip Code 00909

Purpose of Disbursement Telephone fundraising 003

Candidate Name

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

FEC Identification Number

C
Transaction ID : SB21B-46373
Amount of Each Disbursement this Period
 14939.06

Memo Item

Full Name (Last, First, Middle Initial)

C. LIVE TRANSFERS AND DONOR CREATION LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	18	/	2021

Mailing Address 1607 Ponce de Leon ave
Suite GM8

City SAN JUAN State PR Zip Code 00909

Purpose of Disbursement Telephone fundraising 003

Candidate Name

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

FEC Identification Number

C
Transaction ID : SB21B-46374
Amount of Each Disbursement this Period
 15415.04

Memo Item

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

45470.77

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

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

Full Name (Last, First, Middle Initial) A. LIVE TRANSFERS AND DONOR CREATION LLC		Date of Disbursement MM / DD / YYYY 03 / 26 / 2021
Mailing Address 1607 Ponce de Leon ave Suite GM8		FEC Identification Number C [REDACTED] Transaction ID : SB21B-46375 Amount of Each Disbursement this Period 15332.48
City SAN JUAN	State PR	Zip Code 00909
Purpose of Disbursement Telephone fundraising		Category/ Type 003
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. LIVE TRANSFERS AND DONOR CREATION LLC		Date of Disbursement MM / DD / YYYY 04 / 08 / 2021
Mailing Address 1607 Ponce de Leon ave Suite GM8		FEC Identification Number C [REDACTED] Transaction ID : SB21B-46380 Amount of Each Disbursement this Period 17657.93
City SAN JUAN	State PR	Zip Code 00909
Purpose of Disbursement Telephone fundraising		Category/ Type 003
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. LIVE TRANSFERS AND DONOR CREATION LLC		Date of Disbursement MM / DD / YYYY 04 / 12 / 2021
Mailing Address 1607 Ponce de Leon ave Suite GM8		FEC Identification Number C [REDACTED] Transaction ID : SB21B-46381 Amount of Each Disbursement this Period 17906.66
City SAN JUAN	State PR	Zip Code 00909
Purpose of Disbursement Telephone fundraising		Category/ Type 003
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

50897.07

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

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

Full Name (Last, First, Middle Initial) A. LIVE TRANSFERS AND DONOR CREATION LLC		Date of Disbursement MM / DD / YYYY 04 / 16 / 2021
Mailing Address 1607 Ponce de Leon ave Suite GM8		FEC Identification Number C [REDACTED] Transaction ID : SB21B-46381 Amount of Each Disbursement this Period [REDACTED] 18928.78
City SAN JUAN	State PR	Zip Code 00909
Purpose of Disbursement Telephone fundraising		Category/ Type 003
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. LIVE TRANSFERS AND DONOR CREATION LLC		Date of Disbursement MM / DD / YYYY 04 / 27 / 2021
Mailing Address 1607 Ponce de Leon ave Suite GM8		FEC Identification Number C [REDACTED] Transaction ID : SB21B-46381 Amount of Each Disbursement this Period [REDACTED] 21351.57
City SAN JUAN	State PR	Zip Code 00909
Purpose of Disbursement Telephone fundraising		Category/ Type 003
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. LIVE TRANSFERS AND DONOR CREATION LLC		Date of Disbursement MM / DD / YYYY 05 / 03 / 2021
Mailing Address 1607 Ponce de Leon ave Suite GM8		FEC Identification Number C [REDACTED] Transaction ID : SB21B-46381 Amount of Each Disbursement this Period [REDACTED] 25000.00
City SAN JUAN	State PR	Zip Code 00909
Purpose of Disbursement Telephone fundraising		Category/ Type 003
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)..... ▶

