

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

National Nurses United PAC - A Fund for a Healthy America

Report Covering the Period: From: / / To: / /

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|---------------------------------------|---------------------------------------|
| 6. (a) Cash on Hand January 1, <input type="text" value="2013"/> | <input type="text" value="6079.41"/> | <input type="text" value="6079.41"/> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <input type="text" value="6079.41"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="17117.27"/> | <input type="text" value="17117.27"/> |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | <input type="text" value="23196.68"/> | <input type="text" value="23196.68"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="10386.60"/> | <input type="text" value="10386.60"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="12810.08"/> | <input type="text" value="12810.08"/> |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

National Nurses United PAC - A Fund for a Healthy America

Report Covering the Period: From: / / To: / /

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 2400.00 | 2400.00 |
| (ii) Unitemized | 14534.50 | 14534.50 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶ | 16934.50 | 16934.50 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) | 16934.50 | 16934.50 |
| 12. Transfers From Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received..... | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 182.77 | 182.77 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.)..... | 0.00 | 0.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3)..... | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfers (add 18(a) and 18(b)).. | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶ | 17117.27 | 17117.27 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶ | 17117.27 | 17117.27 |

DETAILED SUMMARY PAGE

of Disbursements

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 616.60 | 616.60 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 616.60 | 616.60 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 9500.00 | 9500.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 270.00 | 270.00 |
| (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))..... | 270.00 | 270.00 |
| 29. Other Disbursements | 0.00 | 0.00 |
| 30. Federal Election Activity (2 U.S.C. §431(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 10386.60 | 10386.60 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 10386.60 | 10386.60 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 16934.50 | 16934.50 |
| 34. Total Contribution Refunds (from Line 28(d)) | 270.00 | 270.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 16664.50 | 16664.50 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶ | 616.60 | 616.60 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 182.77 | 182.77 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36)▶ | 433.83 | 433.83 |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 6 OF 35 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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)
National Nurses United PAC - A Fund for a Healthy America

A. Carolyn Bowden
Full Name (Last, First, Middle Initial)

Mailing Address 7908 Winthorpe St

| | | |
|-----------------|-------------|-------------------|
| City Oakland | State CA | Zip Code 94605 |
|-----------------|-------------|-------------------|

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

| | |
|-------------------------------------|-------------------------|
| Name of Employer CA Nurses Asso. | Occupation Labor Rep |
|-------------------------------------|-------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 01 | / | 03 | / | 2013 |

Transaction ID : C4788558

Amount of Each Receipt this Period
50.00

B. Carolyn Bowden
Full Name (Last, First, Middle Initial)

Mailing Address 7908 Winthorpe St

| | | |
|-----------------|-------------|-------------------|
| City Oakland | State CA | Zip Code 94605 |
|-----------------|-------------|-------------------|

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

| | |
|-------------------------------------|-------------------------|
| Name of Employer CA Nurses Asso. | Occupation Labor Rep |
|-------------------------------------|-------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 01 | / | 24 | / | 2013 |

Transaction ID : C4802987

Amount of Each Receipt this Period
50.00

C. Carolyn Bowden
Full Name (Last, First, Middle Initial)

Mailing Address 7908 Winthorpe St

| | | |
|-----------------|-------------|-------------------|
| City Oakland | State CA | Zip Code 94605 |
|-----------------|-------------|-------------------|

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

| | |
|-------------------------------------|-------------------------|
| Name of Employer CA Nurses Asso. | Occupation Labor Rep |
|-------------------------------------|-------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02 | / | 15 | / | 2013 |

Transaction ID : C4819523

Amount of Each Receipt this Period
50.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 7 OF 35 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
National Nurses United PAC - A Fund for a Healthy America

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Carolyn Bowden | | Date of Receipt MM / DD / YYYY 02 / 28 / 2013 Transaction ID : C4819570 |
| Mailing Address 7908 Winthorpe St | | Amount of Each Receipt this Period 50.00 |
| City Oakland | State CA | Zip Code 94605 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer CA Nurses Asso. | Occupation Labor Rep | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Carolyn Bowden | | Date of Receipt MM / DD / YYYY 03 / 15 / 2013 Transaction ID : C7936711 |
| Mailing Address 7908 Winthorpe St | | Amount of Each Receipt this Period 50.00 |
| City Oakland | State CA | Zip Code 94605 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer CA Nurses Asso. | Occupation Labor Rep | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Carolyn Bowden | | Date of Receipt MM / DD / YYYY 04 / 03 / 2013 Transaction ID : C7936757 |
| Mailing Address 7908 Winthorpe St | | Amount of Each Receipt this Period 50.00 |
| City Oakland | State CA | Zip Code 94605 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer CA Nurses Asso. | Occupation Labor Rep | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 8 OF 35 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
National Nurses United PAC - A Fund for a Healthy America

