



**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="17054.63"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="17539.64"/>	<input type="text" value="39070.30"/>
(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="34594.27"/>	<input type="text" value="45149.71"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="4320.37"/>	<input type="text" value="14875.81"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="30273.90"/>	<input type="text" value="30273.90"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> 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

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).....	5790.00	9030.00
(ii) Unitemized .....	11640.75	29639.75
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	17430.75	38669.75
(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) .....	17430.75	38669.75
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).....	108.89	400.55
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))..... ▶	17539.64	39070.30
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	17539.64	39070.30

**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 .....	820.37	1605.81
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	820.37	1605.81
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3500.00	13000.00
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 .....	0.00	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)).....	0.00	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)) ..	4320.37	14875.81
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4320.37	14875.81

**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) .....	17430.75	38669.75
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	270.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	17430.75	38399.75
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	820.37	1605.81
37. Offsets to Operating Expenditures (from Line 15, page 3).....	108.89	400.55
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	711.48	1205.26

**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 137
<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. Shawn Bartlett**  
Full Name (Last, First, Middle Initial)

Mailing Address 108 Sophys Ct,

City Roseville	State CA	Zip Code 95747
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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 ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2013

**Transaction ID : C8148586**

Amount of Each Receipt this Period  

10.00
-------

**B. Shawn Bartlett**  
Full Name (Last, First, Middle Initial)

Mailing Address 108 Sophys Ct,

City Roseville	State CA	Zip Code 95747
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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 ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2013

**Transaction ID : C8148548**

Amount of Each Receipt this Period  

10.00
-------

**C. Shawn Bartlett**  
Full Name (Last, First, Middle Initial)

Mailing Address 108 Sophys Ct,

City Roseville	State CA	Zip Code 95747
-------------------	-------------	-------------------

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

Name of Employer CA Nurses Asso.	Occupation Labor Rep
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2013

**Transaction ID : C8273466**

Amount of Each Receipt this Period  

10.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<b>TOTAL</b> 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 137
	<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. Shawn Bartlett**  
Full Name (Last, First, Middle Initial)

Mailing Address 108 Sophys Ct,

City Roseville State CA Zip Code 95747

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 ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 15 / 2013

**Transaction ID : C8274789**

Amount of Each Receipt this Period  
 10.00

**B. Shawn Bartlett**  
Full Name (Last, First, Middle Initial)

Mailing Address 108 Sophys Ct,

City Roseville State CA Zip Code 95747

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 ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013

**Transaction ID : C8410413**

Amount of Each Receipt this Period  
 10.00

**C. Shawn Bartlett**  
Full Name (Last, First, Middle Initial)

Mailing Address 108 Sophys Ct,

City Roseville State CA Zip Code 95747

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 ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 15 / 2013

**Transaction ID : C8410450**

Amount of Each Receipt this Period  
 10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 30.00

**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 137
	<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) <b>A. Shawn Bartlett</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 31 / 2013 <b>Transaction ID : C8317856</b>
Mailing Address 108 Sophys Ct,		Amount of Each Receipt this Period 10.00
City Roseville	State CA	Zip Code 95747
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 ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>B. Shawn Bartlett</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 15 / 2013 <b>Transaction ID : C8317893</b>
Mailing Address 108 Sophys Ct,		Amount of Each Receipt this Period 10.00
City Roseville	State CA	Zip Code 95747
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 ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>C. Shawn Bartlett</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2013 <b>Transaction ID : C8317931</b>
Mailing Address 108 Sophys Ct,		Amount of Each Receipt this Period 10.00
City Roseville	State CA	Zip Code 95747
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 ▼ 240.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<b>TOTAL</b> 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 137
	<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. Shawn Bartlett**  
Full Name (Last, First, Middle Initial)

Mailing Address 108 Sophys Ct,  
City Roseville State CA Zip Code 95747

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 ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 15 / 2013  
**Transaction ID : C8408658**

Amount of Each Receipt this Period  
10.00

**B. Shawn Bartlett**  
Full Name (Last, First, Middle Initial)

Mailing Address 108 Sophys Ct,  
City Roseville State CA Zip Code 95747

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 ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 31 / 2013  
**Transaction ID : C8412574**

Amount of Each Receipt this Period  
10.00

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

Mailing Address 858 56th Street  
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 ▼ 1200.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 31 / 2013  
**Transaction ID : C8148588**

Amount of Each Receipt this Period  
50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	70.00
<b>TOTAL</b> 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 137
	<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**

Mailing Address 858 56th Street

City Oakland	State CA	Zip Code 94605
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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 ▼  
1200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2013

**Transaction ID : C8148550**

Amount of Each Receipt this Period  
50.00

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

Mailing Address 858 56th Street

City Oakland	State CA	Zip Code 94605
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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 ▼  
1200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2013

**Transaction ID : C8273468**

Amount of Each Receipt this Period  
50.00

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

Mailing Address 858 56th Street

City Oakland	State CA	Zip Code 94605
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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 ▼  
1200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2013

**Transaction ID : C8274794**

Amount of Each Receipt this Period  
50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> 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 137
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>A. Carolyn Bowden</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2013 <b>Transaction ID : C8410407</b>
Mailing Address 858 56th Street		Amount of Each Receipt this Period 50.00
City Oakland	State CA	
Zip Code 94605		Aggregate Year-to-Date ▼ 1200.00
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) ▼

Full Name (Last, First, Middle Initial) <b>B. Carolyn Bowden</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 15 / 2013 <b>Transaction ID : C8410444</b>
Mailing Address 858 56th Street		Amount of Each Receipt this Period 50.00
City Oakland	State CA	
Zip Code 94605		Aggregate Year-to-Date ▼ 1200.00
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) ▼

Full Name (Last, First, Middle Initial) <b>C. Carolyn Bowden</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 31 / 2013 <b>Transaction ID : C8317889</b>
Mailing Address 858 56th Street		Amount of Each Receipt this Period 50.00
City Oakland	State CA	
Zip Code 94605		Aggregate Year-to-Date ▼ 1200.00
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) ▼

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> 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 12 OF 137  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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**

Mailing Address 858 56th Street

City State Zip Code  
 Oakland CA 94605

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

Name of Employer Occupation  
 CA Nurses Asso Labor Rep

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 15 / 2013

**Transaction ID : C8317926**

Amount of Each Receipt this Period  
 50.00

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

Mailing Address 858 56th Street

City State Zip Code  
 Oakland CA 94605

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

Name of Employer Occupation  
 CA Nurses Asso Labor Rep

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2013

**Transaction ID : C8317964**

Amount of Each Receipt this Period  
 50.00

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

Mailing Address 858 56th Street

City State Zip Code  
 Oakland CA 94605

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

Name of Employer Occupation  
 CA Nurses Asso Labor Rep

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 15 / 2013

**Transaction ID : C8408652**

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 13 OF 137
	<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. Carolyn Bowden**  
Full Name (Last, First, Middle Initial)

Mailing Address 858 56th Street

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 ▼  
1200.00

Date of Receipt  
12 / 31 / 2013  
**Transaction ID : C8412568**

Amount of Each Receipt this Period  
50.00

**B. Michael Brannan**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 623

City Oakland State CA Zip Code 94604

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 ▼  
240.00

Date of Receipt  
07 / 31 / 2013  
**Transaction ID : C8148589**

Amount of Each Receipt this Period  
10.00

**C. Michael Brannan**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 623

City Oakland State CA Zip Code 94604

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 ▼  
240.00

Date of Receipt  
08 / 15 / 2013  
**Transaction ID : C8148551**

Amount of Each Receipt this Period  
10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 70.00

**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 14 OF 137  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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. Michael Brannan**

Mailing Address P.O. Box 623

City State Zip Code  
 Oakland CA 94604

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

Name of Employer Occupation  
 CA Nurses Asso. Labor Rep

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2013  
**Transaction ID : C8273469**

Amount of Each Receipt this Period  
 10.00

Full Name (Last, First, Middle Initial)  
**B. Michael Brannan**

Mailing Address P.O. Box 623

City State Zip Code  
 Oakland CA 94604

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

Name of Employer Occupation  
 CA Nurses Asso. Labor Rep

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 15 / 2013  
**Transaction ID : C8274793**

Amount of Each Receipt this Period  
 10.00

Full Name (Last, First, Middle Initial)  
**C. Michael Brannan**

Mailing Address P.O. Box 623

City State Zip Code  
 Oakland CA 94604

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

Name of Employer Occupation  
 CA Nurses Asso. Labor Rep

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : C8410415**

Amount of Each Receipt this Period  
 10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 30.00

**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 137
	<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. Michael Brannan**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 623

City State Zip Code  
Oakland CA 94604

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

Name of Employer Occupation  
CA Nurses Asso. Labor Rep

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2013

**Transaction ID : C8410452**

Amount of Each Receipt this Period  
10.00

**B. Michael Brannan**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 623

City State Zip Code  
Oakland CA 94604

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

Name of Employer Occupation  
CA Nurses Asso. Labor Rep

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : C8317877**

Amount of Each Receipt this Period  
10.00

**C. Michael Brannan**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 623

City State Zip Code  
Oakland CA 94604

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

Name of Employer Occupation  
CA Nurses Asso. Labor Rep

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 15 / 2013

**Transaction ID : C8317914**

Amount of Each Receipt this Period  
10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 30.00

**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 137
	<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. Michael Brannan**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 623

City State Zip Code  
Oakland CA 94604

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

Name of Employer Occupation  
CA Nurses Asso. Labor Rep

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 30 / 2013

**Transaction ID : C8317952**

Amount of Each Receipt this Period  
10.00

**B. Michael Brannan**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 623

City State Zip Code  
Oakland CA 94604

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

Name of Employer Occupation  
CA Nurses Asso. Labor Rep

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 15 / 2013

**Transaction ID : C8408660**

Amount of Each Receipt this Period  
10.00

**C. Michael Brannan**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 623

City State Zip Code  
Oakland CA 94604

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

Name of Employer Occupation  
CA Nurses Asso. Labor Rep

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 31 / 2013

**Transaction ID : C8412576**

Amount of Each Receipt this Period  
10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 30.00

**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 137
<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. 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 ▼ **840.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
07		31		2013

**Transaction ID : C8148591**

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 ▼ **840.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08		15		2013

**Transaction ID : C8148553**

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 ▼ **840.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08		31		2013

**Transaction ID : C8273471**

Amount of Each Receipt this Period  

35.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>105.00</b>
<b>TOTAL</b> 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 137
<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. 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 ▼ **840.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2013

**Transaction ID : C8274791**

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 ▼ **840.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

**Transaction ID : C8410409**

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 ▼ **840.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2013

**Transaction ID : C8410446**

Amount of Each Receipt this Period  

35.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>105.00</b>
<b>TOTAL</b> 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 137
	<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. 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 ▼ **840.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2013

**Transaction ID : C8317858**

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 ▼ **840.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2013

**Transaction ID : C8317895**

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 ▼ **840.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2013

**Transaction ID : C8317933**

Amount of Each Receipt this Period  

35.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>105.00</b>
<b>TOTAL</b> 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 137
	<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. 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 ▼ **840.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2013

**Transaction ID : C8408654**

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 ▼ **840.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2013

**Transaction ID : C8412570**

Amount of Each Receipt this Period  

35.00
-------

**C. Leslie Curtis**  
Full Name (Last, First, Middle Initial)

Mailing Address 5029 Rosecrest Drive

City Pittsburg	State PA	Zip Code 60608
-------------------	-------------	-------------------

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 ▼ **480.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2013

**Transaction ID : C8148592**

Amount of Each Receipt this Period  

20.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>90.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 137
	<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. Leslie Curtis**  
Full Name (Last, First, Middle Initial)

