PAGE 1 / 61

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

1 OKW 5X	For Other Than An Aut	norized Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
UNITED WOMEN'S H	HEALTH ALLIANCE P	AC	
ADDRESS (number and street)	2021 L ST NW STE 101-19	3	
▼ Check if different			
than previously reported. (ACC)	WASHINGTON		DC 20036 -
2. FEC IDENTIFICATION N	UMBER ▼ CIT	TY A	STATE ▲ ZIP CODE ▲
C C00755694		S THIS NEW (N) OI	AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report Due On:	20 (M2) May 20 (M	(Non-Election Year Only)
(a) Quarterly Reports:	Iviar	20 (M3) Jun 20 (M	6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15		20 (M4) Jul 20 (M7	7) Oct 20 (M10) Jan 31 (YE)
Quarterly Report (July 15	(C) 12-Day	Primary (12P)	General (12G) Runoff (12R)
Quarterly Report (October 15	Q2) Report for the:	Convention (12C)	Special (12S)
Quarterly Report (Q3)	M M / D D	/ Y Y Y Y in the
January 31 Year-End Report (YE) Election	on on	State of
July 31 Mid-Year Report (Non-electi Year Only) (MY)	on (d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Repor (TER)		on on	in the State of
5. Covering Period	01 V Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	through 06	M / 30 / Y Y Y Y Y Y 30 2021
I certify that I have examined t	his Report and to the best of	my knowledge and belief it is	true, correct and complete.
Type or Print Name of Treasur	MASTROIANNI, STEPHAN er	IIE, , , 	
Signature of Treasurer	STROIANNI, STEPHANIE, , ,	[Electronically Filed]	Date 11 08 7 2021
NOTE: Submission of false, error	neous, or incomplete informatio	n may subject the person signin	g this Report to the penalties of 52 U.S.C. § 3010
Office			FEC FORM 3X
Use Only			Rev. 05/2016

SUMMARY PAGE

FEC Form 3X (Rev. 05/2016)	OF RECEIPTS AND DISBURSEMENTS	Page 2
e or Type Committee Name		

FEC Form 3X (Rev. 05/2016)	Page 2
Write or Type Committee Name	
UNITED WOMEN'S HEALTH ALLIANCE PAC	
Report Covering the Period: From: 01 01 / 2021	To: 06 30 / Y Y Y Y Y
COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2021	23558.27
(b) Cash on Hand at Beginning of Reporting Period	58.27
(c) Total Receipts (from Line 19)	741284.15
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	42.42 764842.42
7. Total Disbursements (from Line 31)	620441.76
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	00.66 144400.66
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	56.87
This committee has qualified as a multicandidate committee. (see FEC FO	DRM 1M)
For further information cor	ntact:
Federal Election Commiss	ion

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
atributions (other than loans) From:	Total Tillo I offoa	Galeriaar Four to Bate
Than Political Committees		
(i) Itemized (use Schedule A)	3542.00	3542.00
	707710.45	707710.45
	/3//42.15	737742.15
	741284.15	741284.15
Ellico Tr(a)(i) and (ii)	45	
Political Party Committees	0.00	0.00
Other Political Committees	0.00	0.00
(such as PACs)	0.00	0.00
Total Contributions (add Lines		
	7/128/115	741284.15
	741204.10	7-1204.10
	0.00	0.00
ty Committees	0.00	7 7
Loans Received	0.00	0.00
	0.00	0.00
	0.00	0.00
· · · · · · · · · · · · · · · · · · ·	0.00	0.00
	0.00	0.00
	0.00	0.00
	4 4	4
	0.00	0.00
nsfers from Non-Federal and Levin Funds	4 4	4 4
(from Schedule H3)	0.00	0.00
Levin Funds (from Schedule H5)	0.00	0.00
Total Transfers (add 18(a) and 18(b))	0.00	0.00
	(ii) Itemized (use Schedule A)	Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)

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)	.5 1110 1 51100	Jaionda Tear-to-Date
(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	0.10200.10	
(add 21(a)(i), (a)(ii), and (b))	619266.76	619266.76
Committees	0.00	0.00
Federal Candidates/Committees 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
(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
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) 	1(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	0.00
(c) Total Federal Election Activity (add 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))	620441.76	620441.76
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
3. Total Contributions (other than loans) (from Line 11(d), page 3)	741284.15	741284.15
4. Total Contribution Refunds (from Line 28(d))	1175.00	1175.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	740109.15	740109.15
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	619266.76	619266.76
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	619266.76	619266.76

:97 `A = G79 @ @5 B9C IG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF` ±H9A = N5 H±CB

Form/Schedule: F3XA
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. Secondarily, 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 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: F3XA Transaction ID:

We are submitting this amendment to the 2021-MY report, to fill in the additionally obtained employer and occupation records we were able to locate, per our Best Efforts Practices.

FOR LINE NUMBER:					PAGE	7	OF	61		
(check only one)										
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Any information copied from such Reports and S or for commercial purposes, other than using the						
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	LLIANCE PAC					
Full Name of Individual (Last, First, Middle Ini ANASTASI, JOHN, , , Mailing Address 3180 N LAKE SHORE DR	Date of Receipt					
APT 22H		01 04 2021				
City CHICAGO	State Zip Code IL 60657	Transaction ID : SA11AI-24166298				
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period				
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00					
ANASTASI, JOHN, , ,						
Mailing Address 3180 N LAKE SHORE DR APT 22H		02 08 2021				
City CHICAGO	State Zip Code IL 60657	Transaction ID : SA11AI-24169648				
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 35.00				
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00					
Full Name of Individual (Last, First, Middle Ini	tial) or Full Organization Name	Date of Receipt				
Mailing Address 3180 N LAKE SHORE DR APT 22H City	State Zip Code	04 08 2021 Transaction ID : SA11Al-24177768				
CHICAGO	IL 60657	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	25.00				
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item				
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 225.00					
SUBTOTAL of Receipts This Page (optional)	>	95.00				
TOTAL This Period (last page this line number	only)					