A. Carolyn Bowden
Full Name (Last, First, Middle Initial)

Mailing Address 7908 Winthorpe St

City Oakland State CA Zip Code 94605

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

Name of Employer CA Nurses Asso. Occupation Labor Rep

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 15 / 2013
Transaction ID : C7979450

Amount of Each Receipt this Period
 50.00

B. Carolyn Bowden
Full Name (Last, First, Middle Initial)

Mailing Address 7908 Winthorpe St

City Oakland State CA Zip Code 94605

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

Name of Employer CA Nurses Asso. Occupation Labor Rep

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2013
Transaction ID : C7979403

Amount of Each Receipt this Period
 50.00

C. Carolyn Bowden
Full Name (Last, First, Middle Initial)

Mailing Address 7908 Winthorpe St

City Oakland State CA Zip Code 94605

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

Name of Employer CA Nurses Asso. Occupation Labor Rep

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 20 / 2013
Transaction ID : C8009278

Amount of Each Receipt this Period
 50.00

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 9 OF 35 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
National Nurses United PAC - A Fund for a Healthy America

A. Carolyn Bowden
 Full Name (Last, First, Middle Initial)
 Mailing Address 7908 Winthorpe St
 City Oakland State CA Zip Code 94605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CA Nurses Asso. Occupation Labor Rep
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2013
Transaction ID : C8009234
 Amount of Each Receipt this Period
 50.00

B. Kathy Carder
 Full Name (Last, First, Middle Initial)
 Mailing Address 1026 Pleasant View
 City Venice State CA Zip Code 90291
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CA Nurses Asso. Occupation Nursing Practice Rep
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 03 / 2013
Transaction ID : C4788560
 Amount of Each Receipt this Period
 35.00

C. Kathy Carder
 Full Name (Last, First, Middle Initial)
 Mailing Address 1026 Pleasant View
 City Venice State CA Zip Code 90291
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CA Nurses Asso. Occupation Nursing Practice Rep
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 24 / 2013
Transaction ID : C4802988
 Amount of Each Receipt this Period
 35.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 120.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 10 OF 35 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
National Nurses United PAC - A Fund for a Healthy America

A. Kathy Carder
Full Name (Last, First, Middle Initial)

Mailing Address 1026 Pleasant View

| | | |
|----------------|-------------|-------------------|
| City Venice | State CA | Zip Code 90291 |
|----------------|-------------|-------------------|

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

| | |
|-------------------------------------|------------------------------------|
| Name of Employer CA Nurses Asso. | Occupation Nursing Practice Rep |
|-------------------------------------|------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02 | / | 15 | / | 2013 |

Transaction ID : C4819526

Amount of Each Receipt this Period

| |
|-------|
| 35.00 |
|-------|

B. Kathy Carder
Full Name (Last, First, Middle Initial)

Mailing Address 1026 Pleasant View

| | | |
|----------------|-------------|-------------------|
| City Venice | State CA | Zip Code 90291 |
|----------------|-------------|-------------------|

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

| | |
|-------------------------------------|------------------------------------|
| Name of Employer CA Nurses Asso. | Occupation Nursing Practice Rep |
|-------------------------------------|------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02 | / | 28 | / | 2013 |

Transaction ID : C4819573

Amount of Each Receipt this Period

| |
|-------|
| 35.00 |
|-------|

C. Kathy Carder
Full Name (Last, First, Middle Initial)

Mailing Address 1026 Pleasant View

| | | |
|----------------|-------------|-------------------|
| City Venice | State CA | Zip Code 90291 |
|----------------|-------------|-------------------|

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

| | |
|-------------------------------------|------------------------------------|
| Name of Employer CA Nurses Asso. | Occupation Nursing Practice Rep |
|-------------------------------------|------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 15 | / | 2013 |

Transaction ID : C7936710

Amount of Each Receipt this Period

| |
|-------|
| 35.00 |
|-------|

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 105.00 |
| TOTAL This Period (last page this line number only).....▶ | |

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 11 OF 35 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
National Nurses United PAC - A Fund for a Healthy America

A. Kathy Carder
Full Name (Last, First, Middle Initial)

Mailing Address 1026 Pleasant View

City Venice State CA Zip Code 90291

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

Name of Employer CA Nurses Asso. Occupation Nursing Practice Rep

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt **04 / 03 / 2013**

Transaction ID : C7936756

Amount of Each Receipt this Period **35.00**

B. Kathy Carder
Full Name (Last, First, Middle Initial)

Mailing Address 1026 Pleasant View

City Venice State CA Zip Code 90291

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

Name of Employer CA Nurses Asso. Occupation Nursing Practice Rep

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt **04 / 15 / 2013**

Transaction ID : C7979453

Amount of Each Receipt this Period **35.00**

C. Kathy Carder
Full Name (Last, First, Middle Initial)

Mailing Address 1026 Pleasant View

City Venice State CA Zip Code 90291

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

Name of Employer CA Nurses Asso. Occupation Nursing Practice Rep

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt **04 / 30 / 2013**

Transaction ID : C7979406

Amount of Each Receipt this Period **35.00**

SUBTOTAL of Receipts This Page (optional)..... ▶ **105.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 12 OF 35 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
National Nurses United PAC - A Fund for a Healthy America

