PAGE 1 / 17

## FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

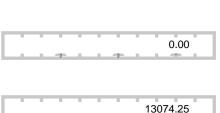
FORIWI 3X	For Other Than An Aut	thorized Committee	Office Use Only
NAME OF     COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
UNITED WOMEN'S	HEALTH ALLIANCE P	PAC	
ADDRESS (number and street)	2021 L ST NW STE 101-19	3	
Check if different than previously reported. (ACC)	Washington		DC 20036 -
2. <b>FEC IDENTIFICATION</b>	NUMBER ▼ CI	TY▲	STATE ▲ ZIP CODE ▲
C C00755694		S THIS NEW (N) OR	AMENDED (A)
4. TYPE OF REPORT (Choose One)  (a) Quarterly Reports:  April 15	Report Due On: Mai	o 20 (M2) May 20 (M5) r 20 (M3) Jun 20 (M6) r 20 (M4) Jul 20 (M7)	) Sep 20 (M9) Dec 20 (M12 (Non-Election Year Only)  Sep 70 (M9) Pec 20 (M12 (Non-Election Year Only)
Quarterly Report July 15 Quarterly Report October 15 Quarterly Report January 31	t (Q2)  (C) 12-Day  PRE-Election  Report for the:	Primary (12P)  Convention (12C)	General (12G) Runoff (12R)  Special (12S)  in the
Year-End Report July 31 Mid-Yea Report (Non-elee Year Only) (MY) Termination Rep (TER)	r (d) 30-Day POST-Election Report for the:	General (30G)	State of  Runoff (30R)  Special (30S)  in the
5. Covering Period	10 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		2020 State of ZZ  // Paragraphy / Paragraphy
I certify that I have examined Type or Print Name of Treas	MÄSTROIANN, STEPHAN	f my knowledge and belief it is allE,,,,	rue, correct and complete.
Signature of Treasurer	IASTROIANN, STEPHANIE, , ,	[Electronically Filed]	Date 12 03 2020
NOTE: Submission of false, en	roneous, or incomplete information	on may subject the person signing	this Report to the penalties of 52 U.S.C. § 301
Office Use			FEC FORM 3X Rev. 05/2016

**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 10 01 2020 11 23 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 1255.00 Beginning of Reporting Period..... 28561.99 37743.35 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 37743.35 29816.99 6(a) and 6(c) for Column B)..... 17938.23 25864.59 7. Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 11878.76 11878.76 (subtract Line 7 from Line 6(d)).....

Debts and Obligations Owed TO the Committee (Itemize all on

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

Schedule C and/or Schedule D) .....



For further information contact:

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

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

tions (other than loans) From: viduals/Persons Other n Political Committees Itemized (use Schedule A)  Unitemized  TOTAL (add Lines 11(a)(i) and (ii)  tical Party Committees er Political Committees ch as PACs) Il Contributions (add Lines	0.00 28561.99 28561.99 0.00 0.00	7856.36 29886.99 37743.35
viduals/Persons Other n Political Committees Itemized (use Schedule A)  Unitemized  TOTAL (add Lines 11(a)(i) and (ii)  tical Party Committees er Political Committees eth as PACs)	28561.99 28561.99 0.00	29886.99 37743.35
n Political Committees Itemized (use Schedule A)  Unitemized  TOTAL (add Lines 11(a)(i) and (ii)  tical Party Committees er Political Committees eth as PACs)	28561.99 28561.99 0.00	29886.99 37743.35
Unitemized (use Schedule A)  Unitemized  TOTAL (add Lines 11(a)(i) and (ii)  tical Party Committees er Political Committees ch as PACs)	28561.99 28561.99 0.00	29886.99 37743.35
TOTAL (add Lines 11(a)(i) and (ii)  tical Party Committees er Political Committees th as PACs)	28561.99	37743.35
TOTAL (add Lines 11(a)(i) and (ii)  tical Party Committees er Political Committees th as PACs)	28561.99	37743.35
Lines 11(a)(i) and (ii)  tical Party Committees er Political Committees th as PACs)	0.00	
tical Party Committeeser Political Committees	0.00	
er Political Committees th as PACs)	75 1 75 1	0.00
er Political Committees th as PACs)	75 1 75 1	0.00
ch as PACs)	0.00	
	0.00	0.00
a contabutions (add cilles	4	7 7 7
a)(iii), (b), and (c)) (Carry		
uls to Line 33, page 5)	28561.99	37743.35
s From Affiliated/Other		
	0.00	0.00
-	4 4 4	4 4
s Received	0.00	0.00
normanta Descind	0.00	0.00
	0.00	0.00
· · · · · · · · · · · · · · · · · · ·	0.00	0.00
	4	45 45 45
-	0.00	0.00
	4 4	4 4
	0.00	0.00
s from Non-Federal and Levin Funds	4	4 4
Federal Account		
m Schedule H3)	0.00	0.00
Funds (from Schedule H5)	0.00	0.00
Transfers (add 18(a) and 18(b))	0.00	0.00
	s Received	s Received