I	FOR LINE NUMBER:					PAGE	8	OF	61	
ı	(check only one)									
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ı			13		14		15	16	6	17

	the name and address of any political committee t						
UNITED WOMEN'S HEALTH	I ALLIANCE PAC						
Full Name of Individual (Last, First, Middle ANASTASI, JOHN, , ,		Date of Receipt					
Mailing Address 3180 N LAKE SHORE DR APT 22H							
City CHICAGO	State Zip Code IL 60657	Transaction ID : SA11AI-24179922 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	35.00					
Name of Employer (for Individual)	Occupation (for Individual) Retired	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00						
Full Name of Individual (Last, First, Middle ANASTASI, JOHN, , ,	, ,	Date of Receipt					
Mailing Address 3180 N LAKE SHORE DR APT 22H		05 17 2021					
City CHICAGO	State Zip Code IL 60657	Transaction ID : SA11AI-24184252 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	25.00					
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00						
Full Name of Individual (Last, First, Middle C. ANASTASI, JOHN, , ,	e Initial) or Full Organization Name	Date of Receipt					
Mailing Address 3180 N LAKE SHORE DR APT 22H City		05 24 2021					
CHICAGO	State Zip Code IL 60657	Transaction ID : SA11AI-24185734 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	35.00					
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 225.00						
SUBTOTAL of Receipts This Page (optional)	95.00					
TOTAL This Period (last page this line num	ber only)						

FOR LINE NUMBER:					PAGE	9	OF	6	1		
	(check only one)										
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	Statements may not be sold or used by any personne name and address of any political committee to					
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC					
Full Name of Individual (Last, First, Middle I ANASTASI, JOHN, , , Mailing Address 3180 N LAKE SHORE DR	Date of Receipt					
APT 22H		06 02 2021				
City	State Zip Code	Transaction ID : SA11AI-24187234				
CHICAGO	IL 60657	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	35.00				
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item				
Retired	Retired					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	225.00					
Full Name of Individual (Last, First, Middle I CHRISTIAN, EMIL, , ,	nitial) or Full Organization Name	Date of Receipt				
Mailing Address 1600 MARSHALL CIR		04 08 2021				
UNIT 201 City	State Zip Code					
DUPONT	WA 98327	Transaction ID : SA11AI-24143508 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	500.00				
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00					
Full Name of Individual (Last, First, Middle I DOUGLAS, HENDRICKSON, , ,	nitial) or Full Organization Name	Date of Receipt				
Mailing Address 5503 HUNTINGTON PKWY		03 03 / 2021				
City	State Zip Code	Transaction ID : SA11AI-24172900				
BETHESDA	MD 20814	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	300.00				
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item				
Receipt For:						
Primary General Other (specify)	300.00					
SUBTOTAL of Receipts This Page (optional)	····	835.00				
TOTAL This Period (last page this line number	or only)					

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(check only one)									
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or for commercial purposes, other than using	g the name and address of any political committee							
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	H ALLIANCE PAC							
Full Name of Individual (Last, First, Middle GARRAHAN-MASTERS, MARY, , ,								
Mailing Address 501 HARRIET LN		01 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
City HAVERTOWN	State Zip Code PA 19083	Transaction ID : SA11AI-24167240 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	45.00						
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00							
Full Name of Individual (Last, First, Middle GARRAHAN-MASTERS, MARY Mailing Address 501 HARRIET LN	Date of Receipt							
City HAVERTOWN FEC ID number of contributing	State Zip Code PA 19083	02 03 2021 Transaction ID : SA11Al-24169222 Amount of Each Receipt this Period						
federal political committee. Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	35.00 Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00							
Full Name of Individual (Last, First, Middle GARRAHAN-MASTERS, MAR		Date of Receipt						
Mailing Address 501 HARRIET LN		04 08 2021						
City HAVERTOWN	State Zip Code PA 19083	Transaction ID : SA11AI-24177586 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	100.00						
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 230.00							
SUBTOTAL of Receipts This Page (optional	11)	180.00						
TOTAL This Period (last page this line num	nber only)							

FOR LINE NUMBER:						PAGE	_ ′	11	OF	61	
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Any information copied from such Reports and S or for commercial purposes, other than using the					
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	LLIANCE PAC				
Full Name of Individual (Last, First, Middle Init A. GARRAHAN-MASTERS, MARY, , , Mailing Address 501 HARRIET LN City HAVERTOWN FEC ID number of contributing federal political committee.	State Zip Code PA 19083	Date of Receipt M M M / D B / Y 2021 Transaction ID: SA11Al-24190664 Amount of Each Receipt this Period 50.00			
Name of Employer (for Individual) Retired Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation (for Individual) Retired Aggregate Year-to-Date ▼ 230.00	Memo Item			
Full Name of Individual (Last, First, Middle Inited HOLST, PETER, , , Mailing Address 11613 122ND AVE NW City GIG HARBOR FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify) Other (specify)	State Zip Code WA 98329 C Occupation (for Individual) Retired Aggregate Year-to-Date 285.00	Date of Receipt 02 08 2021 Transaction ID: SA11Al-24169692 Amount of Each Receipt this Period 35.00 Memo Item			
Full Name of Individual (Last, First, Middle Init HOLST, PETER, , , Mailing Address 11613 122ND AVE NW City GIG HARBOR FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	State Zip Code WA 98329 C Occupation (for Individual) Retired Aggregate Year-to-Date 285.00	Date of Receipt M M M			
SUBTOTAL of Receipts This Page (optional)	>	185.00			
TOTAL This Period (last page this line number	only)				