A. Kathy Carder
Full Name (Last, First, Middle Initial)

Mailing Address 1026 Pleasant View

City Venice State CA Zip Code 90291

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

Name of Employer CA Nurses Asso. Occupation Nursing Practice Rep

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt **05 / 20 / 2013**

Transaction ID : C8009279

Amount of Each Receipt this Period **35.00**

B. Kathy Carder
Full Name (Last, First, Middle Initial)

Mailing Address 1026 Pleasant View

City Venice State CA Zip Code 90291

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

Name of Employer CA Nurses Asso. Occupation Nursing Practice Rep

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt **06 / 03 / 2013**

Transaction ID : C8009235

Amount of Each Receipt this Period **35.00**

C. Farah Davari
Full Name (Last, First, Middle Initial)

Mailing Address 10516 Almayo Ave

City Los Angeles State CA Zip Code 90064

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

Name of Employer CA Nurses Asso. Occupation Labor Rep

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **01 / 03 / 2013**

Transaction ID : C4788561

Amount of Each Receipt this Period **30.00**

SUBTOTAL of Receipts This Page (optional)..... **100.00**

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 13 OF 35 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
National Nurses United PAC - A Fund for a Healthy America

A. Farah Davari
Full Name (Last, First, Middle Initial)

Mailing Address 10516 Almayo Ave

| | | |
|---------------------|-------------|-------------------|
| City Los Angeles | State CA | Zip Code 90064 |
|---------------------|-------------|-------------------|

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

| | |
|-------------------------------------|-------------------------|
| Name of Employer CA Nurses Asso. | Occupation Labor Rep |
|-------------------------------------|-------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 01 | / | 24 | / | 2013 |

Transaction ID : C4802990

Amount of Each Receipt this Period

| |
|-------|
| 30.00 |
|-------|

B. Farah Davari
Full Name (Last, First, Middle Initial)

Mailing Address 10516 Almayo Ave

| | | |
|---------------------|-------------|-------------------|
| City Los Angeles | State CA | Zip Code 90064 |
|---------------------|-------------|-------------------|

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

| | |
|-------------------------------------|-------------------------|
| Name of Employer CA Nurses Asso. | Occupation Labor Rep |
|-------------------------------------|-------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02 | / | 15 | / | 2013 |

Transaction ID : C4819530

Amount of Each Receipt this Period

| |
|-------|
| 30.00 |
|-------|

C. Farah Davari
Full Name (Last, First, Middle Initial)

Mailing Address 10516 Almayo Ave

| | | |
|---------------------|-------------|-------------------|
| City Los Angeles | State CA | Zip Code 90064 |
|---------------------|-------------|-------------------|

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

| | |
|-------------------------------------|-------------------------|
| Name of Employer CA Nurses Asso. | Occupation Labor Rep |
|-------------------------------------|-------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02 | / | 28 | / | 2013 |

Transaction ID : C4819576

Amount of Each Receipt this Period

| |
|-------|
| 30.00 |
|-------|

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 90.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 14 OF 35 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
National Nurses United PAC - A Fund for a Healthy America

A. Farah Davari
Full Name (Last, First, Middle Initial)

Mailing Address 10516 Almayo Ave

City Los Angeles State CA Zip Code 90064

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

Name of Employer CA Nurses Asso. Occupation Labor Rep

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
03 / 15 / 2013
Transaction ID : C7936709

Amount of Each Receipt this Period
30.00

B. Farah Davari
Full Name (Last, First, Middle Initial)

Mailing Address 10516 Almayo Ave

City Los Angeles State CA Zip Code 90064

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

Name of Employer CA Nurses Asso. Occupation Labor Rep

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
04 / 03 / 2013
Transaction ID : C7936755

Amount of Each Receipt this Period
30.00

C. Farah Davari
Full Name (Last, First, Middle Initial)

Mailing Address 10516 Almayo Ave

City Los Angeles State CA Zip Code 90064

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

Name of Employer CA Nurses Asso. Occupation Labor Rep

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
04 / 15 / 2013
Transaction ID : C7979456

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 90.00

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 15 OF 35 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
National Nurses United PAC - A Fund for a Healthy America

A. Farah Davari
Full Name (Last, First, Middle Initial)

Mailing Address 10516 Almayo Ave

| | | |
|---------------------|-------------|-------------------|
| City Los Angeles | State CA | Zip Code 90064 |
|---------------------|-------------|-------------------|

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

| | |
|-------------------------------------|-------------------------|
| Name of Employer CA Nurses Asso. | Occupation Labor Rep |
|-------------------------------------|-------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 30 | | 2013 |