[REDACTED] 65280.35

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

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

Full Name (Last, First, Middle Initial) A. LIVE TRANSFERS AND DONOR CREATION LLC			Date of Disbursement MM / DD / YYYY 05 / 04 / 2021	
Mailing Address 1607 Ponce de Leon ave Suite GM8			FEC Identification Number C [REDACTED] Transaction ID : SB21B-46382	
City SAN JUAN	State PR	Zip Code 00909	Amount of Each Disbursement this Period [REDACTED] 2154.68	
Purpose of Disbursement Telephone fundraising		Category/ Type 003	Memo Item <input type="checkbox"/>	
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:				

Full Name (Last, First, Middle Initial) B. LIVE TRANSFERS AND DONOR CREATION LLC			Date of Disbursement MM / DD / YYYY 05 / 07 / 2021	
Mailing Address 1607 Ponce de Leon ave Suite GM8			FEC Identification Number C [REDACTED] Transaction ID : SB21B-46383	
City SAN JUAN	State PR	Zip Code 00909	Amount of Each Disbursement this Period [REDACTED] 23122.18	
Purpose of Disbursement Telephone fundraising		Category/ Type 003	Memo Item <input type="checkbox"/>	
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:				

Full Name (Last, First, Middle Initial) C. LIVE TRANSFERS AND DONOR CREATION LLC			Date of Disbursement MM / DD / YYYY 05 / 13 / 2021	
Mailing Address 1607 Ponce de Leon ave Suite GM8			FEC Identification Number C [REDACTED] Transaction ID : SB21B-46384	
City SAN JUAN	State PR	Zip Code 00909	Amount of Each Disbursement this Period [REDACTED] 22928.30	
Purpose of Disbursement Telephone fundraising		Category/ Type 003	Memo Item <input type="checkbox"/>	
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:				

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

48205.16

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

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

Full Name (Last, First, Middle Initial) A. LIVE TRANSFERS AND DONOR CREATION LLC		Date of Disbursement MM / DD / YYYY 05 / 19 / 2021
Mailing Address 1607 Ponce de Leon ave Suite GM8		FEC Identification Number C [REDACTED] Transaction ID : SB21B-46386 Amount of Each Disbursement this Period [REDACTED] 25933.20
City SAN JUAN	State PR	Zip Code 00909
Purpose of Disbursement Telephone fundraising		Category/ Type 003
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. LIVE TRANSFERS AND DONOR CREATION LLC		Date of Disbursement MM / DD / YYYY 05 / 27 / 2021
Mailing Address 1607 Ponce de Leon ave Suite GM8		FEC Identification Number C [REDACTED] Transaction ID : SB21B-46386 Amount of Each Disbursement this Period [REDACTED] 26203.01
City SAN JUAN	State PR	Zip Code 00909
Purpose of Disbursement Telephone fundraising		Category/ Type 003
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. LIVE TRANSFERS AND DONOR CREATION LLC		Date of Disbursement MM / DD / YYYY 06 / 03 / 2021
Mailing Address 1607 Ponce de Leon ave Suite GM8		FEC Identification Number C [REDACTED] Transaction ID : SB21B-46386 Amount of Each Disbursement this Period [REDACTED] 27387.20
City SAN JUAN	State PR	Zip Code 00909
Purpose of Disbursement Telephone fundraising		Category/ Type 003
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).....▶	[REDACTED] 79523.41
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. LIVE TRANSFERS AND DONOR CREATION LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	10	/	2021

Mailing Address 1607 Ponce de Leon ave
Suite GM8

City SAN JUAN State PR Zip Code 00909

Purpose of Disbursement Telephone fundraising
Candidate Name
Category/Type **003**

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

FEC Identification Number

C []
Transaction ID : SB21B-46389
Amount of Each Disbursement this Period
[] 27473.88

Memo Item

Full Name (Last, First, Middle Initial)

B. LIVE TRANSFERS AND DONOR CREATION LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	16	/	2021

Mailing Address 1607 Ponce de Leon ave
Suite GM8

City SAN JUAN State PR Zip Code 00909

Purpose of Disbursement Telephone fundraising
Candidate Name
Category/Type **003**

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

FEC Identification Number

C []
Transaction ID : SB21B-46391
Amount of Each Disbursement this Period
[] 28551.45