FOR LINE NUMBER:						PAGE		12	OF	61	
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Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	LLIANCE PAC	
Full Name of Individual (Last, First, Middle Ini HOLST, PETER, , , Mailing Address 11613 122ND AVE NW City GIG HARBOR FEC ID number of contributing federal political committee.	State Zip Code 98329	Date of Receipt M
Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify) ▼	Occupation (for Individual) Retired Aggregate Year-to-Date ▼ 285.00	Memo Item
Full Name of Individual (Last, First, Middle Ini HOLST, PETER, , , Mailing Address 11613 122ND AVE NW City GIG HARBOR FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify) Other (specify)	State Zip Code WA 98329 C Occupation (for Individual) Retired Aggregate Year-to-Date 285.00	Date of Receipt M
Full Name of Individual (Last, First, Middle Init JUDD, JUDY, , , Mailing Address 1241 ISLAND DR APT 101 City ANN ARBOR FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	State Zip Code MI Zip Code 48105 C Occupation (for Individual) Retired Aggregate Year-to-Date 400.00	Date of Receipt M 06
SUBTOTAL of Receipts This Page (optional)	>	550.00
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER:						PAGE		13	OF		61
	(check only one)										
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	statements may not be sold or used by any person e name and address of any political committee to	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	LLIANCE PAC	
Full Name of Individual (Last, First, Middle Ini KULIK, MICHELE, , ,	tial) or Full Organization Name	Date of Receipt
Mailing Address 2101 BIRCH TRACE DR		01 07 2021
City YOUNGSTOWN	State Zip Code OH 44515	Transaction ID : SA11AI-24131826 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	35.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name of Individual (Last, First, Middle Ini KULIK, MICHELE, , , Mailing Address 2101 BIRCH TRACE DR	Date of Receipt	
City YOUNGSTOWN	State Zip Code OH 44515	7 December 2021 Transaction ID : SA11Al-24168904 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name of Individual (Last, First, Middle Ini	tial) or Full Organization Name	Date of Receipt
Mailing Address 2101 BIRCH TRACE DR		04 06 2021
City YOUNGSTOWN	State Zip Code OH 44515	Transaction ID : SA11AI-24177272 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	35.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional)		100.00
TOTAL This Period (last page this line number	only)	

FO	R LINE	NUMBER	: PAGE	E 14 OF	61
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	13	14	15	16	17

Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE P	AC					
Full Name of Individual (Last, First, Middle KULIK, MICHELE, , , Mailing Address 2101 BIRCH TRACE DR	Initial) or Full Orga	nization Name	Date of Receipt				
			05 14 2021				
City YOUNGSTOWN	State OH	Zip Code 44515	Transaction ID : SA11AI-24184096				
	OH	44515	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		50.00				
Name of Employer (for Individual) RETIRED	Occupati RETIRE	tion (for Individual) ED	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 300.00					
Full Name of Individual (Last, First, Middle KULIK, MICHELE, , , Mailing Address 2101 BIRCH TRACE DR	Initial) or Full Orga	nization Name	Date of Receipt				
City	State	Zip Code	05 24 2021				
YOUNGSTOWN	OH	44515	Transaction ID : SA11AI-24185728 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		50.00				
Name of Employer (for Individual) RETIRED	Occupa RETIRE	tion (for Individual) ED	Memo Item				
Receipt For: Primary General Other (specify) ▼							
Full Name of Individual (Last, First, Middle	Initial) or Full Organ	nization Name	Date of Receipt				
Mailing Address 2101 BIRCH TRACE DR			05 28 2021				
City YOUNGSTOWN	State OH	Zip Code 44515	Transaction ID : SA11AI-24186746				
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 50.00				
Name of Employer (for Individual) RETIRED	Occupat RETIRE	tion (for Individual)	Memo Item				
Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 300.00					
SUBTOTAL of Receipts This Page (optional)		>	150.00				
TOTAL This Period (last page this line numb	per only)						

FOR LINE NUMBER:					PAGE	•	15	OF	61	
(0	che	ck only	or	ne)						
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		13		14		15		16		17

or for commercial purposes, other than using the	ne name and address of any political committee					
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC					
Full Name of Individual (Last, First, Middle I KULIK, MICHELE, , , Mailing Address 2101 BIRCH TRACE DR	nitial) or Full Organization Name	Date of Receipt				
City YOUNGSTOWN	State Zip Code OH 44515	06 14 2021 Transaction ID : SA11AI-24189688				
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 50.00				
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00					
Full Name of Individual (Last, First, Middle I Mastroianni, Stephanie, , , Mailing Address 2021 L St NW Ste 101-193	nitial) or Full Organization Name	Date of Receipt				
City Washington	State Zip Code DC 20036	Transaction ID : SA11AI-24326806 Amount of Each Receipt this Period				
federal political committee. Name of Employer (for Individual) UNITED WOMEN'S HEALTH ALLIANCE	Name of Employer (for Individual) Occupation (for Individual)					
Receipt For: Primary General Other (specify) ▼	Treasurer Aggregate Year-to-Date ▼ 1221.57	Cash advance for Nextivia and Unbounce monthly bi The SB - Nextivia and Unbounce transactions marke MEMO were paid from Stephanies personal account				
Full Name of Individual (Last, First, Middle II OAS, RICHARD, , , Mailing Address 106 10TH ST NE APT 124 City AUBURN	nitial) or Full Organization Name State	Date of Receipt 03 04 2021 Transaction ID: SA11AI-24165376 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	201.00				
Name of Employer (for Individual) Best Efforts Receipt For: Primary General Other (specify)	Occupation (for Individual) Best Efforts Aggregate Year-to-Date ▼ 201.00	Memo Item				
SUBTOTAL of Receipts This Page (optional)	•	251.00				
TOTAL This Period (last page this line numbe	r only)					