### **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		Jaionaa Tour-to-Date		
Activity (from Schedule H4)				
(i) Federal Share	0.00	0.00		
(ii) Non-Federal Share	0.00	0.00		
(b) Other Federal Operating		0504450		
Expenditures	17918.23	25844.59		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	17918.23	25844.59		
Transfers to Affiliated/Other Party	17010.20			
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	4 4	7 7		
(52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00		
<u> </u>	4 4	45 45 45		
Loan Repayments Made	0.00	0.00		
		0.00		
Loans Made Refunds of Contributions To:	0.00	0.00		
(a) Individuals/Persons Other Than Political Committees	20.00	20.00		
man i onical committees	20.00	20.00		
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees	4 4	7 7		
(such as PACs)	0.00	0.00		
(d) Total Contribution Refunds				
(add Lines 28(a), (b), and (c))	20.00	20.00		
Other Disbursements (Including				
Non-Federal Donations)	0.00	0.00		
Federal Election Activity (52 U.S.C. § 30101(20)	)			
(a) Allocated Federal Election Activity	)			
(from Schedule H6)				
(i) Federal Share	0.00	0.00		
<u> </u>				
(ii) "Levin" Share	0.00	0.00		
(b) Federal Election Activity Paid				
Entirely With Federal Funds	0.00	0.00		
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00		
22 22(-)(-), 22(-)(-), 3.12 23(2))	0.00	0.00		
Total Disbursements (add Lines 21(c), 22,				
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	17938.23	25864.59		
L	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	25557.00		
Total Federal Disbursements				
(subtract Line 21(a)(ii) and Line 30(a)(ii)				
from Line 31)	17938.23	25864.59		

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

III. Net Contributions/

**Operating Expenditures** 

(from Line 11(d), page 3) .....

(from Line 28(d)).....

(subtract Line 34 from Line 33) .....

(add Line 21(a)(i) and Line 21(b)) .......▶

(from Line 15, page 3).....

(subtract Line 37 from Line 36) ......

33. Total Contributions (other than loans)

35. Net Contributions (other than loans)

36. Total Federal Operating Expenditures

37. Offsets to Operating Expenditures

38. Net Operating Expenditures

34. Total Contribution Refunds

Page 5 **COLUMN A** COLUMN B **Total This Period** Calendar Year-to-Date 28561.99 37743.35 20.00 20.00 28541.99 37723.35 17918.23 25844.59 0.00 0.00 17918.23 25844.59

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

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

FOR LINE NUMBER:				PAGE	6	OF		17			
(check only one)											
	X	11a		11b		11c	12	!			
		13		14		15	16	;		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)		<b>-</b>					
$\Big angle$ UNITED WOMEN'S HEALT	H ALLIANCE	PAC					
Full Name of Individual (Last, First, Mide Mastroianni, Stephanie, , ,	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mastroianni, Stephanie, , ,						
Mailing Address 2021 L St NW Ste 101-	Mailing Address 2021 L St NW Ste 101-193						
City	State	Zip Code	Transaction ID : SA11AI-18743604				
Washington	DC	20036	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		5217.89				
Name of Employer (for Individual) United Women's Health Assoc.		pation (for Individual) ident	Memo Item  Fund Advance for various legal, administrative and				
Receipt For:	Aggregate `	Year-to-Date ▼	operating expenses				
Primary General Other (specify) ▼		5217.89	PAC Disbursements paid from personal bank acc				
Full Name of Individual (Last, First, Mide	dle Initial) or Full Or	ganization Name	Date of Receipt				
Mailing Address			M = M / D = D / Y = Y = Y				
City	City State Zip Code						
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period				
Name of Employer (for Individual)	Occu	upation (for Individual)	Memo Item				
Receipt For:  Primary General  Other (specify) ▼	Aggregate \	Year-to-Date ▼					
Full Name of Individual (Last, First, Mide	dle Initial) or Full Or	ganization Name	Date of Receipt				
Mailing Address			M M / D D / Y Y Y Y				
City	State	Zip Code	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С						
Name of Employer (for Individual)	Occu	pation (for Individual)	Memo Item				
Receipt For: Primary General Other (specify)	Aggregate \	Year-to-Date ▼					
SUBTOTAL of Receipts This Page (option	nal)		0.00				
TOTAL This Period (last page this line nu	<u> </u>		0.00				