Memo Item

Full Name (Last, First, Middle Initial)

C. LIVE TRANSFERS AND DONOR CREATION LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	29	/	2021

Mailing Address 1607 Ponce de Leon ave
Suite GM8

City SAN JUAN State PR Zip Code 00909

Purpose of Disbursement Telephone fundraising
Candidate Name
Category/Type **003**

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

FEC Identification Number

C []
Transaction ID : SB21B-4639:
Amount of Each Disbursement this Period
[] 28302.03

Memo Item

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

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

[] 84327.36

**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

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

Full Name (Last, First, Middle Initial)

A. Nextivia

Mailing Address 8800 E Chaparral Rd #300

City Scottsdale State AZ Zip Code 85250

Purpose of Disbursement Telephone Service

Category/Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
01 / 19 / 2021

FEC Identification Number

Transaction ID : SB21B-47837
Amount of Each Disbursement this Period

Memo Item This disbursement was paid out of STEPHANIE MASTROIANNI personal account

Full Name (Last, First, Middle Initial)

B. Nextivia

Mailing Address 8800 E Chaparral Rd #300

City Scottsdale State AZ Zip Code 85250

Purpose of Disbursement Telephone Service

Category/Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
02 / 19 / 2021

FEC Identification Number

Transaction ID : SB21B-47837
Amount of Each Disbursement this Period

Memo Item This disbursement was paid out of STEPHANIE MASTROIANNI personal account

Full Name (Last, First, Middle Initial)

C. Nextivia

Mailing Address 8800 E Chaparral Rd #300

City Scottsdale State AZ Zip Code 85250

Purpose of Disbursement Telephone Service

Category/Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
03 / 19 / 2021

FEC Identification Number

Transaction ID : SB21B-47837
Amount of Each Disbursement this Period

Memo Item This disbursement was paid out of STEPHANIE MASTROIANNI personal account

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

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

Full Name (Last, First, Middle Initial)

A. Nextivia

Mailing Address 8800 E Chaparral Rd #300

City Scottsdale State AZ Zip Code 85250

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

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	9		2	0	2	1

FEC Identification Number

Transaction ID : SB21B-47838
 Amount of Each Disbursement this Period

 Memo Item This disbursement was paid out of STEPHANIE MASTROIANNI personal account

Full Name (Last, First, Middle Initial)

B. Nextivia

Mailing Address 8800 E Chaparral Rd #300

City Scottsdale State AZ Zip Code 85250

Purpose of Disbursement Telephone Service

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
0	5		1	9		2	0	2	1

FEC Identification Number

Transaction ID : SB21B-47838
 Amount of Each Disbursement this Period

 Memo Item This disbursement was paid out of STEPHANIE MASTROIANNI personal account

Full Name (Last, First, Middle Initial)

C. Nextivia

Mailing Address 8800 E Chaparral Rd #300

City Scottsdale State AZ Zip Code 85250

Purpose of Disbursement Telephone Service

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
0	6		1	9		2	0	2	1

FEC Identification Number

Transaction ID : SB21B-47838
 Amount of Each Disbursement this Period

 Memo Item This disbursement was paid out of STEPHANIE MASTROIANNI personal account

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

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

Full Name (Last, First, Middle Initial) A. North American Marketing Solutions Inc			Date of Disbursement MM / DD / YYYY 01 / 04 / 2021	
Mailing Address 3245 N 126th St			FEC Identification Number C [REDACTED] Transaction ID : SB21B-46367	
City Brookfield	State WI	Zip Code 53005	Amount of Each Disbursement this Period [REDACTED] 700.00	
Purpose of Disbursement Mailing and Caging		Category/ Type 003	Memo Item <input type="checkbox"/>	
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:			

Full Name (Last, First, Middle Initial) B. North American Marketing Solutions Inc			Date of Disbursement MM / DD / YYYY 01 / 05 / 2021	
Mailing Address 3245 N 126th St			FEC Identification Number C [REDACTED] Transaction ID : SB21B-46367	
City Brookfield	State WI	Zip Code 53005	Amount of Each Disbursement this Period [REDACTED] 1600.00	
Purpose of Disbursement Mailing and Caging		Category/ Type 003	Memo Item <input type="checkbox"/>	
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:			