FOR LINE NUMBER:						PAGE	1	16	OF	61
((check only one)									
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	Statements may not be sold or used by any personal or used by any personal or and address of any political committee to	
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A	ALLIANCE PAC	
Full Name of Individual (Last, First, Middle In OCHOA, MARIA, , ,	itial) or Full Organization Name	Date of Receipt
Mailing Address 7487 BLIX ST		05 04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI-24181890
SAN DIEGO	CA 92111	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Best Efforts	Best Efforts	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	400.00	
Full Name of Individual (Last, First, Middle In OCHOA, MARIA, , ,	itial) or Full Organization Name	Date of Receipt
Mailing Address 7487 BLIX ST		05 20 2021
City	State Zip Code	Transaction ID : SA11AI-24153698
SAN DIEGO	CA 92111	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer (for Individual) Best Efforts	Occupation (for Individual) Best Efforts	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name of Individual (Last, First, Middle In SELBERG, ROBERT, , ,	itial) or Full Organization Name	Date of Receipt
Mailing Address PO BOX 5404		01 18 2021
City	State Zip Code	Transaction ID : SA11AI-24167398
PALM SPRINGS	CA 92263	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	215.00	
SUBTOTAL of Receipts This Page (optional)	·····	425.00
TOTAL This Period (last page this line number	only)	

	FOR LINE NUMBER:					PAGE	. 1	17	OF	61
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		person for the purpose of soliciting contributions ee to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PAC							
Full Name of Individual (Last, First, Middle SELBERG, ROBERT, , ,	Initial) or Full Organization Name	Date of Receipt						
Mailing Address PO BOX 5404		02 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
City	· · · · · · · · · · · · · · · · · · ·							
PALM SPRINGS	CA 92263	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	25.00						
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item						
Receipt For: Primary General	Aggregate Year-to-Date ▼							
Other (specify) ▼	215.00							
Full Name of Individual (Last, First, Middle SELBERG, ROBERT, , ,	Initial) or Full Organization Name	Date of Receipt						
Mailing Address PO BOX 5404		04 16 2021						
City	Transaction ID : SA11AI-24179044							
PALM SPRINGS	CA 92263	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	25.00						
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item						
Receipt For:	Aggregate Year-to-Date ▼							
Primary General Other (specify) ▼	215.00							
Full Name of Individual (Last, First, Middle SELBERG, ROBERT, , ,	Initial) or Full Organization Name	Date of Receipt						
Mailing Address PO BOX 5404		05 11 2021						
City PALM SPRINGS	State Zip Code CA 92263	Transaction ID : SA11AI-24183176						
FEC ID number of contributing		Amount of Each Receipt this Period						
federal political committee.	C	25.00						
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item						
Receipt For:	Aggregate Year-to-Date ▼	 						
Primary General		7						
Other (specify)	215.00							
SUBTOTAL of Receipts This Page (optional)		75.00						
TOTAL This Period (last page this line numb	er only)							

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61

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name SELBERG, ROBERT, , , Date of Receipt Mailing Address PO BOX 5404 2021 City Zip Code State Transaction ID: SA11AI-24186226 CA PALM SPRINGS 92263 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 215.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** SELBERG, ROBERT, , , Date of Receipt Mailing Address PO BOX 5404 2021 City State Zip Code Transaction ID: SA11AI-24186466 PALM SPRINGS CA 92263 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 215.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. SELBERG, ROBERT, , , Date of Receipt Mailing Address PO BOX 5404 01 2021 City Zip Code State Transaction ID: SA11AI-24187008 CA PALM SPRINGS 92263 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 215.00 Other (specify) 75.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 7

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Any information copied from such Reports and or for commercial purposes, other than using	d Statements may not the name and address	be sold or used by any pe s of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE PA	С	
Full Name of Individual (Last, First, Middle SELBERG, ROBERT, , ,	Initial) or Full Organiz	ration Name	Date of Receipt
Mailing Address PO BOX 5404			06 17 2021
City		ip Code	Transaction ID : SA11AI-24190568
PALM SPRINGS	CA	92263	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	40.00	
Name of Employer (for Individual) Retired	Occupation Retired	n (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-t	to-Date ▼ 215.00	
Full Name of Individual (Last, First, Middle WILLIAMS, JAMES, , , Mailing Address 4639 VESTA CT	Initial) or Full Organiz	ration Name	Date of Receipt
3 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			01 28 2021
City		ip Code	Transaction ID : SA11AI-24168616
WICHITA	KS	67208	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	16.00	
Name of Employer (for Individual) RETIRED	Occupatio RETIRED	n (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-t	to-Date ▼ 236.00	
Full Name of Individual (Last, First, Middle WILLIAMS, JAMES, , ,	Initial) or Full Organiz	ation Name	Date of Receipt
Mailing Address 4639 VESTA CT			02
City WICHITA		ip Code 67208	Transaction ID : SA11AI-24169324
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 35.00
Name of Employer (for Individual) RETIRED	Occupation RETIRED	n (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-t	to-Date ▼ 236.00	
SUBTOTAL of Receipts This Page (optional)		>	91.00
TOTAL This Period (last page this line numb	er only)		

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Any information copied from such Reports and or for commercial purposes, other than using t	Statements may rache name and address	not be sold or used by any pe ess of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH	ALLIANCE P	AC				
Full Name of Individual (Last, First, Middle I WILLIAMS, JAMES, , , Mailing Address 4639 VESTA CT	Initial) or Full Orga	nization Name	Date of Receipt			
			04 12 2021			
City	State	Zip Code	Transaction ID : SA11AI-24178050			
WICHITA	KS	67208	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	Š					
Name of Employer (for Individual) RETIRED	Occupa RETIRE	tion (for Individual) ED	Memo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 236.00				
Full Name of Individual (Last, First, Middle I WILLIAMS, JAMES, , , Mailing Address 4639 VESTA CT	Initial) or Full Orga	nization Name	Date of Receipt			
			04 22 2021			
City	State KS	Zip Code	Transaction ID: SA11AI-24179930			
WICHITA	No	67208	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		50.00			
Name of Employer (for Individual) RETIRED	Occupa RETIRI	tion (for Individual) ED	Memo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 236.00				
Full Name of Individual (Last, First, Middle I	Initial) or Full Orga	nization Name	Date of Receipt			
Mailing Address 4639 VESTA CT			05 17 2021			
City WICHITA	State KS	Zip Code 67208	Transaction ID : SA11AI-24184250			
-	1.0	01200	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		35.00			
Name of Employer (for Individual) RETIRED	Occupa RETIRE	tion (for Individual) ED	Memo Item			
Receipt For:	Aggregate Yea	ar-to-Date ▼				
Primary General Other (specify)		236.00				
SUBTOTAL of Receipts This Page (optional)		·····	185.00			
TOTAL This Period (last page this line number	er only)					