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE (check only 21b 28a	22 23 26 27		
Any information copied from such Reports and States or for commercial purposes, other than using the nar		by any perso	on for the purpose of soliciting contributions		
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALL	IANCE PAC				
Full Name (Last, First, Middle Initial)  A. Blank Rome LLP			Date of Disbursement		
Mailing Address 1825 Eye Street NW			10 01 2020		
City Washington Purpose of Disbursement	State Zip Code DC 20006		FEC Identification Number		
Legal Candidate Name	[	001 Category/	Transaction ID : SB21B-34441 Amount of Each Disbursement this Period		
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼	Type	Paid from Stephanie's personal  Memo Item funds (Paid from TD Bank acco		
State: District:			as a wire)		
Full Name (Last, First, Middle Initial)  B. Blank Rome LLP  Mailing Address 1825 Eye Street NW			Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Washington	State Zip Code 20006		FEC Identification Number		
Purpose of Disbursement Legal Candidate Name	[	001 Category/	Transaction ID : SB21B-34443 Amount of Each Disbursement this Period		
Senate President	ment For: Primary General Other (specify)	Type	2829.50 Memo Item		
State: District:  Full Name (Last, First, Middle Initial)  CSF Corporation			Date of Disbursement		
Mailing Address 285 Davidson Avenue			11 23 2020		
City Somerset Purpose of Disbursement	State Zip Code NJ 08873		FEC Identification Number		
800 Telephone numbers  Candidate Name	[	001 Category/ Type	Transaction ID : SB21B-34441 Amount of Each Disbursement this Period		
Office Sought:    House   Disburse     Senate   President     State: District:	ment For: Primary General Other (specify) ▼	туре	109.90  Disbursement paid from Stephanie's personal funds. No refunded. (carried on Schedule		
SUBTOTAL of Disbursements This Page (optional)			2829.50		
TOTAL This Period (last page this line number only	)	·····•			