Mailing Address 5029 Rosecrest Drive

City State Zip Code  
Pittsburg PA 60608

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

Name of Employer Occupation  
CA Nurses Asso. Labor Rep

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
480.00

Date of Receipt  
08 / 15 / 2013  
**Transaction ID : C8148554**

Amount of Each Receipt this Period  
20.00

**B. Leslie Curtis**  
Full Name (Last, First, Middle Initial)

Mailing Address 5029 Rosecrest Drive

City State Zip Code  
Pittsburg PA 60608

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

Name of Employer Occupation  
CA Nurses Asso. Labor Rep

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
480.00

Date of Receipt  
08 / 31 / 2013  
**Transaction ID : C8273472**

Amount of Each Receipt this Period  
20.00

**C. Leslie Curtis**  
Full Name (Last, First, Middle Initial)

Mailing Address 5029 Rosecrest Drive

City State Zip Code  
Pittsburg PA 60608

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

Name of Employer Occupation  
CA Nurses Asso. Labor Rep

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
480.00

Date of Receipt  
09 / 15 / 2013  
**Transaction ID : C8274801**

Amount of Each Receipt this Period  
20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00

**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 137
	<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. Leslie Curtis**  
Full Name (Last, First, Middle Initial)

Mailing Address 5029 Rosecrest Drive

City State Zip Code  
Pittsburg PA 60608

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

Name of Employer Occupation  
CA Nurses Asso. Labor Rep

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
480.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2013  
**Transaction ID : C8410419**

Amount of Each Receipt this Period  
20.00

**B. Leslie Curtis**  
Full Name (Last, First, Middle Initial)

Mailing Address 5029 Rosecrest Drive

City State Zip Code  
Pittsburg PA 60608

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

Name of Employer Occupation  
CA Nurses Asso. Labor Rep

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
480.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2013  
**Transaction ID : C8410456**

Amount of Each Receipt this Period  
20.00

**C. Leslie Curtis**  
Full Name (Last, First, Middle Initial)

Mailing Address 5029 Rosecrest Drive

City State Zip Code  
Pittsburg PA 60608

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

Name of Employer Occupation  
CA Nurses Asso. Labor Rep

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
480.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 31 / 2013  
**Transaction ID : C8317887**

Amount of Each Receipt this Period  
20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00

**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 137
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	<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. Leslie Curtis**  
Full Name (Last, First, Middle Initial)

Mailing Address 5029 Rosecrest Drive

City State Zip Code  
Pittsburg PA 60608

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

Name of Employer Occupation  
CA Nurses Asso. Labor Rep

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
480.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 15 / 2013  
**Transaction ID : C8317924**

Amount of Each Receipt this Period  
20.00

**B. Leslie Curtis**  
Full Name (Last, First, Middle Initial)

Mailing Address 5029 Rosecrest Drive

City State Zip Code  
Pittsburg PA 60608

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

Name of Employer Occupation  
CA Nurses Asso. Labor Rep

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
480.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 30 / 2013  
**Transaction ID : C8317962**

Amount of Each Receipt this Period  
20.00

**C. Leslie Curtis**  
Full Name (Last, First, Middle Initial)

Mailing Address 5029 Rosecrest Drive

City State Zip Code  
Pittsburg PA 60608

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

Name of Employer Occupation  
CA Nurses Asso. Labor Rep

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
480.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 15 / 2013  
**Transaction ID : C8408664**

Amount of Each Receipt this Period  
20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00

**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 137
	<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) <b>A. Leslie Curtis</b>		Date of Receipt
Mailing Address 5029 Rosecrest Drive		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City	State	Zip Code
Pittsburg	PA	60608
FEC ID number of contributing federal political committee.		Transaction ID : <b>C8412581</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="20.00"/>
Name of Employer	Occupation	
CA Nurses Asso.	Labor Rep	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="480.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Gerard Daley</b>		Date of Receipt
Mailing Address 16907 W. Sunset Blvd		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City	State	Zip Code
Pacific Palisades	CA	90272
FEC ID number of contributing federal political committee.		Transaction ID : <b>C8148593</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="10.00"/>
Name of Employer	Occupation	
CA Nurses Asso.	Labor Rep	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="240.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Gerard Daley</b>		Date of Receipt
Mailing Address 16907 W. Sunset Blvd		<input type="text" value="08"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>
City	State	Zip Code
Pacific Palisades	CA	90272
FEC ID number of contributing federal political committee.		Transaction ID : <b>C8148555</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="10.00"/>
Name of Employer	Occupation	
CA Nurses Asso.	Labor Rep	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="240.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="40.00"/>
<b>TOTAL</b> 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 25 OF 137
	<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. Gerard Daley**  
Full Name (Last, First, Middle Initial)

Mailing Address 16907 W. Sunset Blvd

City Pacific Palisades State CA Zip Code 90272

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 ▼ 240.00

Date of Receipt  
08 / 31 / 2013  
**Transaction ID : C8273473**

Amount of Each Receipt this Period  
10.00

**B. Gerard Daley**  
Full Name (Last, First, Middle Initial)

Mailing Address 16907 W. Sunset Blvd

City Pacific Palisades State CA Zip Code 90272

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 ▼ 240.00

Date of Receipt  
09 / 15 / 2013  
**Transaction ID : C8274798**

Amount of Each Receipt this Period  
10.00

**C. Gerard Daley**  
Full Name (Last, First, Middle Initial)

Mailing Address 16907 W. Sunset Blvd

City Pacific Palisades State CA Zip Code 90272

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 ▼ 240.00

Date of Receipt  
09 / 30 / 2013  
**Transaction ID : C8410416**

Amount of Each Receipt this Period  
10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 30.00

**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 137
	<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. Gerard Daley**  
Full Name (Last, First, Middle Initial)

Mailing Address 16907 W. Sunset Blvd

City Pacific Palisades	State CA	Zip Code 90272
---------------------------	-------------	-------------------

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 ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2013

**Transaction ID : C8410453**

Amount of Each Receipt this Period  

10.00
-------

**B. Gerard Daley**  
Full Name (Last, First, Middle Initial)

Mailing Address 16907 W. Sunset Blvd

City Pacific Palisades	State CA	Zip Code 90272
---------------------------	-------------	-------------------

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 ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2013

**Transaction ID : C8317878**

Amount of Each Receipt this Period  

10.00
-------

**C. Gerard Daley**  
Full Name (Last, First, Middle Initial)

Mailing Address 16907 W. Sunset Blvd

City Pacific Palisades	State CA	Zip Code 90272
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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 ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2013

**Transaction ID : C8317915**

Amount of Each Receipt this Period  

10.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<b>TOTAL</b> 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 137
<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"/>	<input type="checkbox"/> 17

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

**A. Gerard Daley**  
Full Name (Last, First, Middle Initial)

Mailing Address 16907 W. Sunset Blvd

City Pacific Palisades	State CA	Zip Code 90272
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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 ▼  
240.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 30 / 2013

**Transaction ID : C8317953**

Amount of Each Receipt this Period  
10.00

**B. Gerard Daley**  
Full Name (Last, First, Middle Initial)

Mailing Address 16907 W. Sunset Blvd

City Pacific Palisades	State CA	Zip Code 90272
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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 ▼  
240.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 15 / 2013

**Transaction ID : C8408661**

Amount of Each Receipt this Period  
10.00

**C. Gerard Daley**  
Full Name (Last, First, Middle Initial)

Mailing Address 16907 W. Sunset Blvd

City Pacific Palisades	State CA	Zip Code 90272
---------------------------	-------------	-------------------

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 ▼  
240.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : C8412577**

Amount of Each Receipt this Period  
10.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<b>TOTAL</b> 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 28 OF 137
	<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. 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 ▼ **720.00**

Date of Receipt  
**07 / 31 / 2013**

**Transaction ID : C8148594**

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 ▼ **720.00**

Date of Receipt  
**08 / 15 / 2013**

**Transaction ID : C8148556**

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 ▼ **720.00**

Date of Receipt  
**08 / 31 / 2013**

**Transaction ID : C8273474**

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 29 OF 137
<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. 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 ▼ **720.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2013

**Transaction ID : C8274795**

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 ▼ **720.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

**Transaction ID : C8410410**

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 ▼ **720.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2013

**Transaction ID : C8410447**

Amount of Each Receipt this Period  

30.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>90.00</b>
<b>TOTAL</b> 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 30 OF 137
	<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	State	Zip Code
Los Angeles	CA	90064

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

Name of Employer	Occupation
CA Nurses Asso.	Labor Rep

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **720.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2013

**Transaction ID : C8317859**

Amount of Each Receipt this Period  

30.00
-------

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

Mailing Address 10516 Almayo Ave

City	State	Zip Code
Los Angeles	CA	90064

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

Name of Employer	Occupation
CA Nurses Asso.	Labor Rep

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **720.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2013

**Transaction ID : C8317896**

Amount of Each Receipt this Period  

30.00
-------

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

Mailing Address 10516 Almayo Ave

City	State	Zip Code
Los Angeles	CA	90064

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

Name of Employer	Occupation
CA Nurses Asso.	Labor Rep

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **720.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2013

**Transaction ID : C8317934**

Amount of Each Receipt this Period  

30.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>90.00</b>
<b>TOTAL</b> 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 31 OF 137
	<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 ▼ **720.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 15 / 2013  
**Transaction ID : C8408655**

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 ▼ **720.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2013  
**Transaction ID : C8412571**

Amount of Each Receipt this Period  
**30.00**

**C. Ayesha E Dillon**  
Full Name (Last, First, Middle Initial)

Mailing Address 3375 Carlson Boulevard  
Apartment #4

City El Cerrito State CA Zip Code 94530-3940

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

Name of Employer Kaiser Richmond Clinic Occupation Staff Nurse II

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **261.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 26 / 2013  
**Transaction ID : C8149119**

Amount of Each Receipt this Period  
**10.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>70.00</b>
<b>TOTAL</b> 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 32 OF 137  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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. Ayesha E Dillon**

Mailing Address 3375 Carlson Boulevard  
 Apartment #4

City State Zip Code  
 El Cerrito CA 94530-3940

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

Name of Employer Occupation  
 Kaiser Richmond Clinic Staff Nurse li

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 261.00

Date of Receipt  
 08 / 12 / 2013  
**Transaction ID : C8273504**

Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**B. Ayesha E Dillon**

Mailing Address 3375 Carlson Boulevard  
 Apartment #4

City State Zip Code  
 El Cerrito CA 94530-3940

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

Name of Employer Occupation  
 Kaiser Richmond Clinic Staff Nurse li

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 261.00

Date of Receipt  
 08 / 12 / 2013  
**Transaction ID : C8274134**

Amount of Each Receipt this Period  
 10.00

Full Name (Last, First, Middle Initial)  
**C. Ayesha E Dillon**

Mailing Address 3375 Carlson Boulevard  
 Apartment #4

City State Zip Code  
 El Cerrito CA 94530-3940

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

Name of Employer Occupation  
 Kaiser Richmond Clinic Staff Nurse li

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 261.00

Date of Receipt  
 08 / 16 / 2013  
**Transaction ID : C8273873**

Amount of Each Receipt this Period  
 10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 40.00

**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 33 OF 137  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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. Ayesha E Dillon**

Mailing Address 3375 Carlson Boulevard  
 Apartment #4

City El Cerrito State CA Zip Code 94530-3940

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

Name of Employer Kaiser Richmond Clinic Occupation Staff Nurse li

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 261.00

Date of Receipt  
 09 / 04 / 2013  
**Transaction ID : C8274909**

Amount of Each Receipt this Period  
 10.00

Full Name (Last, First, Middle Initial)  
**B. Ayesha E Dillon**

Mailing Address 3375 Carlson Boulevard  
 Apartment #4

City El Cerrito State CA Zip Code 94530-3940

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

Name of Employer Kaiser Richmond Clinic Occupation Staff Nurse li

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 261.00

Date of Receipt  
 09 / 19 / 2013  
**Transaction ID : C8275864**

Amount of Each Receipt this Period  
 10.00

Full Name (Last, First, Middle Initial)  
**C. Ayesha E Dillon**

Mailing Address 3375 Carlson Boulevard  
 Apartment #4

City El Cerrito State CA Zip Code 94530-3940

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

Name of Employer Kaiser Richmond Clinic Occupation Staff Nurse li

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 261.00

Date of Receipt  
 10 / 08 / 2013  
**Transaction ID : C8408761**

Amount of Each Receipt this Period  
 10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 30.00

**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 34 OF 137
	<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**