FOR LINE NUMBER:						PAGE	2	21	OF	61
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	ny information copied from such Reports and Stator commercial purposes, other than using the						
	NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AL	LIANCE	PAC				
Α.	Full Name of Individual (Last, First, Middle Initi. ZARNEKE, RICHARD, , ,	al) or Full O	rganization Name	Date of Receipt			
	Mailing Address 2084 TERRACE DR			01 06 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	City	State	Zip Code	Transaction ID : SA11AI-24166466			
	SAINT PAUL	MN	55112	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		50.00			
	Name of Employer (for Individual) Retired	Occi Reti	upation (for Individual) red	Memo Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00				
В.	Full Name of Individual (Last, First, Middle Initi. ZARNEKE, RICHARD, , ,	al) or Full O	rganization Name	Date of Receipt			
	Mailing Address 2084 TERRACE DR			02 08 2021			
	City	State	Zip Code	Transaction ID : SA11AI-24169646			
	SAINT PAUL	MN	55112	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	40.00					
	Name of Employer (for Individual) Retired	Occi Reti	upation (for Individual) red	Memo Item			
	Receipt For:	Aggregate	Year-to-Date ▼				
	Primary General Other (specify) ▼						
С .	Full Name of Individual (Last, First, Middle Initi ZARNEKE, RICHARD, , ,	al) or Full O	rganization Name	Date of Receipt			
	Mailing Address 2084 TERRACE DR			04 07 Y Y Y Y Y Y			
	City	State	Zip Code	Transaction ID : SA11AI-24177528			
	SAINT PAUL	MN	55112	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		30.00			
	Name of Employer (for Individual) Retired	Occi Retir	ipation (for Individual) ed	Memo Item			
	Receipt For:	Aggregate	Year-to-Date ▼	1			
	Primary General Other (specify)	7 iggi ogalo	250.00				
H	SUBTOTAL of Receipts This Page (optional)			120.00			
1 1	OTAL This Period (last page this line number o	riiy)					

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61

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH ALLIANCE PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name ZARNEKE, RICHARD, , , Date of Receipt Mailing Address 2084 TERRACE DR 2021 City Zip Code State Transaction ID: SA11AI-24178612 MN SAINT PAUL 55112 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. ZARNEKE, RICHARD, , , Date of Receipt Mailing Address 2084 TERRACE DR 10 2021 City State Zip Code Transaction ID: SA11AI-24182868 SAINT PAUL MN 55112 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. ZARNEKE, RICHARD, , , Date of Receipt Mailing Address 2084 TERRACE DR 01 2021 City Zip Code State Transaction ID: SA11AI-24186972 MN SAINT PAUL 55112 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 100.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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(check only one)										
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Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any personant and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH A		
Full Name of Individual (Last, First, Middle In ZARNEKE, RICHARD, , , Mailing Address 2084 TERRACE DR	itial) or Full Organization Name	Date of Receipt
City SAINT PAUL FEC ID number of contributing federal political committee.	State Zip Code 55112	Transaction ID : SA11AI-24189690 Amount of Each Receipt this Period 30.00
Name of Employer (for Individual) Retired Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation (for Individual) Retired Aggregate Year-to-Date ▼ 250.00	Memo Item
Full Name of Individual (Last, First, Middle In Mailing Address City	itial) or Full Organization Name State Zip Code	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer (for Individual)	Occupation (for Individual)	Amount of Each Receipt this Period Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name of Individual (Last, First, Middle In Mailing Address City	itial) or Full Organization Name State Zip Code	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer (for Individual)	Occupation (for Individual)	Amount of Each Receipt this Period Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)	>	30.00
TOTAL This Period (last page this line number	only)	3542.00

SCHEDULE B (FEC Form 3X)			FOR	FOR LINE NUMBER: PAGE 24 O						
ITEMIZED DISBURSEMENTS		parate schedule(s) h category of the	(01,001							
		d Summary Page	×	21b 28a	22 28b	23 28c	26	27 30b		
Annintermenting against them such Demants and Ch	-1									
Any information copied from such Reports and Stor for commercial purposes, other than using the										
NAME OF COMMITTEE (In Full)										
DUNITED WOMEN'S HEALTH AL	LIANCE	PAC								
Full Name (Last, First, Middle Initial)										
A. Mastroianni, Stephanie, , ,					Date of Disbursement					
Mailing Address 2021 L St NW Ste 101-193					04 15 2021					
City	State	Zip Code			FEC Id	entificatio	n Number			
Washington Purpose of Disbursement		20036								
Wages			001	П	C		ID ODG	ID 10070		
Candidate Name			Categor	v/	1		ID : SB21 Disburser	nent this Period		
			Type	<i>y,</i>	-					
	rsement For:				L.	-		212.44		
Senate President	Primary Other (an	General			_					
State: District:	Other (sp	ecity) 🔻			Me	mo Item				
Full Name (Last, First, Middle Initial)										
B. Mastroianni, Stephanie, , ,					Date o	f Disburse	ement			
				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
Mailing Address 2021 L St NW Ste 101-193					04		15	2021		
City Washington	State	Zip Code 20036			FEC Id	entificatio	n Number			
Purpose of Disbursement	100	20030		_	С					
Wages			001			neaction	ID : SB21	P-46370		
Candidate Name			Categor	y/				ment this Period		
Office Sought: House Disbu			Туре			1516.67				
Office Sought: House Disbu	rsement For: Primary	General				-	-	1310.07		
President	Other (sp				п.,					
State: District:					Me	mo Item				
Full Name (Last, First, Middle Initial)										
C. Mastroianni, Stephanie, , ,					Date o	f Disburse				
Mailing Address 2021 L St NW Ste 101-193					05	/ D	8 / Y	2021		
City	State	Zip Code			FFO	+'	m Niverste			
Washington	DC	20036			FEC Id	enuilcatio	n Number			
Purpose of Disbursement Wages			001		C	neaction	n ID : SB21	IR-46384		
Candidate Name			Categor Type	y/	1			ment this Period		
Office Sought: House Disbu	rsement For:		71-5					1516.67		
Senate	Primary	General					- 7-			
President	Other (sp	ecify) 🔻			Me	mo Item				
State: District:										
SUBTOTAL of Disbursements This Page (optional	al)							3245.78		
					-			1 1 1		
TOTAL This Period (last page this line number o	nlv)					_				