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							DACE 0 OF 17			
	SCHEDULE B (FEC Form 3X)		Use sena	I llos concrete cobodulo(s)		FOR LINE NUMBER: PAGE 8 OF 17 (check only one)				
EMIZED DISBURSEMENTS			for each category of the		/ one) -					
				Detailed	Summary Page	<b>X</b> 21b 28a	28b 28c 29 30b			
							son for the purpose of soliciting contributions o solicit contributions from such committee.			
			any the na	and addi	ess of any point	car committee t	o solicit continutions from such committee.			
\		IITTEE (In Full)	<del>-</del>							
/ UNI	LED MO	DMEN'S HEAL	TH ALL	LIANCE F	PAC					
E. II NI-	(1 1	Eliza Milatalla Izabia IV					ı			
		First, Middle Initial)					Date of Disbursement			
· CSF	Corpor	alion								
Mailing	Address 2	285 Davidson Avenue					11 23 2020			
Maiiiig	, /\ddi 000 2	oo Bariadon Avonad								
City				State	Zip Code		FEC Identification Number			
Somers				NJ	08873		FEC Identification Number			
	e of Disbu			•						
	elephone n	umbers				001	Transaction ID : SB21B-34441			
Candid	late Name			<u> </u>		Category/	Amount of Each Disbursement this Period			
	_					Type	10000			
Office	Sought:	House	Disburs	ement For:			109.90			
		Senate		Primary	General		Disbursement paid from			
Ctoto:		President		Other (spec	ony) ▼		Memo Item Stephanie's personal funds. I			
State:		District:					refunded. (carried on Schedu			
		First, Middle Initial)					Data of Bishamanan			
- Goo	gle Gsu	ııte					Date of Disbursement			
Mailina	. A al al						M M / D D / Y Y Y Y			
Mailing	Address	1600 Amphitheatre Pk	wy				10 02 2020			
City				State	Zip Code					
•	ain View			CA	94043		FEC Identification Number			
	e of Disbu	rsement					C			
Email	Services					001	Transaction ID : SB21B-34447			
Candid	late Name					Category/	Amount of Each Disbursement this Period			
						Type				
Office :	Sought:	House	Disburse	ement For:			26.07			
		Senate		Primary	General		Disbursement paid from Step			
<b>.</b> .		President		Other (spec	cify)		Memo Item personal funds. Not yet refun (carried on Schedule D)			
State:		District:					(carried on Schedule D)			
		First, Middle Initial)								
- Goo	gle Gsu	ite					Date of Disbursement			
NA - III	A -1 -1						M M / D D / Y Y Y Y			
Mailing	Address 1	1600 Amphitheatre Pk	Ny				11 01 2020			
City				State	Zip Code					
•	ain View			CA	94043		FEC Identification Number			
	e of Disbu	rsement		1	1 2 1 2		C			
Email	Services					001	Transaction ID : SB21B-34447			
Candid	late Name					Category/	Amount of Each Disbursement this Period			
						Type				
Office :	Sought:	House	Disburs	ement For:	l		26.07			
		Senate		Primary	General		Disbursement paid from			
		President		Other (spec	cify) ▼		Memo Item Stephanie's personal funds.			
State:		District:					refunded. (carried on Schedu			
		_		_						

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 OF 17 (check only one)    X   21b
	ne and address of any political	d by any person for the purpose of soliciting contributions I committee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  Grasshopper  Mailing Address 320 Summer St		Date of Disbursement  10 17 2020
Boston Purpose of Disbursement	State Zip Code MA 02210	FEC Identification Number
Telephone Service  Candidate Name  Office Sought: House Disburser		O01  Category/ Type  Transaction ID : SB21B-34441  Amount of Each Disbursement this Period  120.83
Senate President  State: District:	Primary General Other (specify) ▼	Disbursement paid from Stephanie's personal funds. No refunded. (carried on Schedule
Full Name (Last, First, Middle Initial)  Grasshopper  Mailing Address 320 Summer St		Date of Disbursement  11 17 2020
City  Boston  Purpose of Disbursement  Telephone Service  Candidate Name	State Zip Code MA 02210	FEC Identification Number  C  Oo1  Category/ Type  FEC Identification Number  C  Transaction ID : SB21B-34441  Amount of Each Disbursement this Period
Office Sought:    House   Disburser	nent For: Primary General Other (specify)	Disbursement paid from Stepha personal funds. Not yet refunde (carried on Schedule D)
Full Name (Last, First, Middle Initial)  LIVE TRANSFERS AND DONOR (  Mailing Address 1607 Ponce de Leon ave Suite GM8	CREATION LLC	Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	State Zip Code PR 00909	FEC Identification Number  C  O03  Transaction ID: SB21B-3444;  Amount of Each Disbursement this Period
Office Sought: House Disburser Senate President State: District:		Type 2470.00  Memo Item
SUBTOTAL of Disbursements This Page (optional)		2470.00