Full Name (Last, First, Middle Initial) <b>A. Ayesha E Dillon</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 15 / 2013 <b>Transaction ID : C8409070</b>
Mailing Address 3375 Carlson Boulevard Apartment #4		Amount of Each Receipt this Period 10.00
City El Cerrito	State CA	Zip Code 94530-3940
FEC ID number of contributing federal political committee. C		
Name of Employer Kaiser Richmond Clinic	Occupation Staff Nurse li	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 261.00	

Full Name (Last, First, Middle Initial) <b>B. Ayesha E Dillon</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 15 / 2013 <b>Transaction ID : C8409379</b>
Mailing Address 3375 Carlson Boulevard Apartment #4		Amount of Each Receipt this Period 10.00
City El Cerrito	State CA	Zip Code 94530-3940
FEC ID number of contributing federal political committee. C		
Name of Employer Kaiser Richmond Clinic	Occupation Staff Nurse li	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 261.00	

Full Name (Last, First, Middle Initial) <b>C. Ayesha E Dillon</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 14 / 2013 <b>Transaction ID : C8412606</b>
Mailing Address 3375 Carlson Boulevard Apartment #4		Amount of Each Receipt this Period 10.00
City El Cerrito	State CA	Zip Code 94530-3940
FEC ID number of contributing federal political committee. C		
Name of Employer Kaiser Richmond Clinic	Occupation Staff Nurse li	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 261.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<b>TOTAL</b> 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 35 OF 137
	<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. Ayesha E Dillon**  
Full Name (Last, First, Middle Initial)

Mailing Address 3375 Carlson Boulevard  
Apartment #4

City El Cerrito State CA Zip Code 94530-3940

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

Name of Employer Kaiser Richmond Clinic Occupation Staff Nurse li

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
261.00

Date of Receipt  
12 / 19 / 2013  
**Transaction ID : C8409844**

Amount of Each Receipt this Period  
10.00

**B. Ayesha E Dillon**  
Full Name (Last, First, Middle Initial)

Mailing Address 3375 Carlson Boulevard  
Apartment #4

City El Cerrito State CA Zip Code 94530-3940

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

Name of Employer Kaiser Richmond Clinic Occupation Staff Nurse li

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
261.00

Date of Receipt  
12 / 19 / 2013  
**Transaction ID : C8410183**

Amount of Each Receipt this Period  
10.00

**C. Ayesha E Dillon**  
Full Name (Last, First, Middle Initial)

Mailing Address 3375 Carlson Boulevard  
Apartment #4

City El Cerrito State CA Zip Code 94530-3940

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

Name of Employer Kaiser Richmond Clinic Occupation Staff Nurse li

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
261.00

Date of Receipt  
12 / 28 / 2013  
**Transaction ID : C8413034**

Amount of Each Receipt this Period  
10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 30.00

**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 36 OF 137  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Diane Dombroski**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 38923 Stanridge Ave.  
 City Palmdale State CA Zip Code 93550-3242  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Antelope Valley Occupation Critical Care Rn  
 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  
 07 / 26 / 2013  
**Transaction ID : C8149325**  
 Amount of Each Receipt this Period  
 10.00

**B. Diane Dombroski**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 38923 Stanridge Ave.  
 City Palmdale State CA Zip Code 93550-3242  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Antelope Valley Occupation Critical Care Rn  
 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  
 08 / 05 / 2013  
**Transaction ID : C8148982**  
 Amount of Each Receipt this Period  
 10.00

**C. Diane Dombroski**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 38923 Stanridge Ave.  
 City Palmdale State CA Zip Code 93550-3242  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Antelope Valley Occupation Critical Care Rn  
 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  
 08 / 12 / 2013  
**Transaction ID : C8273509**  
 Amount of Each Receipt this Period  
 10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 30.00  
**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 37 OF 137  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Diane Dombroski**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 38923 Stanridge Ave.  
 City Palmdale State CA Zip Code 93550-3242  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Antelope Valley Occupation Critical Care Rn  
 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  
 08 / 19 / 2013  
**Transaction ID : C8148625**  
 Amount of Each Receipt this Period  
 10.00

**B. Diane Dombroski**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 38923 Stanridge Ave.  
 City Palmdale State CA Zip Code 93550-3242  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Antelope Valley Occupation Critical Care Rn  
 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  
 09 / 03 / 2013  
**Transaction ID : C8275100**  
 Amount of Each Receipt this Period  
 10.00

**C. Diane Dombroski**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 38923 Stanridge Ave.  
 City Palmdale State CA Zip Code 93550-3242  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Antelope Valley Occupation Critical Care Rn  
 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  
 09 / 10 / 2013  
**Transaction ID : C8275166**  
 Amount of Each Receipt this Period  
 10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 30.00  
**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 38 OF 137
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Diane Dombroski**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 38923 Stanridge Ave.  
 City Palmdale State CA Zip Code 93550-3242  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Antelope Valley Occupation Critical Care Rn  
 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  
 09 / 19 / 2013  
**Transaction ID : C8276062**  
 Amount of Each Receipt this Period  
 10.00

**B. Diane Dombroski**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 38923 Stanridge Ave.  
 City Palmdale State CA Zip Code 93550-3242  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Antelope Valley Occupation Critical Care Rn  
 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  
 10 / 08 / 2013  
**Transaction ID : C8408958**  
 Amount of Each Receipt this Period  
 10.00

**C. Diane Dombroski**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 38923 Stanridge Ave.  
 City Palmdale State CA Zip Code 93550-3242  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Antelope Valley Occupation Critical Care Rn  
 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  
 11 / 15 / 2013  
**Transaction ID : C8409266**  
 Amount of Each Receipt this Period  
 10.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<b>TOTAL</b> 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 39 OF 137
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Diane Dombroski**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 38923 Stanridge Ave.  
 City Palmdale State CA Zip Code 93550-3242  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Antelope Valley Occupation Critical Care Rn  
 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  
 11 / 15 / 2013  
**Transaction ID : C8409580**  
 Amount of Each Receipt this Period  
 10.00

**B. Diane Dombroski**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 38923 Stanridge Ave.  
 City Palmdale State CA Zip Code 93550-3242  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Antelope Valley Occupation Critical Care Rn  
 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  
 12 / 12 / 2013  
**Transaction ID : C8409620**  
 Amount of Each Receipt this Period  
 10.00

**C. Diane Dombroski**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 38923 Stanridge Ave.  
 City Palmdale State CA Zip Code 93550-3242  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Antelope Valley Occupation Critical Care Rn  
 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  
 12 / 14 / 2013  
**Transaction ID : C8412605**  
 Amount of Each Receipt this Period  
 10.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<b>TOTAL</b> 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 40 OF 137  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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. Diane Dombroski**

Mailing Address 38923 Stanridge Ave.

City Palmdale State CA Zip Code 93550-3242

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

Name of Employer Antelope Valley Occupation Critical Care Rn

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  
 12 / 19 / 2013  
**Transaction ID : C8410185**

Amount of Each Receipt this Period  
 10.00

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

Mailing Address PO Box 4737

City Berkeley State CA Zip Code 91222

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

Name of Employer California Nurses Asso Occupation Labor Rep

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 31 / 2013  
**Transaction ID : C8148596**

Amount of Each Receipt this Period  
 50.00

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

Mailing Address PO Box 4737

City Berkeley State CA Zip Code 91222

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

Name of Employer California Nurses Asso Occupation Labor Rep

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 15 / 2013  
**Transaction ID : C8148558**

Amount of Each Receipt this Period  
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**SUBTOTAL** of Receipts This Page (optional)..... ▶ 110.00

**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 41 OF 137  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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**

Mailing Address PO Box 4737

City State Zip Code  
 Berkeley CA 91222

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

Name of Employer Occupation  
 California Nurses Asso Labor Rep

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 550.00

Date of Receipt  
 08 / 31 / 2013  
**Transaction ID : C8273476**

Amount of Each Receipt this Period  
 50.00

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

Mailing Address PO Box 4737

City State Zip Code  
 Berkeley CA 91222

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

Name of Employer Occupation  
 California Nurses Asso Labor Rep

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 550.00

Date of Receipt  
 09 / 15 / 2013  
**Transaction ID : C8274802**

Amount of Each Receipt this Period  
 50.00

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

Mailing Address PO Box 4737

City State Zip Code  
 Berkeley CA 91222

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

Name of Employer Occupation  
 California Nurses Asso Labor Rep

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 550.00

Date of Receipt  
 09 / 30 / 2013  
**Transaction ID : C8410408**

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: PAGE 42 OF 137  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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**

Mailing Address PO Box 4737

City State Zip Code  
 Berkeley CA 91222

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

Name of Employer Occupation  
 California Nurses Asso Labor Rep

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 15 / 2013

**Transaction ID : C8410445**

Amount of Each Receipt this Period  
 50.00

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

Mailing Address PO Box 4737

City State Zip Code  
 Berkeley CA 91222

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

Name of Employer Occupation  
 California Nurses Asso Labor Rep

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2013

**Transaction ID : C8317890**

Amount of Each Receipt this Period  
 50.00

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

Mailing Address PO Box 4737

City State Zip Code  
 Berkeley CA 91222

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

Name of Employer Occupation  
 California Nurses Asso Labor Rep

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 15 / 2013

**Transaction ID : C8317927**

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 43 OF 137
	<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. Thomas Dunne**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 4737

City Berkeley State CA Zip Code 91222

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

Name of Employer California Nurses Asso Occupation Labor Rep

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2013

**Transaction ID : C8317965**

Amount of Each Receipt this Period  
 50.00

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

Mailing Address PO Box 4737

City Berkeley State CA Zip Code 91222

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

Name of Employer California Nurses Asso Occupation Labor Rep

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 15 / 2013

**Transaction ID : C8408653**

Amount of Each Receipt this Period  
 50.00

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

Mailing Address PO Box 4737

City Berkeley State CA Zip Code 91222

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

Name of Employer California Nurses Asso Occupation Labor Rep

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : C8412569**

Amount of Each Receipt this Period  
 50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> 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 44 OF 137  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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. Sue Fendley**

Mailing Address 3024 S Apple Ct

City Antioch State CA Zip Code 94509-5228

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

Name of Employer National Nurses United Occupation Labor Rep

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  
**07 / 31 / 2013**

**Transaction ID : C8148598**

Amount of Each Receipt this Period  
**10.00**

Full Name (Last, First, Middle Initial)  
**B. Sue Fendley**

Mailing Address 3024 S Apple Ct

City Antioch State CA Zip Code 94509-5228

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

Name of Employer National Nurses United Occupation Labor Rep

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  
**08 / 15 / 2013**

**Transaction ID : C8148560**

Amount of Each Receipt this Period  
**10.00**

Full Name (Last, First, Middle Initial)  
**C. Sue Fendley**

Mailing Address 3024 S Apple Ct

City Antioch State CA Zip Code 94509-5228

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

Name of Employer National Nurses United Occupation Labor Rep

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  
**08 / 31 / 2013**

**Transaction ID : C8273478**

Amount of Each Receipt this Period  
**10.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **30.00**

**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 45 OF 137
	<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. Sue Fendley**  
Full Name (Last, First, Middle Initial)

Mailing Address 3024 S Apple Ct

City Antioch State CA Zip Code 94509-5228

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

Name of Employer National Nurses United Occupation Labor Rep

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 15 / 2013  
**Transaction ID : C8274797**

Amount of Each Receipt this Period  
 10.00

**B. Sue Fendley**  
Full Name (Last, First, Middle Initial)

Mailing Address 3024 S Apple Ct

City Antioch State CA Zip Code 94509-5228

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

Name of Employer National Nurses United Occupation Labor Rep

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : C8410431**

Amount of Each Receipt this Period  
 10.00

**C. Sue Fendley**  
Full Name (Last, First, Middle Initial)

Mailing Address 3024 S Apple Ct

City Antioch State CA Zip Code 94509-5228

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

Name of Employer National Nurses United Occupation Labor Rep

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 15 / 2013  
**Transaction ID : C8410468**

Amount of Each Receipt this Period  
 10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 30.00