Transaction ID : C7979409

Amount of Each Receipt this Period

| |
|-------|
| 30.00 |
|-------|

B. Farah Davari
Full Name (Last, First, Middle Initial)

Mailing Address 10516 Almayo Ave

| | | |
|---------------------|-------------|-------------------|
| City Los Angeles | State CA | Zip Code 90064 |
|---------------------|-------------|-------------------|

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

| | |
|-------------------------------------|-------------------------|
| Name of Employer CA Nurses Asso. | Occupation Labor Rep |
|-------------------------------------|-------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 20 | | 2013 |

Transaction ID : C8009281

Amount of Each Receipt this Period

| |
|-------|
| 30.00 |
|-------|

C. Farah Davari
Full Name (Last, First, Middle Initial)

Mailing Address 10516 Almayo Ave

| | | |
|---------------------|-------------|-------------------|
| City Los Angeles | State CA | Zip Code 90064 |
|---------------------|-------------|-------------------|

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

| | |
|-------------------------------------|-------------------------|
| Name of Employer CA Nurses Asso. | Occupation Labor Rep |
|-------------------------------------|-------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | | 03 | | 2013 |

Transaction ID : C8009237

Amount of Each Receipt this Period

| |
|-------|
| 30.00 |
|-------|

| | |
|---|-------|
| SUBTOTAL of Receipts This Page (optional)..... | 90.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 16 OF 35 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
National Nurses United PAC - A Fund for a Healthy America

A. Thomas Dunne
 Full Name (Last, First, Middle Initial)
 Mailing Address 3050 Stanton Ave
 City Berkeley State CA Zip Code 91222
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NNU Occupation Labor Rep
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 03 / 2013
Transaction ID : C4788559
 Amount of Each Receipt this Period
 50.00

B. Thomas Dunne
 Full Name (Last, First, Middle Initial)
 Mailing Address 3050 Stanton Ave
 City Berkeley State CA Zip Code 91222
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NNU Occupation Labor Rep
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 24 / 2013
Transaction ID : C4803003
 Amount of Each Receipt this Period
 50.00

C. Thomas Dunne
 Full Name (Last, First, Middle Initial)
 Mailing Address 3050 Stanton Ave
 City Berkeley State CA Zip Code 91222
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NNU Occupation Labor Rep
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 15 / 2013
Transaction ID : C4819532
 Amount of Each Receipt this Period
 50.00

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

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 17 OF 35 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
National Nurses United PAC - A Fund for a Healthy America

| | | |
|---|-------------------------|---|
| Full Name (Last, First, Middle Initial) A. Thomas Dunne | | Date of Receipt MM / DD / YYYY 02 / 28 / 2013 Transaction ID : C4819580 |
| Mailing Address 3050 Stanton Ave | | Amount of Each Receipt this Period 50.00 |
| City Berkeley | State CA | Zip Code 91222 |
| FEC ID number of contributing federal political committee. C | | Aggregate Year-to-Date ▼ 500.00 |
| Name of Employer NNU | Occupation Labor Rep | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|-------------------------|---|
| Full Name (Last, First, Middle Initial) B. Thomas Dunne | | Date of Receipt MM / DD / YYYY 03 / 15 / 2013 Transaction ID : C7936712 |
| Mailing Address 3050 Stanton Ave | | Amount of Each Receipt this Period 50.00 |
| City Berkeley | State CA | Zip Code 91222 |
| FEC ID number of contributing federal political committee. C | | Aggregate Year-to-Date ▼ 500.00 |
| Name of Employer NNU | Occupation Labor Rep | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|-------------------------|---|
| Full Name (Last, First, Middle Initial) C. Thomas Dunne | | Date of Receipt MM / DD / YYYY 04 / 03 / 2013 Transaction ID : C7936758 |
| Mailing Address 3050 Stanton Ave | | Amount of Each Receipt this Period 50.00 |
| City Berkeley | State CA | Zip Code 91222 |
| FEC ID number of contributing federal political committee. C | | Aggregate Year-to-Date ▼ 500.00 |
| Name of Employer NNU | Occupation Labor Rep | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

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

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 18 OF 35 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
National Nurses United PAC - A Fund for a Healthy America

A. Thomas Dunne
Full Name (Last, First, Middle Initial)
Mailing Address 3050 Stanton Ave

| | | |
|------------------|-------------|-------------------|
| City Berkeley | State CA | Zip Code 91222 |
|------------------|-------------|-------------------|

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

| | |
|-------------------------|-------------------------|
| Name of Employer NNU | Occupation Labor Rep |
|-------------------------|-------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | / | 15 | / | 2013 |

Transaction ID : C7979464

Amount of Each Receipt this Period
50.00

B. Thomas Dunne
Full Name (Last, First, Middle Initial)
Mailing Address 3050 Stanton Ave

| | | |
|------------------|-------------|-------------------|
| City Berkeley | State CA | Zip Code 91222 |
|------------------|-------------|-------------------|

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

| | |
|-------------------------|-------------------------|
| Name of Employer NNU | Occupation Labor Rep |
|-------------------------|-------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | / | 30 | / | 2013 |