### S 17

SCHEDULE B (FEC Form 3X)		TOTT EINE NOMBETT.					E 10 OF 17	
ITEMIZED DISBURSEMENTS	Use sepa for each of	I ` —	k only		07			
		Summary Page	×	21b 28a	22 28b	23 28c	26	27 30b
Any information copied from such Reports and Staten	nents may r	not be sold or use	ed by any					
or for commercial purposes, other than using the nam								
NAME OF COMMITTEE (In Full)	_	_						
$ \; angle$ UNITED WOMEN'S HEALTH ALLI	ANCE P	PAC						
Full Name (Last, First, Middle Initial)								
A. LIVE TRANSFERS AND DONOR (	CREATION	ON LLC			Date of	f Disburse	ement	
1007 Passa da Lasa sur					M = M	/ D		2020
Mailing Address 1607 Ponce de Leon ave Suite GM8					10	ا ا	30	2020
	State	Zip Code			FFC Id	entificatio	n Number	
SAN JUAN	PR	00909				Ontinoatio	ii itainiboi	
Purpose of Disbursement Telephone fundraising			003		C			
Candidate Name				- 1			ID : SB21	-
			Catego Type		Amoun	t of Each	Disbursem	ent this Period
Office Sought: House Disbursen	nent For:						1 75	2470.00
	Primary	General				,		
President State: District:	Other (spec	city) 🔻			Me	mo Item		
Full Name (Last, First, Middle Initial)								
B. LIVE TRANSFERS AND DONOR	CREATI	ON LLC			Date of	f Disburse	ement	
					M = M	/ D	D / Y	YYYY
Mailing Address 1607 Ponce de Leon ave Suite GM8					11		)2	2020
City SAN JUAN	State PR	Zip Code 00909			FEC Id	entificatio	n Number	
Purpose of Disbursement		00909		_	С			
Telephone fundraising			003			nsaction	ID : SB21	B-34443
Candidate Name			Catego					ent this Period
Office Sought: House Disbursen	nent For:		Туре					10.00
	Primary	General				7	7	1141
President	Other (spec	cify)			Me	mo Item		
State: District:					П			
Full Name (Last, First, Middle Initial)  C. LIVE TRANSFERS AND DONOR (	^DE∧TI				Date o	f Disburse	ement	
S. LIVE TRANSPERS AND DONOR (	SKEATI	ON LLC			M M	/ D		YYY
Mailing Address 1607 Ponce de Leon ave					11		5	2020
Suite GM8	State	Zin Codo						
City SAN JUAN	PR	Zip Code 00909			FEC Id	entificatio	n Number	
Purpose of Disbursement Telephone fundraising				$\neg$	С			
Candidate Name			003			ansaction	ID : SB21	B-34443
Candidate Name			Catego Type		Amoun	t of Each	Disbursem	ent this Period
Office Sought: House Disbursen	nent For:		.,,,,					2489.38
	Primary	General				7		
President District:	Other (spec	cify) 🔻			Me	mo Item		
State: District:					_			
SUBTOTAL of Disbursements This Page (optional)								4969.38
			*******		_			1 1 1
TOTAL This Period (last page this line number only)								

### S П

CHEDULE B (FEC Form 3X) FEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(check only	· _ ·		
	Detailed Summary Page	28a	28b 28c 29 30b		
any information copied from such Reports and Statem r for commercial purposes, other than using the nam					
NAME OF COMMITTEE (In Full)	and address of any pen	ilour dominition to	y colon communication from cash communication		
UNITED WOMEN'S HEALTH ALLIA	ANCE PAC				
Full Name (Last, First, Middle Initial)  LIVE TRANSFERS AND DONOR (	CREATION LLC		Date of Disbursement		
Mailing Address 1607 Ponce de Leon ave Suite GM8			11 13 2020		
SAN JUAN	State Zip Code PR 00909		FEC Identification Number		
Purpose of Disbursement Telephone fundraising		003	C		
Candidate Name		Category/	Transaction ID: SB21B-34443 Amount of Each Disbursement this Period		
Office Sought: House Disbursem	nent For:	Туре	3588.39		
	Primary General		7 7 7		
State: President State:	Other (specify) ▼		Memo Item		
Full Name (Last, First, Middle Initial)					
LIVE TRANSFERS AND DONOR (	CREATION LLC		Date of Disbursement		
Mailing Address 1607 Ponce de Leon ave Suite GM8			11 16 2020		
,	State Zip Code PR 00909		FEC Identification Number		
Purpose of Disbursement Telephone fundraising	1		С		
Candidate Name		003 Category/ Type	Transaction ID : SB21B-34444 Amount of Each Disbursement this Period		
Office Sought: House Disbursem	nent For:  Primary General	1,950	500.00		
	Other (specify)		Memo Item		
Full Name (Last, First, Middle Initial)  Mailchimp			Date of Disbursement		
Mailing Address 675 Ponce De Leon Ave NE #5000			10		
,	State Zip Code GA 30308		FEC Identification Number		
Purpose of Disbursement Email Campaign		003	C Transaction ID : SB21B-34447		
Candidate Name		Category/ Type	Amount of Each Disbursement this Period		
Office Sought: House Disbursem	nent For:	1 .76.2	37.09		
President	Primary General Other (specify) ▼		Disbursement paid from Stephanie's personal funds. No refunded. (carried on Schedule		
State: District:			Totalided. (Carried on Ochedule		
SUBTOTAL of Disbursements This Page (optional)		<b>&gt;</b>	4088.39		
TOTAL This Period (last page this line number only).					