SCHEDULE B (FEC Form 3X)			FOR L	FOR LINE NUMBER: PAGE 25 O							
ITEMIZED DISBURSEMENTS		parate schedule(s) h category of the	(OLICOIN	only o	′						
		d Summary Page		21b 28a	22 28b	23 28c	26	27 30b			
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NAME OF COMMITTEE (In Full)											
UNITED WOMEN'S HEALTH AL	LIANCE	PAC									
Full Name (Last, First, Middle Initial)											
A. Mastroianni, Stephanie, , ,					Date of	Disburse		YYY			
Mailing Address 2021 L St NW Ste 101-193					05 18 2021						
City Washington	State DC	Zip Code 20036			FEC Ide	entificatio	n Number				
Purpose of Disbursement	1 00	20030		_	С						
Wages			001				ID - CD04	D 46205			
Candidate Name			Category	,/			ID: SB21 Disbursen	nent this Period			
			Type		-			040.44			
	sement For:	Canaral					-	212.44			
Senate President	Other (sp	General			-						
State: District:		, co, v			Mei	mo Item					
Full Name (Last, First, Middle Initial)											
B. Mastroianni, Stephanie, , ,		Date of	Disburse								
Mailing Address 2024 L St NIW Sto 404 402	ng Address 2021 L St NW Ste 101-193				06 15 2021						
Mailing Address 2021 L St NW Ste 101-193											
City	State	Zip Code			FEC Ide	entification	n Number				
Washington Purpose of Disbursement	DC	20036			С		-				
Wages			001	71.	D. 10000						
Candidate Name			Category	/			ID: SB21 Disbursen	nent this Period			
			Type		154						
Office Sought: House Disbur	sement For: Primary	General				-	7	1516.67			
President	Other (sp				п						
State: District:		,			Mei	mo Item					
Full Name (Last, First, Middle Initial)											
C. Mastroianni, Stephanie, , ,						Disburse					
Mailing Address 2021 L St NW Ste 101-193					м ^в м	1	5 / Y	2021			
City	State	Zip Code		\dashv			- NI				
Washington	DC	20036			FEC Ide	enuncatio	n Number				
Purpose of Disbursement Wages			001	7	C	naastian	ID : SB21	D 46204			
Candidate Name			Category	/				nent this Period			
Office Sought: House Disbur	sement For:		Туре	-				212.44			
Senate	Primary	General				7	7				
President	Other (sp	ecify) 🔻			Mei	mo Item					
State: District:	-				- '*''						
SUPTOTAL of Dishuramenta This Dage (antispe	1)				Γ.			1941.55			
SUBTOTAL of Disbursements This Page (optional	1)			_	!=	7		45			
TOTAL This Period (last page this line number of	nlv)										