Transaction ID : C7979417

Amount of Each Receipt this Period
50.00

C. Thomas Dunne
Full Name (Last, First, Middle Initial)
Mailing Address 3050 Stanton Ave

| | | |
|------------------|-------------|-------------------|
| City Berkeley | State CA | Zip Code 91222 |
|------------------|-------------|-------------------|

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

| | |
|-------------------------|-------------------------|
| Name of Employer NNU | Occupation Labor Rep |
|-------------------------|-------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 20 | / | 2013 |

Transaction ID : C8009291

Amount of Each Receipt this Period
50.00

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 19 OF 35 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
National Nurses United PAC - A Fund for a Healthy America

A. Thomas Dunne
Full Name (Last, First, Middle Initial)

Mailing Address 3050 Stanton Ave

City Berkeley State CA Zip Code 91222

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

Name of Employer NNU Occupation Labor Rep

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2013
Transaction ID : C8009246

Amount of Each Receipt this Period
 50.00

B. Elisabeth Fiekowsky
Full Name (Last, First, Middle Initial)

Mailing Address 2855 Old Gravenstein Hwy

City Sebastapol State CA Zip Code 95473

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

Name of Employer CA Nurses Asso. Occupation Labor Rep

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 03 / 2013
Transaction ID : C4788562

Amount of Each Receipt this Period
 25.00

C. Elisabeth Fiekowsky
Full Name (Last, First, Middle Initial)

Mailing Address 2855 Old Gravenstein Hwy

City Sebastapol State CA Zip Code 95473

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

Name of Employer CA Nurses Asso. Occupation Labor Rep

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 24 / 2013
Transaction ID : C4802991

Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 100.00

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 20 OF 35 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
National Nurses United PAC - A Fund for a Healthy America

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Elisabeth Fiekowsky | | Date of Receipt |
| Mailing Address 2855 Old Gravenstein Hwy | | <input type="text" value="02"/> / <input type="text" value="15"/> / <input type="text" value="2013"/> |
| City State Zip Code Sebastapol CA 95473 | | Transaction ID : C4819535 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Amount of Each Receipt this Period |
| Name of Employer Occupation CA Nurses Asso. Labor Rep | | <input type="text" value="250.00"/> |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ | |
| | <input type="text" value="250.00"/> | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Elisabeth Fiekowsky | | Date of Receipt |
| Mailing Address 2855 Old Gravenstein Hwy | | <input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2013"/> |
| City State Zip Code Sebastapol CA 95473 | | Transaction ID : C4819581 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Amount of Each Receipt this Period |
| Name of Employer Occupation CA Nurses Asso. Labor Rep | | <input type="text" value="250.00"/> |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ | |
| | <input type="text" value="250.00"/> | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Elisabeth Fiekowsky | | Date of Receipt |
| Mailing Address 2855 Old Gravenstein Hwy | | <input type="text" value="03"/> / <input type="text" value="15"/> / <input type="text" value="2013"/> |
| City State Zip Code Sebastapol CA 95473 | | Transaction ID : C7936706 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Amount of Each Receipt this Period |
| Name of Employer Occupation CA Nurses Asso. Labor Rep | | <input type="text" value="250.00"/> |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ | |
| | <input type="text" value="250.00"/> | |

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 21 OF 35 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
National Nurses United PAC - A Fund for a Healthy America

A. Elisabeth Fiekowsky
Full Name (Last, First, Middle Initial)

Mailing Address 2855 Old Gravenstein Hwy

City Sebastapol State CA Zip Code 95473

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

Name of Employer CA Nurses Asso. Occupation Labor Rep

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 03 / 2013

Transaction ID : C7936752

Amount of Each Receipt this Period
25.00

B. Elisabeth Fiekowsky
Full Name (Last, First, Middle Initial)

Mailing Address 2855 Old Gravenstein Hwy

City Sebastapol State CA Zip Code 95473

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

Name of Employer CA Nurses Asso. Occupation Labor Rep

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 15 / 2013

Transaction ID : C7979459

Amount of Each Receipt this Period
25.00

C. Elisabeth Fiekowsky
Full Name (Last, First, Middle Initial)

Mailing Address 2855 Old Gravenstein Hwy

City Sebastapol State CA Zip Code 95473

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

Name of Employer CA Nurses Asso. Occupation Labor Rep

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 30 / 2013

Transaction ID : C7979412

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 22 OF 35 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
National Nurses United PAC - A Fund for a Healthy America

A. Elisabeth Fiekowsky
 Full Name (Last, First, Middle Initial)
 Mailing Address 2855 Old Gravenstein Hwy
 City Sebastapol State CA Zip Code 95473
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CA Nurses Asso. Occupation Labor Rep
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 20 / 2013
Transaction ID : C8009282
 Amount of Each Receipt this Period
 250.00