SCHEDULE B (FEC Form 3X)				
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 28a	one) 22 23 26 27 28b 28c 29 30b	
Any information copied from such Reports and State or for commercial purposes, other than using the nar		by any perso	on for the purpose of soliciting contributions	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALL			Solicit Contributions from Such Soliminace.	
Full Name (Last, First, Middle Initial)  A. Mailchimp			Date of Disbursement	
Mailing Address 675 Ponce De Leon Ave NE #5000	)		11 17 2020	
City Atlanta	State Zip Code GA 30308		FEC Identification Number	
Purpose of Disbursement Email Campaign		003	C Transaction ID : SB21B-34447	
Candidate Name  Office Sought: House Disburse	ment For:	Category/ Type	Amount of Each Disbursement this Period 37.09	
Senate President	Primary General Other (specify) ▼		Disbursement paid from  Memo Item Stephanie's personal funds. Not ye	
State: District: Full Name (Last, First, Middle Initial)			refunded. (carried on Schedule D)	
3. Nextivia				
Mailing Address 8800 E Chaparral Rd #300	10 19 2020			
Scottsdale	State Zip Code AZ 85250		FEC Identification Number	
Purpose of Disbursement Telephone Service Candidate Name	[	003 Category/ Type	Transaction ID : SB21B-34447 Amount of Each Disbursement this Period	
Office Sought:  House Senate President State: District:	ment For: Primary General Other (specify)	1,500	Disbursement paid from Stephani personal funds. Not yet refunded. (carried on Schedule D)	
Full Name (Last, First, Middle Initial)  C. Nextivia			Date of Disbursement	
Mailing Address 8800 E Chaparral Rd #300			11 / 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Scottsdale	State Zip Code AZ 85250		FEC Identification Number	
Purpose of Disbursement Telephone Service Candidate Name	[	003	Transaction ID : SB21B-34447	
	ment For: Primary General Other (specify)	Category/ Type	Amount of Each Disbursement this Period  33.59  Disbursement paid from Stephanie's personal funds. Not y refunded. (carried on Schedule D)	
SUBTOTAL of Disbursements This Page (optional)			0.00	
TOTAL This Period (last page this line number only	)			

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SCHEDULE B (FEC Form 3X)						
ITEMIZED DISBURSEMENTS	Use separate schedule(s	(check only	NOMBER:			
	for each category of the Detailed Summary Page	21b	22 23 26 27			
	Dotailou Outilifiary i age	28a	28b 28c 29 30b			
Any information copied from such Reports and Statem or for commercial purposes, other than using the name						
NAME OF COMMITTEE (In Full)	· '					
$\left  ight>$ UNITED WOMEN'S HEALTH ALLI.	ANCE PAC					
Full Name (Last, First, Middle Initial)						
A. North American Marketing Solution	s Inc		Date of Disbursement			
Mailing Address 3245 N 126th St			10 14 2020			
,	State Zip Code		FEC Identification Number			
Brookfield Purpose of Disbursement	WI 53005		0			
Mailers		003	C			
Candidate Name			Transaction ID: SB21B-34442 Amount of Each Disbursement this Period			
		Category/ Type				
Office Sought: House Disbursen	nent For:	·	500.00			
	Primary General					
State: District:	Other (specify) ▼		Memo Item			
Full Name (Last, First, Middle Initial)						
B. North American Marketing Solution	ns Inc		Date of Disbursement			
			M - M / D - D / Y - Y - Y			
Mailing Address 3245 N 126th St			10 19 2020			
,	State Zip Code		FEC Identification Number			
Brookfield Purpose of Disbursement	WI 53005					
Mailers		003	C Specifical ID - ODDAD 04440			
Candidate Name		Category/	Transaction ID: SB21B-34442 Amount of Each Disbursement this Period			
		Type				
Office Sought: House Disbursen			500.00			
	Primary General Other (specify)					
State: District:	other (opeony)		Memo Item			
Full Name (Last, First, Middle Initial)						
c. North American Marketing Solution	is Inc		Date of Disbursement			
Mailing Address 3245 N 126th St			10 29 2020			
City	State Zip Code		FEC Identification Number			
Brookfield	WI 53005					
Purpose of Disbursement Mailers		002	C			
Candidate Name		003	Transaction ID : SB21B-34442			
		Category/ Type	Amount of Each Disbursement this Period			
Office Sought: House Disbursen	nent For:	71.	500.00			
	Primary General					
President	Other (specify) ▼		Memo Item			
State: District:						
SUBTOTAL of Disbursements This Page (optional)			1500.00			
CODITION OF DISDUISEMENTS THIS Page (Optional)		·····	4 4			
TOTAL This Period (last page this line number only)			1			