**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 46 OF 137  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Sue Fendley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3024 S Apple Ct  
 City Antioch State CA Zip Code 94509-5228  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer National Nurses United Occupation Labor Rep  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 31 / 2013  
**Transaction ID : C8317875**  
 Amount of Each Receipt this Period  
 10.00

**B. Sue Fendley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3024 S Apple Ct  
 City Antioch State CA Zip Code 94509-5228  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer National Nurses United Occupation Labor Rep  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 15 / 2013  
**Transaction ID : C8317912**  
 Amount of Each Receipt this Period  
 10.00

**C. Sue Fendley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3024 S Apple Ct  
 City Antioch State CA Zip Code 94509-5228  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer National Nurses United Occupation Labor Rep  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 30 / 2013  
**Transaction ID : C8317950**  
 Amount of Each Receipt this Period  
 10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 30.00  
**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 47 OF 137  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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. Sue Fendley**

Mailing Address 3024 S Apple Ct

City Antioch State CA Zip Code 94509-5228

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

Name of Employer National Nurses United Occupation Labor Rep

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  
**12 / 15 / 2013**

**Transaction ID : C8408676**

Amount of Each Receipt this Period  
**10.00**

Full Name (Last, First, Middle Initial)  
**B. Sue Fendley**

Mailing Address 3024 S Apple Ct

City Antioch State CA Zip Code 94509-5228

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

Name of Employer National Nurses United Occupation Labor Rep

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  
**12 / 31 / 2013**

**Transaction ID : C8412592**

Amount of Each Receipt this Period  
**10.00**

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

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 ▼ **350.00**

Date of Receipt  
**07 / 31 / 2013**

**Transaction ID : C8148599**

Amount of Each Receipt this Period  
**25.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **45.00**

**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 48 OF 137
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	<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. William Gallagher**  
Full Name (Last, First, Middle Initial)

Mailing Address 388 Museum Drive

City Los Angeles State CA Zip Code 90065

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 ▼ 240.00

Date of Receipt  
07 / 31 / 2013  
**Transaction ID : C8148600**

Amount of Each Receipt this Period  
10.00

**B. William Gallagher**  
Full Name (Last, First, Middle Initial)

Mailing Address 388 Museum Drive

City Los Angeles State CA Zip Code 90065

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 ▼ 240.00

Date of Receipt  
08 / 15 / 2013  
**Transaction ID : C8148561**

Amount of Each Receipt this Period  
10.00

**C. William Gallagher**  
Full Name (Last, First, Middle Initial)

Mailing Address 388 Museum Drive

City Los Angeles State CA Zip Code 90065

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 ▼ 240.00

Date of Receipt  
08 / 31 / 2013  
**Transaction ID : C8273479**

Amount of Each Receipt this Period  
10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 30.00

**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 49 OF 137  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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. William Gallagher**

Mailing Address 388 Museum Drive

City Los Angeles    State CA    Zip Code 90065

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 ▼  
 240.00

Date of Receipt  
 09 / 15 / 2013  
**Transaction ID : C8274796**

Amount of Each Receipt this Period  
 10.00

Full Name (Last, First, Middle Initial)  
**B. William Gallagher**

Mailing Address 388 Museum Drive

City Los Angeles    State CA    Zip Code 90065

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 ▼  
 240.00

Date of Receipt  
 09 / 30 / 2013  
**Transaction ID : C8410422**

Amount of Each Receipt this Period  
 10.00

Full Name (Last, First, Middle Initial)  
**C. William Gallagher**

Mailing Address 388 Museum Drive

City Los Angeles    State CA    Zip Code 90065

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 ▼  
 240.00

Date of Receipt  
 10 / 15 / 2013  
**Transaction ID : C8410459**

Amount of Each Receipt this Period  
 10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 30.00

**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 50 OF 137
	<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**

Full Name (Last, First, Middle Initial) <b>A. William Gallagher</b>			Date of Receipt M M / D D / Y Y Y Y Y 10 / 31 / 2013 <b>Transaction ID : C8317860</b>		
Mailing Address 388 Museum Drive			Amount of Each Receipt this Period 10.00		
City Los Angeles	State CA	Zip Code 90065			
FEC ID number of contributing federal political committee. C					
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 ▼ 240.00			

Full Name (Last, First, Middle Initial) <b>B. William Gallagher</b>			Date of Receipt M M / D D / Y Y Y Y Y 11 / 15 / 2013 <b>Transaction ID : C8317897</b>		
Mailing Address 388 Museum Drive			Amount of Each Receipt this Period 10.00		
City Los Angeles	State CA	Zip Code 90065			
FEC ID number of contributing federal political committee. C					
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 ▼ 240.00			

Full Name (Last, First, Middle Initial) <b>C. William Gallagher</b>			Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2013 <b>Transaction ID : C8317935</b>		
Mailing Address 388 Museum Drive			Amount of Each Receipt this Period 10.00		
City Los Angeles	State CA	Zip Code 90065			
FEC ID number of contributing federal political committee. C					
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 ▼ 240.00			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<b>TOTAL</b> 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 51 OF 137
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	<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**

Full Name (Last, First, Middle Initial) <b>A. William Gallagher</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 15 / 2013 <b>Transaction ID : C8408667</b>
Mailing Address 388 Museum Drive		Amount of Each Receipt this Period 10.00
City Los Angeles	State CA	Zip Code 90065
FEC ID number of contributing federal political committee. C	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 ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>B. William Gallagher</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2013 <b>Transaction ID : C8412583</b>
Mailing Address 388 Museum Drive		Amount of Each Receipt this Period 10.00
City Los Angeles	State CA	Zip Code 90065
FEC ID number of contributing federal political committee. C	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 ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>C. Vera George</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2013 <b>Transaction ID : C8148601</b>
Mailing Address 2526 Sherwood Drive		Amount of Each Receipt this Period 20.00
City San Bruno	State CA	Zip Code 94066
FEC ID number of contributing federal political committee. C	Name of Employer CA Nurses Asso.	Occupation Secretary
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	40.00
<b>TOTAL</b> 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 52 OF 137
<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. Vera George**  
Full Name (Last, First, Middle Initial)

Mailing Address 2526 Sherwood Drive

City San Bruno State CA Zip Code 94066

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

Name of Employer CA Nurses Asso. Occupation Secretary

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt 08 / 15 / 2013  
**Transaction ID : C8148562**

Amount of Each Receipt this Period 20.00

**B. Vera George**  
Full Name (Last, First, Middle Initial)

Mailing Address 2526 Sherwood Drive

City San Bruno State CA Zip Code 94066

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

Name of Employer CA Nurses Asso. Occupation Secretary

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt 08 / 31 / 2013  
**Transaction ID : C8273480**

Amount of Each Receipt this Period 20.00

**C. Vera George**  
Full Name (Last, First, Middle Initial)

Mailing Address 2526 Sherwood Drive

City San Bruno State CA Zip Code 94066

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

Name of Employer CA Nurses Asso. Occupation Secretary

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt 09 / 15 / 2013  
**Transaction ID : C8274814**

Amount of Each Receipt this Period 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00

**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 53 OF 137
	<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. Vera George**  
Full Name (Last, First, Middle Initial)

Mailing Address 2526 Sherwood Drive

City San Bruno State CA Zip Code 94066

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

Name of Employer CA Nurses Asso. Occupation Secretary

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt 09 / 30 / 2013  
**Transaction ID : C8410417**

Amount of Each Receipt this Period 20.00

**B. Vera George**  
Full Name (Last, First, Middle Initial)

Mailing Address 2526 Sherwood Drive

City San Bruno State CA Zip Code 94066

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

Name of Employer CA Nurses Asso. Occupation Secretary

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt 10 / 15 / 2013  
**Transaction ID : C8410454**

Amount of Each Receipt this Period 20.00

**C. Vera George**  
Full Name (Last, First, Middle Initial)

Mailing Address 2526 Sherwood Drive

City San Bruno State CA Zip Code 94066

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

Name of Employer CA Nurses Asso. Occupation Secretary

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt 10 / 31 / 2013  
**Transaction ID : C8317882**

Amount of Each Receipt this Period 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00

**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 54 OF 137
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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. Vera George**  
Full Name (Last, First, Middle Initial)

Mailing Address 2526 Sherwood Drive

City San Bruno State CA Zip Code 94066

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

Name of Employer CA Nurses Asso. Occupation Secretary

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 15 / 2013**

**Transaction ID : C8317919**

Amount of Each Receipt this Period  
**20.00**

**B. Vera George**  
Full Name (Last, First, Middle Initial)

Mailing Address 2526 Sherwood Drive

City San Bruno State CA Zip Code 94066

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

Name of Employer CA Nurses Asso. Occupation Secretary

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 30 / 2013**

**Transaction ID : C8317957**

Amount of Each Receipt this Period  
**20.00**

**C. Vera George**  
Full Name (Last, First, Middle Initial)

Mailing Address 2526 Sherwood Drive

City San Bruno State CA Zip Code 94066

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

Name of Employer CA Nurses Asso. Occupation Secretary

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 15 / 2013**

**Transaction ID : C8408662**

Amount of Each Receipt this Period  
**20.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **60.00**

**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 55 OF 137
	<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. Vera George**  
Full Name (Last, First, Middle Initial)

Mailing Address 2526 Sherwood Drive

City San Bruno State CA Zip Code 94066

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

Name of Employer CA Nurses Asso. Occupation Secretary

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt 12 / 31 / 2013  
**Transaction ID : C8412579**

Amount of Each Receipt this Period 20.00

**B. Tina Lynne Grieger**  
Full Name (Last, First, Middle Initial)

Mailing Address 32727 Dorama Ave

City Acton State CA Zip Code 93510

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 ▼ 240.00

Date of Receipt 07 / 31 / 2013  
**Transaction ID : C8148602**

Amount of Each Receipt this Period 10.00

**C. Tina Lynne Grieger**  
Full Name (Last, First, Middle Initial)

Mailing Address 32727 Dorama Ave

City Acton State CA Zip Code 93510

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 ▼ 240.00

Date of Receipt 08 / 15 / 2013  
**Transaction ID : C8148563**

Amount of Each Receipt this Period 10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 40.00

**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 56 OF 137
<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. Tina Lynne Grieger**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 32727 Dorama Ave  
 City Acton State CA Zip Code 93510  
 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 ▼ 240.00

Date of Receipt 08 / 31 / 2013  
**Transaction ID : C8273481**  
 Amount of Each Receipt this Period 10.00

**B. Tina Lynne Grieger**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 32727 Dorama Ave  
 City Acton State CA Zip Code 93510  
 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 ▼ 240.00

Date of Receipt 09 / 15 / 2013  
**Transaction ID : C8274803**  
 Amount of Each Receipt this Period 10.00

**C. Tina Lynne Grieger**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 32727 Dorama Ave  
 City Acton State CA Zip Code 93510  
 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 ▼ 240.00

Date of Receipt 09 / 30 / 2013  
**Transaction ID : C8410423**  
 Amount of Each Receipt this Period 10.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<b>TOTAL</b> 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 57 OF 137
<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. Tina Lynne Grieger**  
Full Name (Last, First, Middle Initial)

Mailing Address 32727 Dorama Ave

City Acton State CA Zip Code 93510

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 ▼ 240.00

Date of Receipt 10 / 15 / 2013  
**Transaction ID : C8410460**

Amount of Each Receipt this Period 10.00

**B. Tina Lynne Grieger**  
Full Name (Last, First, Middle Initial)

Mailing Address 32727 Dorama Ave

City Acton State CA Zip Code 93510

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 ▼ 240.00

Date of Receipt 10 / 31 / 2013  
**Transaction ID : C8317861**

Amount of Each Receipt this Period 10.00

**C. Tina Lynne Grieger**  
Full Name (Last, First, Middle Initial)

Mailing Address 32727 Dorama Ave

City Acton State CA Zip Code 93510

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 ▼ 240.00

Date of Receipt 11 / 15 / 2013  
**Transaction ID : C8317898**

Amount of Each Receipt this Period 10.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 30.00

**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 58 OF 137
	<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. Tina Lynne Grieger**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 32727 Dorama Ave  
 City Acton State CA Zip Code 93510  
 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 ▼ 240.00