S	CHEDULE B (FEC Form 3X)			F	FOR LINE NUMBER: PAGE 26 O					F 61			
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the	(0		k only	′		1 00		ا ۵۵		
			Summary Page		X	21b 28a	22 28b		23 28c		26 29	27 30b	
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	for commercial purposes, other than using the nar												
\setminus	NAME OF COMMITTEE (In Full)												
$ \rangle$	UNITED WOMEN'S HEALTH ALL	IANCE F	PAC										
_	Full Name (Last, First, Middle Initial)												
A.	•						Date o	of Di	sburse	ment			
							M = M	/	D II		Y	Y	Υ
	Mailing Address 1825 Eye Street NW						03	_	15	5		2021	
	City	State	Zip Code				FEC Id	denti	fication	Nur	mher		
	Washington	DC	20006					JOHU	ilcation	I IVUII	ibei	-	
	Purpose of Disbursement Legal Fees				001		С						
	Candidate Name				-	n./						-46374 ent this P	oriod
					ego ype	ıy/	Amour	. 01	Lacii	DISDU	11361116	111 11113 1	enou
		ment For:							,	_		961.00)
	Senate President	Primary Other (spec	General				-						
	State: District:	Other (spec	City) 🔻				Me	emo	Item				
	Full Name (Last, First, Middle Initial)												
В.	Blank Rome LLP						Date o	of Di	sburse	ment			
	Mailing Address 1997 To Co. 1994						05 14 2021						Y
	Mailing Address 1825 Eye Street NW							-	14	4	Н	2021	
	,	State	Zip Code				FEC Id	denti	fication	n Nun	nber		
	Washington Purpose of Disbursement	DC	20006					-		_	-		
	Legal Fees				001		C			ID . C	POAR	-46384	
	Candidate Name			Cat	egoi	ry/						-40304 ent this P	eriod
	Office Cought: House Dishurs			Т	уре				-			2331.0	,
	Office Sought: House Disbursel Senate	ment For: Primary	General							_	7	2551.00	,
	President	Other (spec	cify)				N/	omo	Item				
	State: District:						IVIC	51110	item				
_	Full Name (Last, First, Middle Initial)						Date o	of Dia	oburoo	mont			
Ċ.	Blank Rome LLP						M M		SDUI SE			Y	V
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	Mailing Address 991 Route 22 West Suite 200												
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Full Name (Last, First, Middle Initial) A. COA Network Inc.				Date of Disbursement					
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Full Name (Last, First, Middle Initial) 3. COA Network Inc.				Date of Disbursement					
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Full Name (Last, First, Middle Initial) EagleBank				Date of Disbursement					
Mailing Address 7815 Woodmont ave				01 12 2021					
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	Mailing Address 7815 Woodmont ave						05		03		L	2021	
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	Candidate Name			Category/	Amount of Each Disbursement this Period					
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	Bank analysis fee			001						
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٥.	Grasshopper									
	Mailing Address 320 Summer St				03 18 2021					
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	Boston	MA	02210							
	Purpose of Disbursement Telephone Service			001	C					
	Candidate Name			001	Transaction ID : SB21B-46374					
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A. Grasshopper				Date of Disbursement					
Mailing Address 320 Summer St				04 19 2021					
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Boston Purpose of Disbursement	MA	02210							
Telephone Service			001	C					
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President	Other (spec			Mama Harra					
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Mailing Address 320 Summer St				05 18 2021					
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Boston Purpose of Disbursement	IVIA	02210							
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Mailing Address 320 Summer St	-		-	06 18 2021					
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Candidate Name			Category/	Transaction ID : SB21B-46391 Amount of Each Disbursement this Period					
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Full Name (Last, First, Middle Initial) A. LIVE TRANSFERS AND DONOR (Mailing Address 1607 Ponce de Leon ave	CREATION L	.LC		Date of Disbursement 01 04 2021				
Suite GM8				OI (2021			
SAN JUAN	State Zip C PR 0090			FEC Identification	n Number			
Purpose of Disbursement Telephone fundraising Candidate Name			003 Category/		n ID : SB21B-46368 Disbursement this Period			
Office Sought: House Disbursen Senate		General	Type	7	5245.07			
President State: District:	Other (specify)			Memo Item				
Full Name (Last, First, Middle Initial) B. LIVE TRANSFERS AND DONOR (CREATION L		Date of Disburs	D / Y Y Y Y				
Mailing Address 1607 Ponce de Leon ave Suite GM8				01	2021			
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Candidate Name			Category/ Type		Disbursement this Period			
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Full Name (Last, First, Middle Initial) C. LIVE TRANSFERS AND DONOR (CREATION L	.LC		Date of Disburs				
Mailing Address 1607 Ponce de Leon ave Suite GM8				01	2021			
City SAN JUAN Purpose of Disbursement	State Zip C PR 009			FEC Identification	n Number			
Telephone fundraising Candidate Name		[003 Category/		n ID : SB21B-46368 Disbursement this Period			
		General	Туре	Memo Item	5238.36			
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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			01 25 2021			
SAN JUAN	State Zip Code PR 00909		FEC Identification Number			
Purpose of Disbursement Telephone fundraising Candidate Name		003	Transaction ID : SB21B-46369			
Office Sought: House Disbursen	ment For:	Category/ Type	Amount of Each Disbursement this Period 8982.24			
Senate President State: District:	Primary General Other (specify) ▼		Memo Item			
Full Name (Last, First, Middle Initial) B. LIVE TRANSFERS AND DONOR (CREATION LLC		Date of Disbursement			
Mailing Address 1607 Ponce de Leon ave Suite GM8			01 28 2021			
City SAN JUAN Purpose of Disbursement	State Zip Code PR 00909		FEC Identification Number			
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	ment For: Primary General Other (specify)		9977.43 Memo Item			
Full Name (Last, First, Middle Initial) C. LIVE TRANSFERS AND DONOR (CREATION LLC		Date of Disbursement			
Mailing Address 1607 Ponce de Leon ave Suite GM8			02 04 2021			
SAN JUAN	State Zip Code PR 00909		FEC Identification Number			
Purpose of Disbursement Telephone fundraising Candidate Name		003 Category/ Type	Transaction ID: SB21B-46369 Amount of Each Disbursement this Period			
Office Sought: House Disbursen Senate President	nent For: Primary General Other (specify) ▼	71.1	11403.46			
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Mailing Address 1607 Ponce de Leon ave Suite GM8			02 12 2021			
,	State Zip Code PR 00909		FEC Identification Number			
SAN JUAN Purpose of Disbursement	PR 00909					
Telephone fundraising		003	C			
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B. LIVE TRANSFERS AND DONOR (CREATION LLC		Date of Disbursement			
Mailing Address 1607 Ponce de Leon ave Suite GM8			02 22 2021			
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President State: District:	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			02 26 2021			
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Telephone fundraising Candidate Name		003	Transaction ID						
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B. LIVE TRANSFERS AND DONOR (CREATION LLC		Date of Disbursemen	nt					
Mailing Address 1607 Ponce de Leon ave			05 07	2021					
Suite GM8									
,	State Zip Code PR 00909		FEC Identification Number						
Purpose of Disbursement	00909		С						
Telephone fundraising		003	Transaction ID :	SB21B-46383					
Candidate Name		Category/ Type	Amount of Each Dis	bursement this Period					
Office Sought: House Disbursem	nent For:	1,700	23122.18						
	Primary General			7					
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C. LIVE TRANSFERS AND DONOR O	CREATION LLC		Date of Disbursement	nt					
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Mailing Address 1607 Ponce de Leon ave Suite GM8				06 29 2021	
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SCHEDULE B (FEC Form 3X)			FOR	LINE	NUMBER:	:	PAC	GE 53 OF 61
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B. PACSmart Filing Services					Date of	Disburse		
Mailing Address 1013 Centre Rd. Suite 403-A					02		4	2021
City	State DE	Zip Code			FEC Ide	entificatio	n Number	
Wilmington Purpose of Disbursement	DL	19805			С			
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SCHEDULE B (FEC Form 3X)			FOR LII	NE NUMBER	R:	PAGE 55 OF 61				
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San Franciso Purpose of Disbursement	CA	94103								
Combined 'off the top' CC Transaction fees Jan			003							
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	Floor 2 City	State	Zip Code						
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	Mailing Address 401 West Georgia Street				01 18 _ 2021 _				
	City	State	Zip Code		FEC Identification Number				
	Vancouver Purpose of Disbursement	ZZ	V6B5A1		C				
	Website landing page			004	Transaction ID : SB21B-47836				
	Candidate Name			Category/	Amount of Each Disbursement this Period				
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C.	Unbounce				Date of Disbursement				
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NAME OF COMMITTEE (In Full) UNITED WOMEN'S HEALTH AL	LIANCE PAC							
Full Name (Last, First, Middle Initial) - Unbounce			Date of Disburse					
Mailing Address 401 West Georgia Street			02 / 1	8 2021				
City Vancouver	State Zip Code V6B5A1		FEC Identification Number					
Purpose of Disbursement Website landing page		004	C	ID : SB21B-47836				
Candidate Name		Category/ Type		Disbursement this Period				
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Mailing Address 401 West Georgia Street			03	8 2021				
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City Vancouver	State Zip Code V6B5A1		FEC Identificatio	n Number				
Purpose of Disbursement Website landing page		004	Transaction ID : SB21B-47836					
Candidate Name		Category/ Type	Amount of Each	Disbursement this Period				
Senate President	sement For: Primary General Other (specify) ▼		X Memo Item	This disbursement was paid STEPHANIE MASTROIANNI personal account				
State: District:								
SUBTOTAL of Disbursements This Page (optional)		1	0.00				