Full Name (Last, First, Middle Initial) C. North American Marketing Solutions Inc			Date of Disbursement MM / DD / YYYY 01 / 20 / 2021	
Mailing Address 3245 N 126th St			FEC Identification Number C [REDACTED] Transaction ID : SB21B-46367	
City Brookfield	State WI	Zip Code 53005	Amount of Each Disbursement this Period [REDACTED] 3362.85	
Purpose of Disbursement Mailing and Caging		Category/ Type 003	Memo Item <input type="checkbox"/>	
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:			

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 5662.85
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial)

A. North American Marketing Solutions Inc

Mailing Address 3245 N 126th St

City Brookfield State WI Zip Code 53005

Purpose of Disbursement
Mailers and Caging

003
Category/
Type

Candidate Name

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 28 / 2021

FEC Identification Number

C
Transaction ID : SB21B-46367
Amount of Each Disbursement this Period
 559.50

Memo Item

Full Name (Last, First, Middle Initial)

B. North American Marketing Solutions Inc

Mailing Address 3245 N 126th St

City Brookfield State WI Zip Code 53005

Purpose of Disbursement
Mailers and Caging

003
Category/
Type

Candidate Name

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 28 / 2021

FEC Identification Number

C
Transaction ID : SB21B-46368
Amount of Each Disbursement this Period
 3502.01

Memo Item

Full Name (Last, First, Middle Initial)

C. North American Marketing Solutions Inc

Mailing Address 3245 N 126th St

City Brookfield State WI Zip Code 53005

Purpose of Disbursement
Mailers and Caging

003
Category/
Type

Candidate Name

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 29 / 2021

FEC Identification Number

C
Transaction ID : SB21B-46368
Amount of Each Disbursement this Period
 6235.86

Memo Item

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

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

10297.37

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. North American Marketing Solutions Inc		Date of Disbursement MM / DD / YYYY 02 / 04 / 2021
Mailing Address 3245 N 126th St		FEC Identification Number C [REDACTED] Transaction ID : SB21B-46369 Amount of Each Disbursement this Period [REDACTED] 2363.21
City Brookfield	State WI	Zip Code 53005
Purpose of Disbursement Mailers and Caging	Category/Type 003	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. North American Marketing Solutions Inc		Date of Disbursement MM / DD / YYYY 02 / 04 / 2021
Mailing Address 3245 N 126th St		FEC Identification Number C [REDACTED] Transaction ID : SB21B-46370 Amount of Each Disbursement this Period [REDACTED] 439.47
City Brookfield	State WI	Zip Code 53005
Purpose of Disbursement Mailers and Caging	Category/Type 003	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. North American Marketing Solutions Inc		Date of Disbursement MM / DD / YYYY 02 / 12 / 2021
Mailing Address 3245 N 126th St		FEC Identification Number C [REDACTED] Transaction ID : SB21B-46371 Amount of Each Disbursement this Period [REDACTED] 2532.18
City Brookfield	State WI	Zip Code 53005
Purpose of Disbursement Mailers and Caging	Category/Type 003	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

5334.86

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

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

Full Name (Last, First, Middle Initial) A. North American Marketing Solutions Inc			Date of Disbursement MM / DD / YYYY 02 / 22 / 2021	
Mailing Address 3245 N 126th St			FEC Identification Number C [REDACTED] Transaction ID : SB21B-46371	
City Brookfield	State WI	Zip Code 53005	Amount of Each Disbursement this Period [REDACTED] 2864.06	
Purpose of Disbursement Mailing and Caging		Category/Type 003	Memo Item <input type="checkbox"/>	
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:				