Date of Receipt  
 11 / 30 / 2013  
**Transaction ID : C8317936**  
 Amount of Each Receipt this Period  
 10.00

**B. Tina Lynne Grieger**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 32727 Dorama Ave  
 City Acton State CA Zip Code 93510  
 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 ▼ 240.00

Date of Receipt  
 12 / 15 / 2013  
**Transaction ID : C8408668**  
 Amount of Each Receipt this Period  
 10.00

**C. Tina Lynne Grieger**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 32727 Dorama Ave  
 City Acton State CA Zip Code 93510  
 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 ▼ 240.00

Date of Receipt  
 12 / 31 / 2013  
**Transaction ID : C8412584**  
 Amount of Each Receipt this Period  
 10.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<b>TOTAL</b> 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 59 OF 137
	<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. Michelle Grisat**  
Full Name (Last, First, Middle Initial)

Mailing Address 50 Landers St

City San Francisco State CA Zip Code 94114

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

Name of Employer CA Nurses Asso. Occupation Educator/Researcher

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt **07 / 31 / 2013**

**Transaction ID : C8148603**

Amount of Each Receipt this Period **20.00**

**B. Michelle Grisat**  
Full Name (Last, First, Middle Initial)

Mailing Address 50 Landers St

City San Francisco State CA Zip Code 94114

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

Name of Employer CA Nurses Asso. Occupation Educator/Researcher

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt **08 / 15 / 2013**

**Transaction ID : C8148564**

Amount of Each Receipt this Period **20.00**

**C. Michelle Grisat**  
Full Name (Last, First, Middle Initial)

Mailing Address 50 Landers St

City San Francisco State CA Zip Code 94114

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

Name of Employer CA Nurses Asso. Occupation Educator/Researcher

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt **08 / 31 / 2013**

**Transaction ID : C8273482**

Amount of Each Receipt this Period **20.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **60.00**

**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 60 OF 137
	<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. Michelle Grisat**  
Full Name (Last, First, Middle Initial)

Mailing Address 50 Landers St

City San Francisco State CA Zip Code 94114

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

Name of Employer CA Nurses Asso. Occupation Educator/Researcher

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt  
09 / 15 / 2013  
**Transaction ID : C8274804**

Amount of Each Receipt this Period  
**20.00**

**B. Michelle Grisat**  
Full Name (Last, First, Middle Initial)

Mailing Address 50 Landers St

City San Francisco State CA Zip Code 94114

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

Name of Employer CA Nurses Asso. Occupation Educator/Researcher

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt  
09 / 30 / 2013  
**Transaction ID : C8410414**

Amount of Each Receipt this Period  
**20.00**

**C. Michelle Grisat**  
Full Name (Last, First, Middle Initial)

Mailing Address 50 Landers St

City San Francisco State CA Zip Code 94114

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

Name of Employer CA Nurses Asso. Occupation Educator/Researcher

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt  
10 / 15 / 2013  
**Transaction ID : C8410451**

Amount of Each Receipt this Period  
**20.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **60.00**

**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 61 OF 137
	<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. Michelle Grisat**  
Full Name (Last, First, Middle Initial)

Mailing Address 50 Landers St

City San Francisco State CA Zip Code 94114

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

Name of Employer CA Nurses Asso. Occupation Educator/Researcher

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt **10 / 31 / 2013**

**Transaction ID : C8317862**

Amount of Each Receipt this Period **20.00**

**B. Michelle Grisat**  
Full Name (Last, First, Middle Initial)

Mailing Address 50 Landers St

City San Francisco State CA Zip Code 94114

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

Name of Employer CA Nurses Asso. Occupation Educator/Researcher

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt **11 / 15 / 2013**

**Transaction ID : C8317899**

Amount of Each Receipt this Period **20.00**

**C. Michelle Grisat**  
Full Name (Last, First, Middle Initial)

Mailing Address 50 Landers St

City San Francisco State CA Zip Code 94114

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

Name of Employer CA Nurses Asso. Occupation Educator/Researcher

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt **11 / 30 / 2013**

**Transaction ID : C8317937**

Amount of Each Receipt this Period **20.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **60.00**

**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 62 OF 137
	<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. Michelle Grisat**  
Full Name (Last, First, Middle Initial)

Mailing Address 50 Landers St

City San Francisco State CA Zip Code 94114

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

Name of Employer CA Nurses Asso. Occupation Educator/Researcher

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 15 / 2013**

**Transaction ID : C8408659**

Amount of Each Receipt this Period  
**20.00**

**B. Michelle Grisat**  
Full Name (Last, First, Middle Initial)

Mailing Address 50 Landers St

City San Francisco State CA Zip Code 94114

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

Name of Employer CA Nurses Asso. Occupation Educator/Researcher

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 31 / 2013**

**Transaction ID : C8412575**

Amount of Each Receipt this Period  
**20.00**

**C. Marcia E. Hogue**  
Full Name (Last, First, Middle Initial)

Mailing Address 8609 Hawley Way

City Elk Grove State CA Zip Code 95624-4575

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

Name of Employer Kaiser So Sac Occupation STAFF NURSE III

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **261.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 26 / 2013**

**Transaction ID : C8149160**

Amount of Each Receipt this Period  
**10.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>50.00</b>
<b>TOTAL</b> 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 63 OF 137
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Marcia E. Hogue**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8609 Hawley Way  
 City Elk Grove State CA Zip Code 95624-4575  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kaiser So Sac Occupation STAFF NURSE III  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **261.00**

Date of Receipt **08 / 12 / 2013**  
**Transaction ID : C8273505**  
 Amount of Each Receipt this Period **20.00**

**B. Marcia E. Hogue**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8609 Hawley Way  
 City Elk Grove State CA Zip Code 95624-4575  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kaiser So Sac Occupation STAFF NURSE III  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **261.00**

Date of Receipt **08 / 12 / 2013**  
**Transaction ID : C8274173**  
 Amount of Each Receipt this Period **10.00**

**C. Marcia E. Hogue**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8609 Hawley Way  
 City Elk Grove State CA Zip Code 95624-4575  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kaiser So Sac Occupation STAFF NURSE III  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **261.00**

Date of Receipt **08 / 16 / 2013**  
**Transaction ID : C8273915**  
 Amount of Each Receipt this Period **10.00**

**SUBTOTAL** of Receipts This Page (optional)..... **40.00**  
**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 64 OF 137  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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. Marcia E. Hogue**

Mailing Address 8609 Hawley Way

City Elk Grove State CA Zip Code 95624-4575

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

Name of Employer Kaiser So Sac Occupation STAFF NURSE III

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **261.00**

Date of Receipt  
**09 / 04 / 2013**

**Transaction ID : C8274948**

Amount of Each Receipt this Period  
**10.00**

Full Name (Last, First, Middle Initial)  
**B. Marcia E. Hogue**

Mailing Address 8609 Hawley Way

City Elk Grove State CA Zip Code 95624-4575

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

Name of Employer Kaiser So Sac Occupation STAFF NURSE III

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **261.00**

Date of Receipt  
**09 / 19 / 2013**

**Transaction ID : C8275902**

Amount of Each Receipt this Period  
**10.00**

Full Name (Last, First, Middle Initial)  
**C. Marcia E. Hogue**

Mailing Address 8609 Hawley Way

City Elk Grove State CA Zip Code 95624-4575

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

Name of Employer Kaiser So Sac Occupation STAFF NURSE III

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **261.00**

Date of Receipt  
**10 / 08 / 2013**

**Transaction ID : C8408800**

Amount of Each Receipt this Period  
**10.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **30.00**

**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 65 OF 137
	<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) <b>A. Marcia E. Hogue</b>			Date of Receipt M M / D D / Y Y Y Y Y 11 / 15 / 2013 <b>Transaction ID : C8409108</b>
Mailing Address 8609 Hawley Way			Amount of Each Receipt this Period 10.00
City Elk Grove	State CA	Zip Code 95624-4575	
FEC ID number of contributing federal political committee. C			
Name of Employer Kaiser So Sac	Occupation STAFF NURSE III		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 261.00		

Full Name (Last, First, Middle Initial) <b>B. Marcia E. Hogue</b>			Date of Receipt M M / D D / Y Y Y Y Y 11 / 15 / 2013 <b>Transaction ID : C8409421</b>
Mailing Address 8609 Hawley Way			Amount of Each Receipt this Period 10.00
City Elk Grove	State CA	Zip Code 95624-4575	
FEC ID number of contributing federal political committee. C			
Name of Employer Kaiser So Sac	Occupation STAFF NURSE III		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 261.00		

Full Name (Last, First, Middle Initial) <b>C. Marcia E. Hogue</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 14 / 2013 <b>Transaction ID : C8412608</b>
Mailing Address 8609 Hawley Way			Amount of Each Receipt this Period 10.00
City Elk Grove	State CA	Zip Code 95624-4575	
FEC ID number of contributing federal political committee. C			
Name of Employer Kaiser So Sac	Occupation STAFF NURSE III		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 261.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<b>TOTAL</b> 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 66 OF 137
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Marcia E. Hogue</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 19 / 2013 <b>Transaction ID : C8409845</b>		
Mailing Address 8609 Hawley Way			Amount of Each Receipt this Period 10.00		
City Elk Grove	State CA	Zip Code 95624-4575			
FEC ID number of contributing federal political committee. C					
Name of Employer Kaiser So Sac		Occupation STAFF NURSE III			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 261.00			

Full Name (Last, First, Middle Initial) <b>B. Marcia E. Hogue</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 19 / 2013 <b>Transaction ID : C8410241</b>		
Mailing Address 8609 Hawley Way			Amount of Each Receipt this Period 10.00		
City Elk Grove	State CA	Zip Code 95624-4575			
FEC ID number of contributing federal political committee. C					
Name of Employer Kaiser So Sac		Occupation STAFF NURSE III			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 261.00			

Full Name (Last, First, Middle Initial) <b>C. Marcia E. Hogue</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 28 / 2013 <b>Transaction ID : C8413077</b>		
Mailing Address 8609 Hawley Way			Amount of Each Receipt this Period 10.00		
City Elk Grove	State CA	Zip Code 95624-4575			
FEC ID number of contributing federal political committee. C					
Name of Employer Kaiser So Sac		Occupation STAFF NURSE III			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 261.00			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<b>TOTAL</b> 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 67 OF 137
	<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**

Full Name (Last, First, Middle Initial) <b>A. Sheila Ibanez</b>		Date of Receipt MM / DD / YYYY 07 / 31 / 2013 <b>Transaction ID : C8148605</b>
Mailing Address 3732 Fruitvale Ave		Amount of Each Receipt this Period 10.00
City Oakland	State CA	Zip Code 94602
FEC ID number of contributing federal political committee. C	Name of Employer CA Nurses Asso.	Occupation Confidential Secretary
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>B. Sheila Ibanez</b>		Date of Receipt MM / DD / YYYY 08 / 15 / 2013 <b>Transaction ID : C8148566</b>
Mailing Address 3732 Fruitvale Ave		Amount of Each Receipt this Period 10.00
City Oakland	State CA	Zip Code 94602
FEC ID number of contributing federal political committee. C	Name of Employer CA Nurses Asso.	Occupation Confidential Secretary
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>C. Sheila Ibanez</b>		Date of Receipt MM / DD / YYYY 08 / 31 / 2013 <b>Transaction ID : C8273485</b>
Mailing Address 3732 Fruitvale Ave		Amount of Each Receipt this Period 10.00
City Oakland	State CA	Zip Code 94602
FEC ID number of contributing federal political committee. C	Name of Employer CA Nurses Asso.	Occupation Confidential Secretary
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<b>TOTAL</b> 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 68 OF 137
	<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. Sheila Ibanez**  
Full Name (Last, First, Middle Initial)

Mailing Address 3732 Fruitvale Ave

City Oakland State CA Zip Code 94602

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

Name of Employer CA Nurses Asso. Occupation Confidential Secretary

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 09 / 15 / 2013  
**Transaction ID : C8274813**