B. Elisabeth Fiekowsky
 Full Name (Last, First, Middle Initial)
 Mailing Address 2855 Old Gravenstein Hwy
 City Sebastapol State CA Zip Code 95473
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CA Nurses Asso. Occupation Labor Rep
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2013
Transaction ID : C8009238
 Amount of Each Receipt this Period
 25.00

C. Mohammad Kashmiri
 Full Name (Last, First, Middle Initial)
 Mailing Address 561 Oakland Ave #107
 City Oakland State CA Zip Code 94611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CA Nurses Asso. Occupation Labor Rep
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 03 / 2013
Transaction ID : C4788563
 Amount of Each Receipt this Period
 25.00

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 75.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 23 OF 35 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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)
National Nurses United PAC - A Fund for a Healthy America

A. Mohammad Kashmiri
 Full Name (Last, First, Middle Initial)
 Mailing Address 561 Oakland Ave #107
 City Oakland State CA Zip Code 94611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CA Nurses Asso. Occupation Labor Rep
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 01 / 24 / 2013
Transaction ID : C4802996
 Amount of Each Receipt this Period
 250.00

B. Mohammad Kashmiri
 Full Name (Last, First, Middle Initial)
 Mailing Address 561 Oakland Ave #107
 City Oakland State CA Zip Code 94611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CA Nurses Asso. Occupation Labor Rep
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 02 / 15 / 2013
Transaction ID : C4819546
 Amount of Each Receipt this Period
 25.00

C. Mohammad Kashmiri
 Full Name (Last, First, Middle Initial)
 Mailing Address 561 Oakland Ave #107
 City Oakland State CA Zip Code 94611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CA Nurses Asso. Occupation Labor Rep
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 02 / 28 / 2013
Transaction ID : C4819592
 Amount of Each Receipt this Period
 25.00

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 75.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 24 OF 35 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
National Nurses United PAC - A Fund for a Healthy America

A. Mohammad Kashmiri
 Full Name (Last, First, Middle Initial)
 Mailing Address 561 Oakland Ave #107
 City Oakland State CA Zip Code 94611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CA Nurses Asso. Occupation Labor Rep
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 15 / 2013
Transaction ID : C7936707
 Amount of Each Receipt this Period
 250.00

B. Mohammad Kashmiri
 Full Name (Last, First, Middle Initial)
 Mailing Address 561 Oakland Ave #107
 City Oakland State CA Zip Code 94611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CA Nurses Asso. Occupation Labor Rep
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 03 / 2013
Transaction ID : C7936753
 Amount of Each Receipt this Period
 25.00

C. Mohammad Kashmiri
 Full Name (Last, First, Middle Initial)
 Mailing Address 561 Oakland Ave #107
 City Oakland State CA Zip Code 94611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CA Nurses Asso. Occupation Labor Rep
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 15 / 2013
Transaction ID : C7979472
 Amount of Each Receipt this Period
 25.00

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 75.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 25 OF 35 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
National Nurses United PAC - A Fund for a Healthy America

A. Mohammad Kashmiri
Full Name (Last, First, Middle Initial)

Mailing Address 561 Oakland Ave #107

| | | |
|-----------------|-------------|-------------------|
| City Oakland | State CA | Zip Code 94611 |
|-----------------|-------------|-------------------|

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

| | |
|-------------------------------------|-------------------------|
| Name of Employer CA Nurses Asso. | Occupation Labor Rep |
|-------------------------------------|-------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | / | 30 | / | 2013 |

Transaction ID : C7979425

Amount of Each Receipt this Period
25.00

B. Mohammad Kashmiri
Full Name (Last, First, Middle Initial)

Mailing Address 561 Oakland Ave #107

| | | |
|-----------------|-------------|-------------------|
| City Oakland | State CA | Zip Code 94611 |
|-----------------|-------------|-------------------|

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

| | |
|-------------------------------------|-------------------------|
| Name of Employer CA Nurses Asso. | Occupation Labor Rep |
|-------------------------------------|-------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 20 | / | 2013 |

Transaction ID : C8009286

Amount of Each Receipt this Period
25.00

C. Mohammad Kashmiri
Full Name (Last, First, Middle Initial)

Mailing Address 561 Oakland Ave #107

| | | |
|-----------------|-------------|-------------------|
| City Oakland | State CA | Zip Code 94611 |
|-----------------|-------------|-------------------|

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

| | |
|-------------------------------------|-------------------------|
| Name of Employer CA Nurses Asso. | Occupation Labor Rep |
|-------------------------------------|-------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | / | 03 | / | 2013 |

Transaction ID : C8009242

Amount of Each Receipt this Period
25.00

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 75.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 26 OF 35 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
National Nurses United PAC - A Fund for a Healthy America

A. Paula Littles
 Full Name (Last, First, Middle Initial)
 Mailing Address 5712 Netleaf Rd
 City Austin State TX Zip Code 78724
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CA Nurses Asso. Occupation Organizer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 01 / 03 / 2013
Transaction ID : C4788569
 Amount of Each Receipt this Period
250.00