Full Name (Last, First, Middle Initial) B. North American Marketing Solutions Inc			Date of Disbursement MM / DD / YYYY 02 / 26 / 2021	
Mailing Address 3245 N 126th St			FEC Identification Number C [REDACTED] Transaction ID : SB21B-46372	
City Brookfield	State WI	Zip Code 53005	Amount of Each Disbursement this Period [REDACTED] 3352.20	
Purpose of Disbursement Mailing and Caging		Category/Type 003	Memo Item <input type="checkbox"/>	
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:				

Full Name (Last, First, Middle Initial) C. North American Marketing Solutions Inc			Date of Disbursement MM / DD / YYYY 03 / 05 / 2021	
Mailing Address 3245 N 126th St			FEC Identification Number C [REDACTED] Transaction ID : SB21B-46373	
City Brookfield	State WI	Zip Code 53005	Amount of Each Disbursement this Period [REDACTED] 3339.76	
Purpose of Disbursement Mailing and Caging		Category/Type 003	Memo Item <input type="checkbox"/>	
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:				

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 9556.02
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) A. North American Marketing Solutions Inc			Date of Disbursement MM / DD / YYYY 03 / 11 / 2021	
Mailing Address 3245 N 126th St				
City Brookfield	State WI	Zip Code 53005	FEC Identification Number C [REDACTED]	
Purpose of Disbursement Mailing and Caging			Transaction ID : SB21B-46374	
Candidate Name			Amount of Each Disbursement this Period 3440.81	
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) ▼		Memo Item <input type="checkbox"/>	
State: _____	District: _____			

Full Name (Last, First, Middle Initial) B. North American Marketing Solutions Inc			Date of Disbursement MM / DD / YYYY 03 / 18 / 2021	
Mailing Address 3245 N 126th St				
City Brookfield	State WI	Zip Code 53005	FEC Identification Number C [REDACTED]	
Purpose of Disbursement Mailing and Caging			Transaction ID : SB21B-46374	
Candidate Name			Amount of Each Disbursement this Period 3389.91	
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) ▼		Memo Item <input type="checkbox"/>	
State: _____	District: _____			

Full Name (Last, First, Middle Initial) C. North American Marketing Solutions Inc			Date of Disbursement MM / DD / YYYY 03 / 26 / 2021	
Mailing Address 3245 N 126th St				
City Brookfield	State WI	Zip Code 53005	FEC Identification Number C [REDACTED]	
Purpose of Disbursement Mailing and Caging			Transaction ID : SB21B-46374	
Candidate Name			Amount of Each Disbursement this Period 3494.02	
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) ▼		Memo Item <input type="checkbox"/>	
State: _____	District: _____			

SUBTOTAL of Disbursements This Page (optional).....▶	10324.74
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

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

Full Name (Last, First, Middle Initial)

A. North American Marketing Solutions Inc

Mailing Address 3245 N 126th St

City Brookfield State WI Zip Code 53005

Purpose of Disbursement
Mailers and Caging

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-46378
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. North American Marketing Solutions Inc

Mailing Address 3245 N 126th St

City Brookfield State WI Zip Code 53005

Purpose of Disbursement
Mailers and Caging

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-46379
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. North American Marketing Solutions Inc

Mailing Address 3245 N 126th St

City Brookfield State WI Zip Code 53005

Purpose of Disbursement
Mailers and Caging

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-4638t
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

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

Full Name (Last, First, Middle Initial) A. North American Marketing Solutions Inc		Date of Disbursement MM / DD / YYYY 04 / 16 / 2021
Mailing Address 3245 N 126th St		FEC Identification Number C [REDACTED] Transaction ID : SB21B-46380 Amount of Each Disbursement this Period 4761.27
City Brookfield	State WI	Zip Code 53005
Purpose of Disbursement Mailing and Caging		Category/ Type 003
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. North American Marketing Solutions Inc		Date of Disbursement MM / DD / YYYY 04 / 28 / 2021
Mailing Address 3245 N 126th St		FEC Identification Number C [REDACTED] Transaction ID : SB21B-46380 Amount of Each Disbursement this Period 4803.47
City Brookfield	State WI	Zip Code 53005
Purpose of Disbursement Mailing and Caging		Category/ Type 003
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. North American Marketing Solutions Inc		Date of Disbursement MM / DD / YYYY 05 / 04 / 2021
Mailing Address 3245 N 126th St		FEC Identification Number C [REDACTED] Transaction ID : SB21B-46380 Amount of Each Disbursement this Period 5279.41
City Brookfield	State WI	Zip Code 53005
Purpose of Disbursement Mailing and Caging		Category/ Type 003
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).....▶	14844.15
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