Amount of Each Receipt this Period 10.00

**B. Sheila Ibanez**  
Full Name (Last, First, Middle Initial)

Mailing Address 3732 Fruitvale Ave

City Oakland State CA Zip Code 94602

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

Name of Employer CA Nurses Asso. Occupation Confidential Secretary

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 09 / 30 / 2013  
**Transaction ID : C8410434**

Amount of Each Receipt this Period 10.00

**C. Sheila Ibanez**  
Full Name (Last, First, Middle Initial)

Mailing Address 3732 Fruitvale Ave

City Oakland State CA Zip Code 94602

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

Name of Employer CA Nurses Asso. Occupation Confidential Secretary

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 10 / 15 / 2013  
**Transaction ID : C8410471**

Amount of Each Receipt this Period 10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 30.00

**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 69 OF 137
	<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) <b>A. Sheila Ibanez</b>		Date of Receipt
Mailing Address 3732 Fruitvale Ave		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City State Zip Code Oakland CA 94602		<b>Transaction ID : C8317880</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="10.00"/>
Name of Employer CA Nurses Asso.	Occupation Confidential Secretary	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="240.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Sheila Ibanez</b>		Date of Receipt
Mailing Address 3732 Fruitvale Ave		<input type="text" value="11"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>
City State Zip Code Oakland CA 94602		<b>Transaction ID : C8317917</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="10.00"/>
Name of Employer CA Nurses Asso.	Occupation Confidential Secretary	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="240.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Sheila Ibanez</b>		Date of Receipt
Mailing Address 3732 Fruitvale Ave		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City State Zip Code Oakland CA 94602		<b>Transaction ID : C8317955</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="10.00"/>
Name of Employer CA Nurses Asso.	Occupation Confidential Secretary	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="240.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="30.00"/>
<b>TOTAL</b> 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 70 OF 137
	<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) <b>A. Sheila Ibanez</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 15 / 2013 <b>Transaction ID : C8408679</b>
Mailing Address 3732 Fruitvale Ave		Amount of Each Receipt this Period 10.00
City Oakland	State CA	Zip Code 94602
FEC ID number of contributing federal political committee. C		
Name of Employer CA Nurses Asso.	Occupation Confidential Secretary	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>B. Sheila Ibanez</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2013 <b>Transaction ID : C8412595</b>
Mailing Address 3732 Fruitvale Ave		Amount of Each Receipt this Period 10.00
City Oakland	State CA	Zip Code 94602
FEC ID number of contributing federal political committee. C		
Name of Employer CA Nurses Asso.	Occupation Confidential Secretary	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>C. Mohammad Kashmiri</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2013 <b>Transaction ID : C8148607</b>
Mailing Address 3726 Fruitvale Ave		Amount of Each Receipt this Period 25.00
City Oakland	State CA	Zip Code 94611
FEC ID number of contributing federal political committee. C		
Name of Employer Information Requested	Occupation Labor Rep	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	45.00
<b>TOTAL</b> 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 71 OF 137
	<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. Mohammad Kashmiri**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3726 Fruitvale Ave  
 City Oakland State CA Zip Code 94611  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Information Requested Labor Rep  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 275.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 15 / 2013  
**Transaction ID : C8148568**  
 Amount of Each Receipt this Period  
 25.00

**B. Mohammad Kashmiri**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3726 Fruitvale Ave  
 City Oakland State CA Zip Code 94611  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Information Requested Labor Rep  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 275.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 31 / 2013  
**Transaction ID : C8273486**  
 Amount of Each Receipt this Period  
 25.00

**C. Mohammad Kashmiri**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3726 Fruitvale Ave  
 City Oakland State CA Zip Code 94611  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Information Requested Labor Rep  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 275.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 15 / 2013  
**Transaction ID : C8274817**  
 Amount of Each Receipt this Period  
 25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> 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 72 OF 137
	<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 3726 Fruitvale Ave

City Oakland State CA Zip Code 94611

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

Name of Employer Occupation  
Information Requested Labor Rep

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  
09 / 30 / 2013  
Transaction ID : **C8410412**

Amount of Each Receipt this Period  
25.00

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

Mailing Address 3726 Fruitvale Ave

City Oakland State CA Zip Code 94611

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

Name of Employer Occupation  
Information Requested Labor Rep

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  
10 / 15 / 2013  
Transaction ID : **C8410449**

Amount of Each Receipt this Period  
25.00

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

Mailing Address 3726 Fruitvale Ave

City Oakland State CA Zip Code 94611

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

Name of Employer Occupation  
Information Requested Labor Rep

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  
10 / 31 / 2013  
Transaction ID : **C8317888**

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 73 OF 137
	<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 3726 Fruitvale Ave

City Oakland State CA Zip Code 94611

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

Name of Employer Occupation  
Information Requested Labor Rep

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  
11 / 15 / 2013  
**Transaction ID : C8317925**

Amount of Each Receipt this Period  
25.00

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

Mailing Address 3726 Fruitvale Ave

City Oakland State CA Zip Code 94611

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

Name of Employer Occupation  
Information Requested Labor Rep

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  
11 / 30 / 2013  
**Transaction ID : C8317963**

Amount of Each Receipt this Period  
25.00

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

Mailing Address 3726 Fruitvale Ave

City Oakland State CA Zip Code 94611

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

Name of Employer Occupation  
Information Requested Labor Rep

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  
12 / 15 / 2013  
**Transaction ID : C8408657**

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 74 OF 137
	<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. Mohammad Kashmiri**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3726 Fruitvale Ave  
 City Oakland State CA Zip Code 94611  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Information Requested Labor Rep  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2013  
**Transaction ID : C8412573**  
 Amount of Each Receipt this Period  
 25.00

**B. Kathleen A Keith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5895 97 Circle North  
 City Pinellas Park State FL Zip Code 33782  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Northside RN Progressive Care  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 255.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 05 / 2013  
**Transaction ID : C8148986**  
 Amount of Each Receipt this Period  
 10.00

**C. Kathleen A Keith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5895 97 Circle North  
 City Pinellas Park State FL Zip Code 33782  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Northside RN Progressive Care  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 255.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 19 / 2013  
**Transaction ID : C8148629**  
 Amount of Each Receipt this Period  
 10.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	45.00
<b>TOTAL</b> 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 75 OF 137
	<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. Kathleen A Keith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5895 97 Circle North  
 City Pinellas Park State FL Zip Code 33782  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Northside Occupation RN Progressive Care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 03 / 2013  
**Transaction ID : C8275104**  
 Amount of Each Receipt this Period  
 10.00

**B. Kathleen A Keith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5895 97 Circle North  
 City Pinellas Park State FL Zip Code 33782  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Northside Occupation RN Progressive Care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 10 / 2013  
**Transaction ID : C8275170**  
 Amount of Each Receipt this Period  
 10.00

**C. Kathleen A Keith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5895 97 Circle North  
 City Pinellas Park State FL Zip Code 33782  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Northside Occupation RN Progressive Care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 19 / 2013  
**Transaction ID : C8276091**  
 Amount of Each Receipt this Period  
 10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 30.00  
**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 76 OF 137
	<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. Kathleen A Keith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5895 97 Circle North  
 City Pinellas Park State FL Zip Code 33782  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Northside Occupation RN Progressive Care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 08 / 2013  
**Transaction ID : C8408987**  
 Amount of Each Receipt this Period  
 10.00

**B. Kathleen A Keith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5895 97 Circle North  
 City Pinellas Park State FL Zip Code 33782  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Northside Occupation RN Progressive Care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 15 / 2013  
**Transaction ID : C8409294**  
 Amount of Each Receipt this Period  
 10.00

**C. Kathleen A Keith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5895 97 Circle North  
 City Pinellas Park State FL Zip Code 33782  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Northside Occupation RN Progressive Care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 15 / 2013  
**Transaction ID : C8409609**  
 Amount of Each Receipt this Period  
 10.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<b>TOTAL</b> 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 77 OF 137 (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**

Full Name (Last, First, Middle Initial) <b>A. Kathleen A Keith</b>	Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 14 / 2013 <b>Transaction ID : C8412611</b>					
Mailing Address 5895 97 Circle North	Amount of Each Receipt this Period 10.00					
<table style="width: 100%;"> <tr> <td style="width: 30%;">City</td> <td style="width: 30%;">State</td> <td style="width: 40%;">Zip Code</td> </tr> <tr> <td>Pinellas Park</td> <td>FL</td> <td>33782</td> </tr> </table>		City	State	Zip Code	Pinellas Park	FL
City	State	Zip Code				
Pinellas Park	FL	33782				
FEC ID number of contributing federal political committee.	C					
Name of Employer Northside	Occupation RN Progressive Care					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00					

Full Name (Last, First, Middle Initial) <b>B. Kathleen A Keith</b>	Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 19 / 2013 <b>Transaction ID : C8410260</b>					
Mailing Address 5895 97 Circle North	Amount of Each Receipt this Period 10.00					
<table style="width: 100%;"> <tr> <td style="width: 30%;">City</td> <td style="width: 30%;">State</td> <td style="width: 40%;">Zip Code</td> </tr> <tr> <td>Pinellas Park</td> <td>FL</td> <td>33782</td> </tr> </table>		City	State	Zip Code	Pinellas Park	FL
City	State	Zip Code				
Pinellas Park	FL	33782				
FEC ID number of contributing federal political committee.	C					
Name of Employer Northside	Occupation RN Progressive Care					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00					

Full Name (Last, First, Middle Initial) <b>C. Kathleen A Keith</b>	Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 21 / 2013 <b>Transaction ID : C8412924</b>					
Mailing Address 5895 97 Circle North	Amount of Each Receipt this Period 10.00					
<table style="width: 100%;"> <tr> <td style="width: 30%;">City</td> <td style="width: 30%;">State</td> <td style="width: 40%;">Zip Code</td> </tr> <tr> <td>Pinellas Park</td> <td>FL</td> <td>33782</td> </tr> </table>		City	State	Zip Code	Pinellas Park	FL
City	State	Zip Code				
Pinellas Park	FL	33782				
FEC ID number of contributing federal political committee.	C					
Name of Employer Northside	Occupation RN Progressive Care					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00					

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	30.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	10.00

**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 78 OF 137
	<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. Kathleen A Keith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5895 97 Circle North  
 City Pinellas Park State FL Zip Code 33782  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Northside Occupation RN Progressive Care  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **255.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 28 / 2013  
**Transaction ID : C8413095**  
 Amount of Each Receipt this Period  
**10.00**

**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 **600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 31 / 2013  
**Transaction ID : C8148608**  
 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 **600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 15 / 2013  
**Transaction ID : C8148569**  
 Amount of Each Receipt this Period  
**25.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>60.00</b>
<b>TOTAL</b> 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 79 OF 137  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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**

Mailing Address 5712 Netleaf Rd

City State Zip Code  
 Austin TX 78724

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

Name of Employer Occupation  
 CA Nurses Asso. Organizer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 08 / 31 / 2013  
**Transaction ID : C8273487**

Amount of Each Receipt this Period  
 25.00

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

Mailing Address 5712 Netleaf Rd

City State Zip Code  
 Austin TX 78724

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

Name of Employer Occupation  
 CA Nurses Asso. Organizer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 09 / 15 / 2013  
**Transaction ID : C8274806**

Amount of Each Receipt this Period  
 25.00

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

Mailing Address 5712 Netleaf Rd

City State Zip Code  
 Austin TX 78724

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

Name of Employer Occupation  
 CA Nurses Asso. Organizer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 09 / 30 / 2013  
**Transaction ID : C8410411**

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 80 OF 137
	<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 ▼ 600.00

Date of Receipt 10 / 15 / 2013  
**Transaction ID : C8410448**

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 ▼ 600.00

Date of Receipt 10 / 31 / 2013  
**Transaction ID : C8317864**

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 ▼ 600.00

Date of Receipt 11 / 15 / 2013  
**Transaction ID : C8317901**

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 81 OF 137
	<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 ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2013

**Transaction ID : C8317939**

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 ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2013

**Transaction ID : C8408656**

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 ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2013

**Transaction ID : C8412572**

Amount of Each Receipt this Period  
25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> 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 82 OF 137
<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. Cynthia Loudin**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2077 N. Hoyne Ave