### S 17

SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 14				E 14 OF 17			
ITEMIZED DISBURSEMENTS				•						
		Summary Page		21b 28a	22 28b	23 28c	26	27 30b		
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NAME OF COMMITTEE (In Full)										
$ \; angle$ UNITED WOMEN'S HEALTH ALL	JANCE	PAC								
Full Name (Lost First Middle Initial)										
Full Name (Last, First, Middle Initial)  A. North American Marketing Solutions Inc						Date of Disbursement				
					M = M	/ D	D / Y	TY TY TY		
Mailing Address 3245 N 126th St					11	Ç	2	2020		
City	State	Zip Code								
Brookfield	WI	l .				FEC Identification Number				
Purpose of Disbursement Mailers				$\overline{}$	C					
			003		Transaction ID : SB21B-34442					
Candidate Name			Category Type	//	Amount of Each Disbursement this Period					
Office Sought: House Disburse	ement For:		Турс					500.00		
Senate	Primary	General				-	7	4-		
President	Other (sp	ecify) $\blacktriangledown$			Me	mo Item				
State: District:										
Full Name (Last, First, Middle Initial)  B. North American Marketing Solution	ne Inc				Date of	Disburse	ement			
North American Marketing Solutions inc					M M / D D / Y Y Y Y					
Mailing Address 3245 N 126th St						C	)2	2020		
Oth	01-1-	7:- 0-1-								
City Brookfield	State WI	Zip Code 53005			FEC Id	entificatio	n Number			
Purpose of Disbursement										
Bank Transaction Test 003						nsaction	ID : SB21E	3-34458		
Candidate Name Category/						of Each	Disbursem	ent this Period		
Office Sought:   House   Disbursement For:								10.00		
Senate Primary General							4	45		
President Other (specify)						mo Item				
State: District:										
Full Name (Last, First, Middle Initial)  C. North Amorican Marketing Solution	ne Inc				Date of	Disburse	ement			
C. North American Marketing Solutions Inc						/ D		YYY		
Mailing Address 3245 N 126th St						C	9	2020		
City	State	Zip Code								
Brookfield	WI	53005			FEC Id	entificatio	n Number			
Purpose of Disbursement Mailers					С					
Candidata Name						nsaction	ID : SB21	B-34442		
Candidate Name			Category Type	//	Amount	of Each	Disbursem	ent this Period		
Office Sought: House Disbursement For:								500.00		
Senate Primary General						7	-	- 4		
President Other (specify) ▼					Me	mo Item				
State: District:										
SUBTOTAL of Disbursements This Page (optional)								1010.00		
COLUMN TIME OF BIODATOCHICATOR THIS T age (Optional)					-		7	40		
TOTAL This Period (last page this line number only	/)									