B. Paula Littles
 Full Name (Last, First, Middle Initial)
 Mailing Address 5712 Netleaf Rd
 City Austin State TX Zip Code 78724
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CA Nurses Asso. Occupation Organizer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 01 / 24 / 2013
Transaction ID : C4802997
 Amount of Each Receipt this Period
25.00

C. Paula Littles
 Full Name (Last, First, Middle Initial)
 Mailing Address 5712 Netleaf Rd
 City Austin State TX Zip Code 78724
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CA Nurses Asso. Occupation Organizer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 02 / 15 / 2013
Transaction ID : C4819548
 Amount of Each Receipt this Period
25.00

| | |
|---|--------------|
| SUBTOTAL of Receipts This Page (optional)..... | 75.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 27 OF 35 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
National Nurses United PAC - A Fund for a Healthy America

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. Paula Littles | | Date of Receipt |
| Mailing Address 5712 Netleaf Rd | | <input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2013"/> |
| City Austin | State TX | Zip Code 78724 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Transaction ID : C4819594 |
| Name of Employer CA Nurses Asso. | | Occupation Organizer |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <input type="text" value="250.00"/> | |
| | | Amount of Each Receipt this Period <input type="text" value="250.00"/> |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Paula Littles | | Date of Receipt |
| Mailing Address 5712 Netleaf Rd | | <input type="text" value="03"/> / <input type="text" value="15"/> / <input type="text" value="2013"/> |
| City Austin | State TX | Zip Code 78724 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Transaction ID : C7936708 |
| Name of Employer CA Nurses Asso. | | Occupation Organizer |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <input type="text" value="250.00"/> | |
| | | Amount of Each Receipt this Period <input type="text" value="250.00"/> |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. Paula Littles | | Date of Receipt |
| Mailing Address 5712 Netleaf Rd | | <input type="text" value="04"/> / <input type="text" value="03"/> / <input type="text" value="2013"/> |
| City Austin | State TX | Zip Code 78724 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Transaction ID : C7936754 |
| Name of Employer CA Nurses Asso. | | Occupation Organizer |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <input type="text" value="250.00"/> | |
| | | Amount of Each Receipt this Period <input type="text" value="250.00"/> |

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 28 OF 35 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
National Nurses United PAC - A Fund for a Healthy America

A. Paula Littles
Full Name (Last, First, Middle Initial)

Mailing Address 5712 Netleaf Rd

City Austin State TX Zip Code 78724

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

Name of Employer CA Nurses Asso. Occupation Organizer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 15 / 2013
Transaction ID : C7979474

Amount of Each Receipt this Period
 25.00

B. Paula Littles
Full Name (Last, First, Middle Initial)

Mailing Address 5712 Netleaf Rd

City Austin State TX Zip Code 78724

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

Name of Employer CA Nurses Asso. Occupation Organizer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2013
Transaction ID : C7979427

Amount of Each Receipt this Period
 25.00

C. Paula Littles
Full Name (Last, First, Middle Initial)

Mailing Address 5712 Netleaf Rd

City Austin State TX Zip Code 78724

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

Name of Employer CA Nurses Asso. Occupation Organizer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 20 / 2013
Transaction ID : C8009287

Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

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

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

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

FOR LINE NUMBER: PAGE 29 OF 35
(check only one)

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

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NAME OF COMMITTEE (In Full)
National Nurses United PAC - A Fund for a Healthy America

A. Full Name (Last, First, Middle Initial)
Paula Littles

Mailing Address 5712 Netleaf Rd

City Austin State TX Zip Code 78724

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

Name of Employer CA Nurses Asso. Occupation Organizer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 03 / 2013

Transaction ID : C8009243

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 25.00 |
| TOTAL This Period (last page this line number only).....▶ | 2400.00 |

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

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
National Nurses United PAC - A Fund for a Healthy America

Full Name (Last, First, Middle Initial)

A. First Data Merchant Services

Mailing Address 5565 Glenridge Connector NE, Suite

City Atlanta State GA Zip Code 30342

Purpose of Disbursement
Merchant fees for PAC

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 03 / 2013

Transaction ID : D532320

Amount of Each Disbursement this Period

41.43

Full Name (Last, First, Middle Initial)

B. First Data Merchant Services

Mailing Address 5565 Glenridge Connector NE, Suite

City Atlanta State GA Zip Code 30342

Purpose of Disbursement
Merchant fees for PAC

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 11 / 2013

Transaction ID : D532321

Amount of Each Disbursement this Period

92.40

Full Name (Last, First, Middle Initial)

C. First Data Merchant Services

Mailing Address 5565 Glenridge Connector NE, Suite

City Atlanta State GA Zip Code 30342

Purpose of Disbursement
Merchant fees for PAC

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 04 / 2013

Transaction ID : D532322

Amount of Each Disbursement this Period

69.07

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

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

202.90

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

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

National Nurses United PAC - A Fund for a Healthy America

Full Name (Last, First, Middle Initial)