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

Full Name (Last, First, Middle Initial)

A. North American Marketing Solutions Inc

Mailing Address 3245 N 126th St

City Brookfield State WI Zip Code 53005

Purpose of Disbursement
Mailers and Caging

003
Category/
Type

Candidate Name

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

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
05 / 07 / 2021

FEC Identification Number

C
Transaction ID : SB21B-46383
Amount of Each Disbursement this Period
5773.14

Memo Item

Full Name (Last, First, Middle Initial)

B. North American Marketing Solutions Inc

Mailing Address 3245 N 126th St

City Brookfield State WI Zip Code 53005

Purpose of Disbursement
Mailers and Caging

003
Category/
Type

Candidate Name

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

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
05 / 13 / 2021

FEC Identification Number

C
Transaction ID : SB21B-46384
Amount of Each Disbursement this Period
5865.53

Memo Item

Full Name (Last, First, Middle Initial)

C. North American Marketing Solutions Inc

Mailing Address 3245 N 126th St

City Brookfield State WI Zip Code 53005

Purpose of Disbursement
Mailers and Caging

003
Category/
Type

Candidate Name

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

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
05 / 19 / 2021

FEC Identification Number

C
Transaction ID : SB21B-46388
Amount of Each Disbursement this Period
5975.26

Memo Item

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

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

17613.93

**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

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

Full Name (Last, First, Middle Initial) A. North American Marketing Solutions Inc			Date of Disbursement MM / DD / YYYY 05 / 27 / 2021	
Mailing Address 3245 N 126th St			FEC Identification Number C [REDACTED] Transaction ID : SB21B-46387	
City Brookfield	State WI	Zip Code 53005	Amount of Each Disbursement this Period 5909.74	
Purpose of Disbursement Mailing and Caging		Category/Type 003	Memo Item <input type="checkbox"/>	
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:			

Full Name (Last, First, Middle Initial) B. North American Marketing Solutions Inc			Date of Disbursement MM / DD / YYYY 06 / 03 / 2021	
Mailing Address 3245 N 126th St			FEC Identification Number C [REDACTED] Transaction ID : SB21B-46388	
City Brookfield	State WI	Zip Code 53005	Amount of Each Disbursement this Period 6469.98	
Purpose of Disbursement Mailing and Caging		Category/Type 003	Memo Item <input type="checkbox"/>	
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:			

Full Name (Last, First, Middle Initial) C. North American Marketing Solutions Inc			Date of Disbursement MM / DD / YYYY 06 / 03 / 2021	
Mailing Address 3245 N 126th St			FEC Identification Number C [REDACTED] Transaction ID : SB21B-46388	
City Brookfield	State WI	Zip Code 53005	Amount of Each Disbursement this Period 2107.50	
Purpose of Disbursement Mailing and Caging		Category/Type 003	Memo Item <input type="checkbox"/>	
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:			

SUBTOTAL of Disbursements This Page (optional).....▶	14487.22
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