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SCHEDULE B (FEC Form 3X)	T.,						3E 15 OF	17		
ITEMIZED DISBURSEMENTS	DIODONOLIVIEN   for each category of the   ` —			only one						
		Summary Page		21b 28a	22 28b	23 28c	26	27 30b		
Any information conicd from such Departs and Ctate	monto mov	not be cold or us								
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NAME OF COMMITTEE (In Full)										
$ \; angle$ UNITED WOMEN'S HEALTH ALL	IANCE I	PAC								
Full Name (Last, First, Middle Initial)										
A. North American Marketing Solutions Inc						Date of Disbursement				
					M I M	/ D		YYYY	1	
Mailing Address 3245 N 126th St					11	1	0	2020	_	
City	State	Zip Code		F	FEC Identification Number					
Brookfield	WI	53005								
Purpose of Disbursement Bank Transaction Test			003		C					
Candidate Name				-   -	Transaction ID : SB21B-34458					
			Category Type	'/ A	Amount of Each Disbursement this Period					
Office Sought: House Disburse	ment For:					40.1	1 25	15.00		
Senate	Primary	General				,	,			
State: District:	Other (spe	ecity) 🔻			Men	no Item				
Full Name (Last, First, Middle Initial)										
B. RallyPay				D	ate of	Disburse	ment			
				г	M M / D D / Y Y Y Y					
Mailing Address 995 Market street, Floor 2				l l	11	0	4	2020	_	
City	State	Zip Code		F	EC Ide	ntification	n Number			
San Francisco CA 94103  Purpose of Disbursement										
Chargeback Fee 001										
Candidate Name Category/							ID: SB21 Disbursen	<b>B-34455</b> nent this Pe	riod	
Type						or Edon	Diobarcon			
Office Sought: House Disburse				-	7	29.00				
Senate Primary General  President Other (specify)										
State: District: Other (specify)						no Item				
Full Name (Last, First, Middle Initial)										
C. RallyPay						Disburse	ment			
Mailing Address 995 Market street, Floor 2						11 09 2020				
Maining Addition 555 Warker Street, 1 1661 2									_	
City	State	Zip Code		F	EC Ide	ntification	n Number			
San Francisco CA 94103 Purpose of Disbursement					<u>.                                     </u>					
Chargeback Fee 001					7	onation.	ID : SB21	D 24451		
Candidate Name Category/							_	nent this Pe	riod	
Office Coughts   House			Type	г	-			20.00	$\neg$	
Office Sought: House Disbursement For: Senate Primary General						7	-	29.00	ш.	
President Other (specify) ▼					1					
State: District:					Men	no Item				
				Г	-				$\overline{}$	
SUBTOTAL of Disbursements This Page (optional).				<b>.</b>				73.00		
TOTAL This Period (last page this line number only	,								П	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	for each cat	te schedule(s) tegory of the	FOR LINE I (check only		PAGE 16 OF 17
	Detailed Sur	mmary Page	28a	28b 28c	29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the name					
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIA	ANCE PA	.C			
Full Name (Last, First, Middle Initial)  A. RallyPay	Date of Disbursement				
Mailing Address 995 Market street, Floor 2				11 23	
San Francisco	San Francisco CA 94103				
Purpose of Disbursement Combined off the top cc transaction fees	001	Transaction ID : SB21B-34455			
	Candidate Name  Category/ Type  Office Sought: House Disbursement For:				
Senate President	Primary General  Other (specify)			Memo Item	74.86
State: District:  Full Name (Last, First, Middle Initial)				Data of Dishuraar	mont
RallyPay  Mailing Address 995 Market street, Floor 2		Date of Disburser	D / Y Y Y Y		
	State Z	Zip Code		FEC Identification	
San Francisco CA 94103  Purpose of Disbursement Combined off the top CC trans fees for other account.				C	Tullison
Candidate Name	001 Category/ Type		D: SB21B-34455 Disbursement this Period		
	Primary	General	71	1.7	775.10
State: District:	Other (specify	·)		Memo Item	
Full Name (Last, First, Middle Initial)  UPS STORE 2016				Date of Disburser	
Mailing Address 2021 L St NW Ste 101				11 15	
Washington		Zip Code 20036		FEC Identification	Number
Purpose of Disbursement Postage Candidate Name		ID: SB21B-3444{ Disbursement this Period			
Office Sought: House Disbursem	_		Туре		140.00
Senate				Y Momo Itom	Disbursement paid from Stephanie's personal funds. No refunded. (carried on Schedule
SUBTOTAL of Disbursements This Page (optional)					849.96
TOTAL This Period (last page this line number only).					17790.23

## SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE 17 OF
FOR LINE NUMBER:
(check only one)

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X	10

17

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 and Mastroianni, Stephanie, , , operating expenses Mailing Address 2021 L St NW Ste 101-193 State Zip Code Washington DC 20036 Transaction ID: SD-S42 Outstanding Balance Beginning This Period 7856.36 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 13074.25 5217.89 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 13074.25 1) SUBTOTALS This Period This Page (optional)..... 13074.25 2) TOTALS This Period (last page this line number only)..... 0.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ......

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

13074.25