PAGE 1 / 16

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For	Other Than An Auth	orized Committee	Office Use Only	
NAME OF TY COMMITTEE (in full)	PE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	
UNITED WOMEN'S HEA	LTH ALLIANCE PA	. C		
ADDRESS (number and street)	2021 L ST NW STE 101-193			
Check if different				
than previously reported. (ACC)	WASHINGTON		DC 20036 -	
2. FEC IDENTIFICATION NUMI	BER ▼ CITY	′ ▲	STATE ▲ ZIP COD	E ▲
C C00755694	3. IS		OR AMENDED (A)	
4. TYPE OF REPORT (Choose One)	Report Due On:	20 (M2) May 20		Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:		20 (M3) Jun 20 (Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report (Q1)		0 (M4) Jul 20 (I		Jan 31 (YE)
July 15 Quarterly Report (Q2)	(c) 12-Day PRE-Election	Primary (12P)		Runoff (12R)
October 15 Quarterly Report (Q3)	Report for the:	Convention (12C)	Special (12S)	
January 31 Year-End Report (YE)	Election	on M M / D D	in the State of	
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R)	Special (30S)
Termination Report (TER)	Election	on M M / D D	in the State of	
5. Covering Period 11	24 2020		2 31 2020	
I certify that I have examined this F	Report and to the best of r		is true, correct and complete.	
Type or Print Name of Treasurer	·			
Signature of Treasurer MASTRO	OIANNI, STEPHANIE, , ,	[Electronically Filed]	Date 09 / 19 / Y	2022
NOTE: Submission of false, erroneou	s, or incomplete information	may subject the person sign	ing this Report to the penalties of 52 L	J.S.C. § 30109
Office Use Only			FEC FORM	

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016) Page 2

Write or Type Committee Name

UNITED WOMEN'S HEALTH ALLIANCE PAC

11 24 2020 12 31 2020 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 0.00 January 1, 2020 (b) Cash on Hand at 11653.76 Beginning of Reporting Period..... 45922.00 83440.35 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 83440.35 57575.76 6(a) and 6(c) for Column B)..... 34719.49 60584.08 7. Total Disbursements (from Line 31)......

 Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....



22856.27

	_	_		_	-		0.00) _	
-	-	7	-	7	-	-	-50	-	

 Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....

			T			13935.30	
_	-	-7-		-	-7-	1 75	

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

2020 31 2020 12 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 0.00 7856.36 (i) Itemized (use Schedule A)..... 45922.00 75583.99 (ii) Unitemized (iii) TOTAL (add 83440.35 45922.00 Lines 11(a)(i) and (ii).....▶ 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 83440.35 45922.00 Totals to Line 33, page 5)▶ 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees..... 0.00 0.00 13. All Loans Received..... 0.00 0.00 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... 0.00 0.00 17. Other Federal Receipts 0.00 (Dividends, Interest, etc.)..... 0.00 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3)..... 0.00 0.00 (b) Levin Funds (from Schedule H5) (c) Total Transfers (add 18(a) and 18(b)).. 0.00 0.00 19. Total Receipts (add Lines 11(d), 83440.35 12, 13, 14, 15, 16, 17, and 18(c))....... 45922.00 20. Total Federal Receipts 45922.00 83440.35 (subtract Line 18(c) from Line 19)▶

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date			
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Jaistina. Tour to Butt			
(i) Federal Share	0.00	0.00			
(ii) Non-Federal Share	0.00	0.00			
(b) Other Federal Operating	4 4 4 4				
Expenditures	34609.49	60454.08			
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	34609.49	60454.08			
Transfers to Affiliated/Other Party Committees	0.00	0.00			
Contributions to Federal Candidates/Committees	0.00	0.00			
and Other Political Committees	0.00	0.00			
Independent Expenditures (use Schedule E)	0.00	0.00			
Coordinated Party Expenditures (52 U.S.C. § 30116(d))	4 4 4				
(use Schedule F)	0.00	0.00			
Loan Repayments Made	0.00	0.00			
Loans Made	0.00	0.00			
Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	110.00	130.00			
	110:00	130.00			
(b) Political Party Committees	0.00	0.00			
(such as PACs)	0.00	0.00			
(d) Total Contribution Refunds					
(add Lines 28(a), (b), and (c))	110.00	130.00			
Other Disbursements (Including					
Non-Federal Donations)	0.00	0.00			
Federal Election Activity (52 U.S.C. § 30101((a) Allocated Federal Election Activity (from Schedule H6)	20))				
(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	^^^			
(c) Total Federal Election Activity (add	0.00	0.00			
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00			
Total Disbursements (add Lines 21(c), 22,					
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	34719.49	60584.08			
Total Federal Disbursements					
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	24710 40				
	34719.49	60584.08			

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

		3
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)	45922.00	83440.35
34. Total Contribution Refunds (from Line 28(d))	110.00	130.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	45812.00	83310.35
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	34609.49	60454.08
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	34609.49	60454.08

: 97 A = G7 9 @ G5 B9 CI G'H9 LHF9 @ 5 H98 'HC '5 F9 DCF Hz G7 < 98 I @ 'CF' + H9 A = N5 H+CB

Form/Schedule: F3XA Transaction ID:

The purpose of Amendment 1 is to correct an issue recently discovered with the RallyPay reports, regarding refunds and chargebacks. The caging company isn't being notified of the donors that were refunded/charged back through RallyPay, resulting in donors being reported that should not have been. This series of amendments will remove those donors, and recalculate Schedule A's, and adjust the closing balance accordingly.