A. First Data Merchant Services

Mailing Address 5565 Glenridge Connector NE, Suite

City Atlanta State GA Zip Code 30342

Purpose of Disbursement
Merchant fees for PAC

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 02 | | 12 | | 2013 |

Transaction ID : D532323

Amount of Each Disbursement this Period

| |
|-------|
| 44.95 |
|-------|

Full Name (Last, First, Middle Initial)

B. First Data Merchant Services

Mailing Address 5565 Glenridge Connector NE, Suite

City Atlanta State GA Zip Code 30342

Purpose of Disbursement
Merchant fees for PAC

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | | 04 | | 2013 |

Transaction ID : D532324

Amount of Each Disbursement this Period

| |
|-------|
| 42.08 |
|-------|

Full Name (Last, First, Middle Initial)

C. First Data Merchant Services

Mailing Address 5565 Glenridge Connector NE, Suite

City Atlanta State GA Zip Code 30342

Purpose of Disbursement
Merchant fees for PAC

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | | 12 | | 2013 |

Transaction ID : D532325

Amount of Each Disbursement this Period

| |
|-------|
| 44.95 |
|-------|

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

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

| |
|--------|
| 131.98 |
|--------|

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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:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
National Nurses United PAC - A Fund for a Healthy America

Full Name (Last, First, Middle Initial)

A. First Data Merchant Services

Mailing Address 5565 Glenridge Connector NE, Suite

City Atlanta State GA Zip Code 30342

Purpose of Disbursement
Merchant fees for PAC

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 03 / 2013

Transaction ID : D532326

Amount of Each Disbursement this Period

33.94

Full Name (Last, First, Middle Initial)

B. First Data Merchant Services

Mailing Address 5565 Glenridge Connector NE, Suite

City Atlanta State GA Zip Code 30342

Purpose of Disbursement
Merchant fees for PAC

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 11 / 2013

Transaction ID : D532327

Amount of Each Disbursement this Period

44.95

Full Name (Last, First, Middle Initial)

C. First Data Merchant Services

Mailing Address 5565 Glenridge Connector NE, Suite

City Atlanta State GA Zip Code 30342

Purpose of Disbursement
Merchant fees for PAC

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 03 / 2013

Transaction ID : D532328

Amount of Each Disbursement this Period

33.94

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

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

112.83

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

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

National Nurses United PAC - A Fund for a Healthy America

Full Name (Last, First, Middle Initial)

A. First Data Merchant Services

Mailing Address 5565 Glenridge Connector NE, Suite

City Atlanta State GA Zip Code 30342

Purpose of Disbursement
Merchant fees for PAC

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | | 1 | 3 | | 2 | 0 | 1 | 3 |

Transaction ID : D532329

Amount of Each Disbursement this Period

| | | | | |
|---|---|---|---|---|
| 4 | 4 | . | 9 | 5 |
|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

B. First Data Merchant Services

Mailing Address 5565 Glenridge Connector NE, Suite

City Atlanta State GA Zip Code 30342

Purpose of Disbursement
Merchant fees for PAC

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 0 | 3 | | 2 | 0 | 1 | 3 |

Transaction ID : D532330

Amount of Each Disbursement this Period

| | | | | |
|---|---|---|---|---|
| 3 | 3 | . | 9 | 4 |
|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

| | | | | |
|--|--|---|--|--|
| | | . | | |
|--|--|---|--|--|

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

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

| | | | | |
|---|---|---|---|---|
| 7 | 8 | . | 8 | 9 |
|---|---|---|---|---|

| | | | | |
|---|---|---|---|---|
| 5 | 2 | . | 6 | 0 |
|---|---|---|---|---|

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
National Nurses United PAC - A Fund for a Healthy America

Full Name (Last, First, Middle Initial)

A. The Markey Committee

Mailing Address PO Box 526

City Medford State MA Zip Code 02155-0006

Purpose of Disbursement
Contribution

Candidate Name
Edward Markey

Office Sought: House
 Senate
 President
State: MA District: 00

Disbursement For: 2013
 Primary General
 Other (specify) **Special**

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 28 / 2013

Transaction ID : D532319

Amount of Each Disbursement this Period

5000.00

Special General

Full Name (Last, First, Middle Initial)

B. Progressive Action PAC

Mailing Address PO Box 70980

City Washington State DC Zip Code 20024-0980

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 24 / 2013

Transaction ID : D532318

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Stephen F Lynch for Senate

Mailing Address 105 Farragut Rd

City Boston State MA Zip Code 02127-1724

Purpose of Disbursement
Contribution

Candidate Name
Stephen F. Lynch

Office Sought: House
 Senate
 President
State: MA District:

Disbursement For: 2014
 Primary General
 Other (specify) **Special Primary**

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 17 / 2013

Transaction ID : D527617

Amount of Each Disbursement this Period

2000.00

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

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

9500.00

9500.00