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	·/					
	Detailed Summary Page	X 21b 28a	22 23 26 27 28b 28c 29 30b					
Any information copied from such Reports and State								
or for commercial purposes, other than using the nate NAME OF COMMITTEE (In Full)	me and address of any politica	l committee to	solicit contributions from such committee.					
UNITED WOMEN'S HEALTH ALL	IANCE PAC							
Full Name (Last, First, Middle Initial) - Unbounce			Date of Disbursement					
Mailing Address 401 West Georgia Street			04 18 2021					
City Vancouver	State Zip Code ZZ V6B5A1		FEC Identification Number					
Purpose of Disbursement Website landing page		004	C					
Candidate Name		Category/ Type	Transaction ID: SB21B-47837 Amount of Each Disbursement this Period					
Office Sought: House Disburse Senate	ment For: Primary General		127.20					
President State: District:	Other (specify)		This disbursement was paid o STEPHANIE MASTROIANNI personal account					
Full Name (Last, First, Middle Initial)			personal account					
3- Unbounce			Date of Disbursement					
Mailing Address 401 West Georgia Street			04 19 2021					
City Vancouver	State Zip Code ZZ V6B5A1		FEC Identification Number					
Purpose of Disbursement Website landing page	1025/11	004	C Transaction ID : SB21B-47358					
Candidate Name		Category/ Type	Amount of Each Disbursement this Period					
	ment For:		127.20					
Senate President State: District:	Other (specify)		Memo Item					
Full Name (Last, First, Middle Initial) Unbounce			Date of Disbursement					
Mailing Address 401 West Georgia Street			05 03 2021					
City	State Zip Code		30 30 2021					
Vancouver	ZZ V6B5A1		FEC Identification Number					
Purpose of Disbursement Website landing page		004	Transaction ID : SB21B-46381					
Candidate Name		Category/ Type	Amount of Each Disbursement this Period					
Senate	ment For: Primary General		2212.05					
State: District:	Other (specify) ▼		Memo Item					
SUBTOTAL of Disbursements This Page (optional). TOTAL This Period (last page this line number only			2339.25					

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE 1 (check only 21b 28a					
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	e and address of any politica	d by any perso	on for the purpose of soliciting contributions				
Full Name (Last, First, Middle Initial) A. Unbounce			Date of Disbursement				
Mailing Address 401 West Georgia Street			05 18 2021				
Vancouver	State Zip Code ZZ V6B5A1		FEC Identification Number				
Purpose of Disbursement Website landing page Candidate Name		004 Category/	Transaction ID : SB21B-47837 Amount of Each Disbursement this Period				
	nent For: Primary General Other (specify) ▼	Type	This disbursement was paid ou **Memo Item STEPHANIE MASTROIANNI				
State: District: Full Name (Last, First, Middle Initial) 3- Unbounce	District: Jame (Last, First, Middle Initial)						
Mailing Address 401 West Georgia Street			06 18 / 2021				
,	State Zip Code ZZ V6B5A1		FEC Identification Number				
Website landing page Candidate Name		004 Category/ Type	Transaction ID : SB21B-47837 Amount of Each Disbursement this Period				
	nent For: Primary General Other (specify)		This disbursement was paid ou STEPHANIE MASTROIANNI personal account				
Full Name (Last, First, Middle Initial)			Date of Disbursement				
Mailing Address							
City	State Zip Code		FEC Identification Number				
Purpose of Disbursement Candidate Name		Category/ Type	Amount of Each Disbursement this Period				
	nent For: Primary General Other (specify) ▼		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 FOR LINE NUMBER: (check only one)

	9
×	10

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61 OF

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-S337636 Outstanding Balance Beginning This Period 13935.30 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 15156.87 1221.57 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 15156.87 1) SUBTOTALS This Period This Page (optional)..... 15156.87 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) ▶

15156.87