City Chicago	State IL	Zip Code 60647
-----------------	-------------	-------------------

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

Name of Employer National Nurses United	Occupation Organizer
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2013

**Transaction ID : C8148609**

Amount of Each Receipt this Period  

10.00
-------

**B. Cynthia Loudin**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2077 N. Hoyne Ave

City Chicago	State IL	Zip Code 60647
-----------------	-------------	-------------------

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

Name of Employer National Nurses United	Occupation Organizer
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2013

**Transaction ID : C8148570**

Amount of Each Receipt this Period  

10.00
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**C. Cynthia Loudin**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2077 N. Hoyne Ave

City Chicago	State IL	Zip Code 60647
-----------------	-------------	-------------------

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

Name of Employer National Nurses United	Occupation Organizer
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2013

**Transaction ID : C8273488**

Amount of Each Receipt this Period  

10.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<b>TOTAL</b> 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 83 OF 137
	<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. Cynthia Loudin**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2077 N. Hoyne Ave

City Chicago	State IL	Zip Code 60647
-----------------	-------------	-------------------

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

Name of Employer National Nurses United	Occupation Organizer
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2013

**Transaction ID : C8274807**

Amount of Each Receipt this Period  

10.00
-------

**B. Cynthia Loudin**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2077 N. Hoyne Ave

City Chicago	State IL	Zip Code 60647
-----------------	-------------	-------------------

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

Name of Employer National Nurses United	Occupation Organizer
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

**Transaction ID : C8410424**

Amount of Each Receipt this Period  

10.00
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**C. Cynthia Loudin**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2077 N. Hoyne Ave

City Chicago	State IL	Zip Code 60647
-----------------	-------------	-------------------

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

Name of Employer National Nurses United	Occupation Organizer
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2013

**Transaction ID : C8410461**

Amount of Each Receipt this Period  

10.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....	▶	30.00
<b>TOTAL</b> 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 84 OF 137
	<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. Cynthia Loudin**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2077 N. Hoyne Ave

City Chicago	State IL	Zip Code 60647
-----------------	-------------	-------------------

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

Name of Employer National Nurses United	Occupation Organizer
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2013

**Transaction ID : C8317865**

Amount of Each Receipt this Period  
10.00

**B. Cynthia Loudin**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2077 N. Hoyne Ave

City Chicago	State IL	Zip Code 60647
-----------------	-------------	-------------------

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

Name of Employer National Nurses United	Occupation Organizer
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2013

**Transaction ID : C8317902**

Amount of Each Receipt this Period  
10.00

**C. Cynthia Loudin**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2077 N. Hoyne Ave

City Chicago	State IL	Zip Code 60647
-----------------	-------------	-------------------

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

Name of Employer National Nurses United	Occupation Organizer
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2013

**Transaction ID : C8317940**

Amount of Each Receipt this Period  
10.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	30.00
<b>TOTAL</b> 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 85 OF 137
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. Cynthia Loudin**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2077 N. Hoyne Ave

City Chicago	State IL	Zip Code 60647
-----------------	-------------	-------------------

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

Name of Employer National Nurses United	Occupation Organizer
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2013

**Transaction ID : C8408669**

Amount of Each Receipt this Period  

10.00
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**B. Cynthia Loudin**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2077 N. Hoyne Ave

City Chicago	State IL	Zip Code 60647
-----------------	-------------	-------------------

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

Name of Employer National Nurses United	Occupation Organizer
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2013

**Transaction ID : C8412585**

Amount of Each Receipt this Period  

10.00
-------

**C. Shelly-Ann A Lynch-Small**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3050 52nd Ave S

City St Petersburg	State FL	Zip Code 33713
-----------------------	-------------	-------------------

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

Name of Employer Northside	Occupation RN Critical Care
-------------------------------	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
255.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	05	/	2013

**Transaction ID : C8148987**

Amount of Each Receipt this Period  

10.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<b>TOTAL</b> 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 86 OF 137
	<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. Shelly-Ann A Lynch-Small**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3050 52nd Ave S  
 City St Petersburg State FL Zip Code 33713  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Northside Occupation RN Critical Care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 19 / 2013  
**Transaction ID : C8148630**  
 Amount of Each Receipt this Period  
 10.00

**B. Shelly-Ann A Lynch-Small**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3050 52nd Ave S  
 City St Petersburg State FL Zip Code 33713  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Northside Occupation RN Critical Care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 03 / 2013  
**Transaction ID : C8275105**  
 Amount of Each Receipt this Period  
 10.00

**C. Shelly-Ann A Lynch-Small**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3050 52nd Ave S  
 City St Petersburg State FL Zip Code 33713  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Northside Occupation RN Critical Care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 10 / 2013  
**Transaction ID : C8275171**  
 Amount of Each Receipt this Period  
 10.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<b>TOTAL</b> 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 87 OF 137  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Shelly-Ann A Lynch-Small**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3050 52nd Ave S  
 City St Petersburg State FL Zip Code 33713  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Northside Occupation RN Critical Care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 19 / 2013  
**Transaction ID : C8276092**  
 Amount of Each Receipt this Period  
 10.00

**B. Shelly-Ann A Lynch-Small**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3050 52nd Ave S  
 City St Petersburg State FL Zip Code 33713  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Northside Occupation RN Critical Care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 08 / 2013  
**Transaction ID : C8408988**  
 Amount of Each Receipt this Period  
 10.00

**C. Shelly-Ann A Lynch-Small**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3050 52nd Ave S  
 City St Petersburg State FL Zip Code 33713  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Northside Occupation RN Critical Care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 15 / 2013  
**Transaction ID : C8409295**  
 Amount of Each Receipt this Period  
 10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 30.00  
**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 88 OF 137  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Shelly-Ann A Lynch-Small**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3050 52nd Ave S  
 City St Petersburg State FL Zip Code 33713  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Northside Occupation RN Critical Care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 15 / 2013  
**Transaction ID : C8409610**  
 Amount of Each Receipt this Period  
 10.00

**B. Shelly-Ann A Lynch-Small**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3050 52nd Ave S  
 City St Petersburg State FL Zip Code 33713  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Northside Occupation RN Critical Care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 14 / 2013  
**Transaction ID : C8412612**  
 Amount of Each Receipt this Period  
 10.00

**C. Shelly-Ann A Lynch-Small**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3050 52nd Ave S  
 City St Petersburg State FL Zip Code 33713  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Northside Occupation RN Critical Care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 19 / 2013  
**Transaction ID : C8410289**  
 Amount of Each Receipt this Period  
 10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 30.00  
**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 89 OF 137  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Shelly-Ann A Lynch-Small**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3050 52nd Ave S  
 City St Petersburg State FL Zip Code 33713  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Northside Occupation RN Critical Care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2013  
**Transaction ID : C8412928**  
 Amount of Each Receipt this Period  
 10.00

**B. Shelly-Ann A Lynch-Small**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3050 52nd Ave S  
 City St Petersburg State FL Zip Code 33713  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Northside Occupation RN Critical Care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2013  
**Transaction ID : C8413123**  
 Amount of Each Receipt this Period  
 10.00

**C. Yakini Martin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3541 37th Street  
 City Sacramento State CA Zip Code 95817  
 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 ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2013  
**Transaction ID : C8148610**  
 Amount of Each Receipt this Period  
 10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 30.00  
**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 90 OF 137
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<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. Yakini Martin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3541 37th Street

City Sacramento	State CA	Zip Code 95817
--------------------	-------------	-------------------

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 ▼  
240.00

Date of Receipt  
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 08 / 15 / 2013  
**Transaction ID : C8148571**

Amount of Each Receipt this Period  
 10.00

**B. Yakini Martin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3541 37th Street

City Sacramento	State CA	Zip Code 95817
--------------------	-------------	-------------------

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 ▼  
240.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 31 / 2013  
**Transaction ID : C8273489**

Amount of Each Receipt this Period  
 10.00

**C. Yakini Martin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3541 37th Street

City Sacramento	State CA	Zip Code 95817
--------------------	-------------	-------------------

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 ▼  
240.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 15 / 2013  
**Transaction ID : C8274808**

Amount of Each Receipt this Period  
 10.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<b>TOTAL</b> 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 91 OF 137
	<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. Yakini Martin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3541 37th Street

City Sacramento	State CA	Zip Code 95817
--------------------	-------------	-------------------

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 ▼  
240.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2013  
**Transaction ID : C8410425**

Amount of Each Receipt this Period  
 10.00

**B. Yakini Martin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3541 37th Street

City Sacramento	State CA	Zip Code 95817
--------------------	-------------	-------------------

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 ▼  
240.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 15 / 2013  
**Transaction ID : C8410462**

Amount of Each Receipt this Period  
 10.00

**C. Yakini Martin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3541 37th Street

City Sacramento	State CA	Zip Code 95817
--------------------	-------------	-------------------

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 ▼  
240.00

Date of Receipt  
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 10 / 31 / 2013  
**Transaction ID : C8317866**

Amount of Each Receipt this Period  
 10.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<b>TOTAL</b> 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 92 OF 137
<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. Yakini Martin**  
Full Name (Last, First, Middle Initial)

Mailing Address 3541 37th Street

City Sacramento	State CA	Zip Code 95817
--------------------	-------------	-------------------

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 ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2013

**Transaction ID : C8317903**

Amount of Each Receipt this Period  

10.00
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**B. Yakini Martin**  
Full Name (Last, First, Middle Initial)

Mailing Address 3541 37th Street

City Sacramento	State CA	Zip Code 95817
--------------------	-------------	-------------------

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 ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2013

**Transaction ID : C8317941**

Amount of Each Receipt this Period  

10.00
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**C. Yakini Martin**  
Full Name (Last, First, Middle Initial)

Mailing Address 3541 37th Street

City Sacramento	State CA	Zip Code 95817
--------------------	-------------	-------------------

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 ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2013

**Transaction ID : C8408670**

Amount of Each Receipt this Period  

10.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....	30.00
<b>TOTAL</b> 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 93 OF 137
	<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. Yakini Martin**  
Full Name (Last, First, Middle Initial)

Mailing Address 3541 37th Street

City Sacramento	State CA	Zip Code 95817
--------------------	-------------	-------------------

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 ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2013

**Transaction ID : C8412586**

Amount of Each Receipt this Period  

10.00
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**B. Melissa Montenegro**  
Full Name (Last, First, Middle Initial)

Mailing Address 1062 El Paso Dr.

City Los Angeles	State CA	Zip Code 90042
---------------------	-------------	-------------------

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

Name of Employer CA Nurses Asso.	Occupation Secretary
-------------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2013

**Transaction ID : C8148613**

Amount of Each Receipt this Period  

10.00
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**C. Melissa Montenegro**  
Full Name (Last, First, Middle Initial)

Mailing Address 1062 El Paso Dr.

City Los Angeles	State CA	Zip Code 90042
---------------------	-------------	-------------------

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

Name of Employer CA Nurses Asso.	Occupation Secretary
-------------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2013

**Transaction ID : C8148574**

Amount of Each Receipt this Period  

10.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<b>TOTAL</b> 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 94 OF 137  
(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**

Full Name (Last, First, Middle Initial)  
**A. Melissa Montenegro**

Mailing Address 1062 El Paso Dr.

City Los Angeles	State CA	Zip Code 90042
---------------------	-------------	-------------------

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

Name of Employer CA Nurses Asso.	Occupation Secretary
-------------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2013

**Transaction ID : C8273492**

Amount of Each Receipt this Period  

10.00
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Full Name (Last, First, Middle Initial)  
**B. Melissa Montenegro**

Mailing Address 1062 El Paso Dr.

City Los Angeles	State CA	Zip Code 90042
---------------------	-------------	-------------------

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

Name of Employer CA Nurses Asso.	Occupation Secretary
-------------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2013

**Transaction ID : C8274811**

Amount of Each Receipt this Period  

10.00
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Full Name (Last, First, Middle Initial)  
**C. Melissa Montenegro**

Mailing Address 1062 El Paso Dr.