Form/Schedule: Transaction ID:

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

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

F	OR	LINE	NU	MBER	:	PAGE	7	OF	16
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		13		14		15	16	,	17

/ Fu	INITED WOMEN'S HEALTH AL			
_	Mastroianni, Stephanie, , , ailing Address 2021 L St NW Ste 101-193			Date of Receipt
_	ty /ashington EC ID number of contributing	State DC	Zip Code 20036	Transaction ID : SA11AI-22292317 Amount of Each Receipt this Period 436.05
Na Ur	deral political committee. ame of Employer (for Individual) nited Women's Health Assoc. seceipt For: Primary General Other (specify)	Presid	pation (for Individual) dent /ear-to-Date ▼ 6078.94	Memo Item Fund Advance for various monthly services, see
B. <u>N</u>	III Name of Individual (Last, First, Middle Initi Mastroianni, Stephanie, , , ailing Address 2021 L St NW Ste 101-193		ganization Name	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FE	ty Sashington EC ID number of contributing deral political committee.	State DC	Amount of Each Receipt this Period 425.00	
Ur	ame of Employer (for Individual) hited Women's Health Assoc. eceipt For: Primary General Other (specify)	Presid	pation (for Individual) dent fear-to-Date ▼ 6078.94	Memo Item Advance for Additional disbursements, see SD
C	III Name of Individual (Last, First, Middle Initialing Address	Date of Receipt		
	EC ID number of contributing deral political committee.	State	Zip Code	Amount of Each Receipt this Period
	eceipt For: Primary General Other (specify)		oation (for Individual)	Memo Item