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

Full Name (Last, First, Middle Initial) A. North American Marketing Solutions Inc		Date of Disbursement MM / DD / YYYY 06 / 10 / 2021
Mailing Address 3245 N 126th St		FEC Identification Number C [REDACTED] Transaction ID : SB21B-46389
City Brookfield	State WI	Zip Code 53005
Purpose of Disbursement Mailers and Caging	<input type="checkbox"/> 003	Amount of Each Disbursement this Period 5670.79
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. North American Marketing Solutions Inc		Date of Disbursement MM / DD / YYYY 06 / 10 / 2021
Mailing Address 3245 N 126th St		FEC Identification Number C [REDACTED] Transaction ID : SB21B-46389
City Brookfield	State WI	Zip Code 53005
Purpose of Disbursement Mailers and Caging	<input type="checkbox"/> 003	Amount of Each Disbursement this Period 360.00
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. North American Marketing Solutions Inc		Date of Disbursement MM / DD / YYYY 06 / 16 / 2021
Mailing Address 3245 N 126th St		FEC Identification Number C [REDACTED] Transaction ID : SB21B-46391
City Brookfield	State WI	Zip Code 53005
Purpose of Disbursement Mailers and Caging	<input type="checkbox"/> 003	Amount of Each Disbursement this Period 7171.36
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	13202.15
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

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

Full Name (Last, First, Middle Initial)

A. North American Marketing Solutions Inc

Mailing Address 3245 N 126th St

City Brookfield State WI Zip Code 53005

Purpose of Disbursement
Mailers and Caging

003
Category/
Type

Candidate Name

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 29 / 2021

FEC Identification Number

C
Transaction ID : SB21B-46393
Amount of Each Disbursement this Period
 6349.46

Memo Item

Full Name (Last, First, Middle Initial)

B. PACSmart Filing Services

Mailing Address 1013 Centre Rd.
Suite 403-A

City Wilmington State DE Zip Code 19805

Purpose of Disbursement
FEC Compliance Reporting

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 Y
02 / 04 / 2021

FEC Identification Number

C
Transaction ID : SB21B-46370
Amount of Each Disbursement this Period
 945.00

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

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 Y
02 / 04 / 2021

FEC Identification Number

C
Transaction ID : SB21B-46371
Amount of Each Disbursement this Period
 600.00

Memo Item

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

7894.46

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

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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 Jan

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-46367
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 Feb

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-46394
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. RallyPay

Mailing Address 995 Market Street
Floor 2

City San Francisco State CA Zip Code 94103

Purpose of Disbursement Combined 'off the top' CC Transaction fees Mar

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-4639:
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

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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 Apr

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

003
Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 30 / 2021

FEC Identification Number

C
Transaction ID : **SB21B-46394**
Amount of Each Disbursement this Period
2820.03

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 May

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

003
Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 31 / 2021

FEC Identification Number

C
Transaction ID : **SB21B-46394**
Amount of Each Disbursement this Period
3104.54

Memo Item

Full Name (Last, First, Middle Initial)

C. RallyPay

Mailing Address 995 Market Street
Floor 2

City San Francisco State CA Zip Code 94103

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

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

003
Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2021

FEC Identification Number

C
Transaction ID : **SB21B-46394**
Amount of Each Disbursement this Period
3436.11

Memo Item

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

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

9360.68

**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

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

Full Name (Last, First, Middle Initial)

A. RallyPay

Mailing Address 995 Market Street
Floor 2

City San Francisco State CA Zip Code 94103

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

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 30 / 2021

FEC Identification Number

C
Transaction ID : SB21B-46395
Amount of Each Disbursement this Period
 2088.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Unbounce

Mailing Address 401 West Georgia Street

City Vancouver State ZZ Zip Code V6B5A1

Purpose of Disbursement
Website landing page

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 18 / 2021

FEC Identification Number

C
Transaction ID : SB21B-47836
Amount of Each Disbursement this Period
 127.20

Memo Item This disbursement was paid out of
STEPHANIE MASTROIANNI
personal account

Full Name (Last, First, Middle Initial)

C. Unbounce

Mailing Address 401 West Georgia Street

City Vancouver State ZZ Zip Code V6B5A1

Purpose of Disbursement
Website landing page

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 18 / 2021

FEC Identification Number

C
Transaction ID : SB21B-47836
Amount of Each Disbursement this Period
 127.20

Memo Item This disbursement was paid out of
STEPHANIE MASTROIANNI
personal account

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

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

2088.00

**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

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

Full Name (Last, First, Middle Initial)