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S	CHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 8 OF 16						
	EMIZED DISBURSEMENTS		arate schedule(s)	(check on	NOMBER.					
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\setminus	NAME OF COMMITTEE (In Full)									
$ \rangle$	UNITED WOMEN'S HEALTH ALL	IANCE F	PAC							
_	Full Name (Last, First, Middle Initial)				8 . (8)					
Α.	Canva				Date of Disbursement					
	Mailing Address 268 Devonshire Street Surry Hills NSW 2010				11 27 2020					
	City	State	Zip Code		FEC Identification Number					
	Australia Purpose of Disbursement	ZZ	ZZZZZ							
	Graphics/Images			001	C					
	Candidate Name		Transaction ID : SB21B-39251 Amount of Each Disbursement this Period							
				Category/ Type						
		ment For:			119.40					
	Senate President	Primary Other (spec	General							
	State: District:	✗ Memo Item								
_	Full Name (Last, First, Middle Initial)									
В.	EagleBank				Date of Disbursement					
	Mailing Address 7815 Woodmont ave				12 14 2020					
	City									
	Bethesda	FEC Identification Number								
	Purpose of Disbursement Bank analysis fee			004	Transaction ID : SB21B-39716 Amount of Each Disbursement this Period					
	Candidate Name			001						
				Category/ Type	Amount of Each Disbursement this Period					
	Office Sought: House Disburse	ment For:	I.		131.54					
	Senate	Primary	General							
	President State: District:	Other (spec	city)		Memo Item					
_	Full Name (Last, First, Middle Initial)									
C.	Google Gsuite				Date of Disbursement					
	Moiling Address 4000 Assability - Di				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
	Mailing Address 1600 Amphitheatre Pkwy				12 02 2020					
	City	State	Zip Code		FEC Identification Number					
	Mountain View Purpose of Disbursement	CA	94043							
	Email Services			001	C					
	Candidate Name	Transaction ID: SB21B-39252 Amount of Each Disbursement this Period								
	Office Sought: House Disburse Senate	ment For:	General		26.07					
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NAME OF COMMITTEE (In Full)											
igrap UNITED WOMEN'S HEALTH ALLI.	ANCE P	AC									
Full Name (Last, First, Middle Initial)											
A. LIVE TRANSFERS AND DONOR (CREATION	ON LLC			Date of	Disburse	ement				
M. W. A.L. 4007 David de La comp					м м м 12	/ D)1 Y	2020	7		
Mailing Address 1607 Ponce de Leon ave Suite GM8	Suite GM8							2020	_		
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Purpose of Disbursement Telephone fundraising			003		С						
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B. LIVE TRANSFERS AND DONOR (Date of	Disburse	ement							
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Suite GM8		,Z			2020	_					
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SI LIVE TRANSPERS AND DONOR (NEATI	JIN LLC			Date of Disbursement						
Mailing Address 1607 Ponce de Leon ave					12		0	2020			
Suite GM8 City S	State	Zip Code									
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SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 10 OF 1						
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NAME OF COMMITTEE (In Full)								
DUNITED WOMEN'S HEALTH ALLI	ANCE PAC							
Full Name (Last, First, Middle Initial)								
A. LIVE TRANSFERS AND DONOR	CREATION LLC		Date of Disbursement					
Mailing Address 1607 Ponce de Leon ave Suite GM8		12 18 2020						
City SAN JUAN	State Zip Code PR 00909		FEC Identification Number					
Purpose of Disbursement	00000		C					
Telephone fundraising		003	Transaction ID : SB21B-39717					
Candidate Name		Category/ Type	Amount of Each Disbursement this Period					
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Senate President	Primary General Gener	al	Memo Item					
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Full Name (Last, First, Middle Initial)								
B. LIVE TRANSFERS AND DONOR		Date of Disbursement						
Mailing Address 1607 Ponce de Leon ave Suite GM8			12 31 2020					
City SAN JUAN	State Zip Code PR 00909		FEC Identification Number					
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President	Other (specify)		Memo Item					
State: District:			Metrio ifetti					
Full Name (Last, First, Middle Initial) C. North American Marketing Solution	ns Inc		Date of Disbursement					
Mailing Address 3245 N 126th St			11 30 2020					
Brookfield	State Zip Code WI 53005		FEC Identification Number					
Purpose of Disbursement Mailers			C					
Candidate Name		Category/	Transaction ID : SB21B-39669 Amount of Each Disbursement this Period					
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President		Memo Item						
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SCHEDULE B (FEC Form 3X)	·		FOR LINE NUMBER: PAGE 11 OF					16	
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A. North American Marketing Solution	s Inc				Date of	Disburse	ement		
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Mailing Address 3245 N 126th St					12	C)1	2020	1
City	State	Zip Code				ontification	n Number		
Brookfield	WI 53005					entincatio	n Number		
Purpose of Disbursement PNC Bank fee/			001		C				
Candidate Name			001	_			ID : SB211		
			Categor Type	y/	Amount	of Each	Disbursem	ent this Per	10a
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Senate	Primary	General				,	,		
State: District:	Other (spec	city) 🔻			Me	mo Item			
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SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 12 OF 1						
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NAME OF COMMITTEE (In Full)									
$\Big \Big>$ UNITED WOMEN'S HEALTH ALL	IANCE PA	vC							
Full Name (Last, First, Middle Initial)									
A. North American Marketing Solution	ns Inc			Date of Di	sbursement				
Mailing Address 3245 N 126th St				12	10 / 2020				
City	Zip Code		FEC Identi	ntification Number					
Brookfield Purpose of Disbursement	WI	53005							
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	ment For:				400.00				
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B. North American Marketing Solution	ns Inc			Date of Di	sbursement				
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Mailing Address 3245 N 126th St				12 15 2020					
City	State WI	Zip Code		FEC Identi	fication Number				
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C. North American Marketing Solution	ns Inc				sbursement				
Mailing Address 3245 N 126th St				12 / D D / Y Y Y Y Y Y Z 22 2020					
City		Zip Code		FEC Identi	fication Number				
Brookfield Purpose of Disbursement	WI	53005							
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	ment For:	¬ - ·		900.00					
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<u></u>	Full Name (Last, First, Middle Initial)														
A.	North American Marketing Solutions Inc						Date of Disbursement								
							12 29 2020								
	Mailing Address 3245 N 126th St							-	29)	-	2020	_		
	City State Zip Code							FEC Identification Number							
	Brookfield	WI	WI 53005						loation	Ttaini	DO1				
	Purpose of Disbursement Mailers and Caging 003														
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	President State: District:	Other (spe	cify) ▼				Memo Item								
_	Full Name (Last, First, Middle Initial)														
В.	PACSmart Filing Services						Date o	f Dis	burser	ment					
	1 Additiant I ming dervices						Date of Disbursement								
	Mailing Address 1013 Centre Rd. Suite 403-A						12 10 2020								
	City State Zip Code						FEC Identification Number								
	Wilmington DE 19805 Purpose of Disbursement							Transaction ID : SB21B-39716 Amount of Each Disbursement this Period							
	FEC Compliance Reporting 001														
	Candidate Name Category/														
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SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 14 OF 16								
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC Full Name (Last, First, Middle Initial) A. RallyPay Mailing Address 995 Market Street Floor 2 City San Franciso Purpose of Disbursement Combined "off the top" CC Transaction fees Dec Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Memo Item Memo Item	SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 15 OF 16										
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SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 16 OF
FOR LINE NUMBER:
(check only one)

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16

NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Advance for various legal, administrative Mastroianni, Stephanie, , , Mailing Address 2021 L St NW Ste 101-193 State Zip Code Washington DC 20036 Transaction ID: SD-S220304 Outstanding Balance Beginning This Period 13074.25 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 13935.30 861.05 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address City State Zip Code Outstanding Balance Beginning This Period Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address City State Zip Code Outstanding Balance Beginning This Period Outstanding Balance at Close of This Period Payment This Period Amount Incurred This Period 13935.30 1) SUBTOTALS This Period This Page (optional)..... 13935.30 2) TOTALS This Period (last page this line number only)..... 0.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 13935.30 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