A. Unbounce

Mailing Address 401 West Georgia Street

City Vancouver State ZZ Zip Code V6B5A1

Purpose of Disbursement Website landing page
Candidate Name
Category/Type 004

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

Date of Disbursement
MM / DD / YYYY
02 / 18 / 2021

FEC Identification Number
C
Transaction ID : SB21B-47836
Amount of Each Disbursement this Period
127.20

Memo Item This disbursement was paid out of STEPHANIE MASTROIANNI personal account

Full Name (Last, First, Middle Initial)

B. Unbounce

Mailing Address 401 West Georgia Street

City Vancouver State ZZ Zip Code V6B5A1

Purpose of Disbursement Website landing page
Candidate Name
Category/Type 004

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

Date of Disbursement
MM / DD / YYYY
03 / 18 / 2021

FEC Identification Number
C
Transaction ID : SB21B-47836
Amount of Each Disbursement this Period
127.20

Memo Item This disbursement was paid out of STEPHANIE MASTROIANNI personal account

Full Name (Last, First, Middle Initial)

C. Unbounce

Mailing Address 401 West Georgia Street

City Vancouver State ZZ Zip Code V6B5A1

Purpose of Disbursement Website landing page
Candidate Name
Category/Type 004

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

Date of Disbursement
MM / DD / YYYY
03 / 18 / 2021

FEC Identification Number
C
Transaction ID : SB21B-47836
Amount of Each Disbursement this Period
127.20

Memo Item This disbursement was paid out of STEPHANIE MASTROIANNI personal account

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

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

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)

<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

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

Full Name (Last, First, Middle Initial)

A. Unbounce

Mailing Address 401 West Georgia Street

City Vancouver State ZZ Zip Code V6B5A1

Purpose of Disbursement
Website landing page

004
Category/ Type

Candidate Name

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 18 / 2021

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-47837

Amount of Each Disbursement this Period

[REDACTED] 127.20

Memo Item This disbursement was paid out of
STEPHANIE MASTROIANNI
personal account

Full Name (Last, First, Middle Initial)

B. Unbounce

Mailing Address 401 West Georgia Street

City Vancouver State ZZ Zip Code V6B5A1

Purpose of Disbursement
Website landing page

004
Category/ Type

Candidate Name

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 19 / 2021

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-47358

Amount of Each Disbursement this Period

[REDACTED] 127.20

Memo Item

Full Name (Last, First, Middle Initial)

C. Unbounce

Mailing Address 401 West Georgia Street

City Vancouver State ZZ Zip Code V6B5A1

Purpose of Disbursement
Website landing page

004
Category/ Type

Candidate Name

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 03 / 2021

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-46381

Amount of Each Disbursement this Period

[REDACTED] 2212.05

Memo Item

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

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

2339.25
[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Unbounce

Mailing Address 401 West Georgia Street

City Vancouver State ZZ Zip Code V6B5A1

Purpose of Disbursement
Website landing page

004
Category/
Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
05 / 18 / 2021

FEC Identification Number

C

Transaction ID : SB21B-47837

Amount of Each Disbursement this Period

127.20

Memo Item This disbursement was paid out of STEPHANIE MASTROIANNI personal account

Full Name (Last, First, Middle Initial)

B. Unbounce

Mailing Address 401 West Georgia Street

City Vancouver State ZZ Zip Code V6B5A1

Purpose of Disbursement
Website landing page

004
Category/
Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
06 / 18 / 2021

FEC Identification Number

C

Transaction ID : SB21B-47837

Amount of Each Disbursement this Period

127.20

Memo Item This disbursement was paid out of STEPHANIE MASTROIANNI personal account

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

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

0.00

618899.15

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 61 OF 61
	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 13935.30		Transaction ID : SD-S337636	
Amount Incurred This Period 1221.57	Payment This Period 0.00	Outstanding Balance at Close of This Period 15156.87	

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

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

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

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

1) SUBTOTALS This Period This Page (optional)..... ▶	15156.87
2) TOTALS This Period (last page this line number only)..... ▶	15156.87
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	15156.87