City Los Angeles	State CA	Zip Code 90042
---------------------	-------------	-------------------

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

Name of Employer CA Nurses Asso.	Occupation Secretary
-------------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

**Transaction ID : C8410426**

Amount of Each Receipt this Period  

10.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<b>TOTAL</b> 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 95 OF 137
	<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. Melissa Montenegro**  
Full Name (Last, First, Middle Initial)

Mailing Address 1062 El Paso Dr.

City Los Angeles	State CA	Zip Code 90042
---------------------	-------------	-------------------

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

Name of Employer CA Nurses Asso.	Occupation Secretary
-------------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2013

**Transaction ID : C8410463**

Amount of Each Receipt this Period  

10.00
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**B. Melissa Montenegro**  
Full Name (Last, First, Middle Initial)

Mailing Address 1062 El Paso Dr.

City Los Angeles	State CA	Zip Code 90042
---------------------	-------------	-------------------

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

Name of Employer CA Nurses Asso.	Occupation Secretary
-------------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2013

**Transaction ID : C8317869**

Amount of Each Receipt this Period  

10.00
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**C. Melissa Montenegro**  
Full Name (Last, First, Middle Initial)

Mailing Address 1062 El Paso Dr.

City Los Angeles	State CA	Zip Code 90042
---------------------	-------------	-------------------

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

Name of Employer CA Nurses Asso.	Occupation Secretary
-------------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2013

**Transaction ID : C8317906**

Amount of Each Receipt this Period  

10.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<b>TOTAL</b> 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 96 OF 137  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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. Melissa Montenegro**

Mailing Address 1062 El Paso Dr.

City Los Angeles      State CA      Zip Code 90042

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

Name of Employer CA Nurses Asso.      Occupation Secretary

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2013

**Transaction ID : C8317944**

Amount of Each Receipt this Period  
 10.00

Full Name (Last, First, Middle Initial)  
**B. Melissa Montenegro**

Mailing Address 1062 El Paso Dr.

City Los Angeles      State CA      Zip Code 90042

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

Name of Employer CA Nurses Asso.      Occupation Secretary

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 15 / 2013

**Transaction ID : C8408671**

Amount of Each Receipt this Period  
 10.00

Full Name (Last, First, Middle Initial)  
**C. Melissa Montenegro**

Mailing Address 1062 El Paso Dr.

City Los Angeles      State CA      Zip Code 90042

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

Name of Employer CA Nurses Asso.      Occupation Secretary

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
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 12 / 31 / 2013

**Transaction ID : C8412587**

Amount of Each Receipt this Period  
 10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 30.00

**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 97 OF 137
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	<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. Julie Travis Rogers**  
Full Name (Last, First, Middle Initial)

Mailing Address 305 Barrera St

City San Antonio State TX Zip Code 78210

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 ▼ 240.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 31 / 2013  
**Transaction ID : C8148614**

Amount of Each Receipt this Period  
 10.00

**B. Julie Travis Rogers**  
Full Name (Last, First, Middle Initial)

Mailing Address 305 Barrera St

City San Antonio State TX Zip Code 78210

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 ▼ 240.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 15 / 2013  
**Transaction ID : C8148575**

Amount of Each Receipt this Period  
 10.00

**C. Julie Travis Rogers**  
Full Name (Last, First, Middle Initial)

Mailing Address 305 Barrera St

City San Antonio State TX Zip Code 78210

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 ▼ 240.00

Date of Receipt  
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 08 / 31 / 2013  
**Transaction ID : C8273493**

Amount of Each Receipt this Period  
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**SUBTOTAL** of Receipts This Page (optional)..... ▶ 30.00

**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 98 OF 137  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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. Julie Travis Rogers**  
 Mailing Address 305 Barrera St  
 City San Antonio State TX Zip Code 78210  
 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 ▼ 240.00

Date of Receipt  
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 09 / 15 / 2013  
**Transaction ID : C8274819**  
 Amount of Each Receipt this Period  
 10.00

Full Name (Last, First, Middle Initial)  
**B. Julie Travis Rogers**  
 Mailing Address 305 Barrera St  
 City San Antonio State TX Zip Code 78210  
 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 ▼ 240.00

Date of Receipt  
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 09 / 30 / 2013  
**Transaction ID : C8410427**  
 Amount of Each Receipt this Period  
 10.00

Full Name (Last, First, Middle Initial)  
**C. Julie Travis Rogers**  
 Mailing Address 305 Barrera St  
 City San Antonio State TX Zip Code 78210  
 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 ▼ 240.00

Date of Receipt  
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**Transaction ID : C8410464**  
 Amount of Each Receipt this Period  
 10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 30.00  
**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 99 OF 137
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	<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. Julie Travis Rogers**  
Full Name (Last, First, Middle Initial)

Mailing Address 305 Barrera St

City San Antonio State TX Zip Code 78210

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 ▼ 240.00

Date of Receipt  
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 10 / 31 / 2013  
**Transaction ID : C8317870**

Amount of Each Receipt this Period  
 10.00

**B. Julie Travis Rogers**  
Full Name (Last, First, Middle Initial)

Mailing Address 305 Barrera St

City San Antonio State TX Zip Code 78210

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 ▼ 240.00

Date of Receipt  
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 11 / 15 / 2013  
**Transaction ID : C8317907**

Amount of Each Receipt this Period  
 10.00

**C. Julie Travis Rogers**  
Full Name (Last, First, Middle Initial)

Mailing Address 305 Barrera St

City San Antonio State TX Zip Code 78210

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 ▼ 240.00

Date of Receipt  
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 11 / 30 / 2013  
**Transaction ID : C8317945**

Amount of Each Receipt this Period  
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**SUBTOTAL** of Receipts This Page (optional)..... ▶ 30.00

**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 100 OF 137  
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 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Julie Travis Rogers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 305 Barrera St  
 City San Antonio State TX Zip Code 78210  
 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 ▼ 240.00

Date of Receipt  
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 12 / 15 / 2013  
**Transaction ID : C8408672**  
 Amount of Each Receipt this Period  
 10.00

**B. Julie Travis Rogers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 305 Barrera St  
 City San Antonio State TX Zip Code 78210  
 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 ▼ 240.00

Date of Receipt  
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 12 / 31 / 2013  
**Transaction ID : C8412588**  
 Amount of Each Receipt this Period  
 10.00

**C. Josephine Romero**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4211-B S. Fairplay Circle  
 City Aurora State CO Zip Code 80014  
 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 ▼ 240.00

Date of Receipt  
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 07 / 31 / 2013  
**Transaction ID : C8148620**  
 Amount of Each Receipt this Period  
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**SUBTOTAL** of Receipts This Page (optional)..... ▶ 30.00  
**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 101 OF 137
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<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. Josephine Romero**  
Full Name (Last, First, Middle Initial)

Mailing Address 4211-B S. Fairplay Circle

City Aurora	State CO	Zip Code 80014
----------------	-------------	-------------------

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

Name of Employer CA Nurses Asso.	Occupation Organizer
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

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08	/	15	/	2013

**Transaction ID : C8148581**

Amount of Each Receipt this Period  

10.00
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**B. Josephine Romero**  
Full Name (Last, First, Middle Initial)

Mailing Address 4211-B S. Fairplay Circle

City Aurora	State CO	Zip Code 80014
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FEC ID number of contributing federal political committee. **C**

Name of Employer CA Nurses Asso.	Occupation Organizer
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

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08	/	31	/	2013

**Transaction ID : C8273498**

Amount of Each Receipt this Period  

10.00
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**C. Josephine Romero**  
Full Name (Last, First, Middle Initial)

Mailing Address 4211-B S. Fairplay Circle

City Aurora	State CO	Zip Code 80014
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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 ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2013

**Transaction ID : C8274824**

Amount of Each Receipt this Period  

10.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<b>TOTAL</b> 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 102 OF 137  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Josephine Romero**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4211-B S. Fairplay Circle  
 City Aurora State CO Zip Code 80014  
 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 ▼ 240.00

Date of Receipt 09 / 30 / 2013  
**Transaction ID : C8410435**  
 Amount of Each Receipt this Period 10.00

**B. Josephine Romero**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4211-B S. Fairplay Circle  
 City Aurora State CO Zip Code 80014  
 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 ▼ 240.00

Date of Receipt 10 / 15 / 2013  
**Transaction ID : C8410472**  
 Amount of Each Receipt this Period 10.00

**C. Josephine Romero**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4211-B S. Fairplay Circle  
 City Aurora State CO Zip Code 80014  
 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 ▼ 240.00

Date of Receipt 10 / 31 / 2013  
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 Amount of Each Receipt this Period 10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 30.00  
**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 103 OF 137  
(check only one)  
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NAME OF COMMITTEE (In Full)  
**National Nurses United PAC - A Fund for a Healthy America**

**A. Josephine Romero**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4211-B S. Fairplay Circle  
 City Aurora State CO Zip Code 80014  
 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 ▼ 240.00

Date of Receipt 11 / 15 / 2013  
**Transaction ID : C8317918**  
 Amount of Each Receipt this Period 10.00

**B. Josephine Romero**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4211-B S. Fairplay Circle  
 City Aurora State CO Zip Code 80014  
 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 ▼ 240.00

Date of Receipt 11 / 30 / 2013  
**Transaction ID : C8317956**  
 Amount of Each Receipt this Period 10.00

**C. Josephine Romero**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4211-B S. Fairplay Circle  
 City Aurora State CO Zip Code 80014  
 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 ▼ 240.00

Date of Receipt 12 / 15 / 2013  
**Transaction ID : C8408680**  
 Amount of Each Receipt this Period 10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 30.00  
**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 104 OF 137
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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) <b>A. Josephine Romero</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2013 <b>Transaction ID : C8412596</b>
Mailing Address 4211-B S. Fairplay Circle		Amount of Each Receipt this Period 10.00
City Aurora	State CO	Zip Code 80014
FEC ID number of contributing federal political committee. C		
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 ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>B. Raquel Ruiz</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 31 / 2013 <b>Transaction ID : C8148615</b>
Mailing Address 34518 Venturi Ave		Amount of Each Receipt this Period 10.00
City Beaumont	State CA	Zip Code 92223
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 ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>C. Raquel Ruiz</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 15 / 2013 <b>Transaction ID : C8148576</b>
Mailing Address 34518 Venturi Ave		Amount of Each Receipt this Period 10.00
City Beaumont	State CA	Zip Code 92223
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 ▼ 240.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<b>TOTAL</b> 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 105 OF 137
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<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
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NAME OF COMMITTEE (In Full)  
**National Nurses United PAC - A Fund for a Healthy America**

**A. Raquel Ruiz**  
Full Name (Last, First, Middle Initial)

Mailing Address 34518 Venturi Ave

City Beaumont	State CA	Zip Code 92223
------------------	-------------	-------------------

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 ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2013

**Transaction ID : C8273494**

Amount of Each Receipt this Period  

10.00
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**B. Raquel Ruiz**  
Full Name (Last, First, Middle Initial)

Mailing Address 34518 Venturi Ave

City Beaumont	State CA	Zip Code 92223
------------------	-------------	-------------------

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 ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2013

**Transaction ID : C8274820**

Amount of Each Receipt this Period  

10.00
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**C. Raquel Ruiz**  
Full Name (Last, First, Middle Initial)

Mailing Address 34518 Venturi Ave

City Beaumont	State CA	Zip Code 92223
------------------	-------------	-------------------

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 ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

**Transaction ID : C8410428**

Amount of Each Receipt this Period  

10.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<b>TOTAL</b> 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 106 OF 137
	<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. Raquel Ruiz**  
Full Name (Last, First, Middle Initial)

Mailing Address 34518 Venturi Ave

City State Zip Code  
Beaumont CA 92223

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

Name of Employer Occupation  
CA Nurses Asso. Labor Rep

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2013

**Transaction ID : C8410465**

Amount of Each Receipt this Period  
10.00

**B. Raquel Ruiz**  
Full Name (Last, First, Middle Initial)

Mailing Address 34518 Venturi Ave

City State Zip Code  
Beaumont CA 92223

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

Name of Employer Occupation  
CA Nurses Asso. Labor Rep

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : C8317871**

Amount of Each Receipt this Period  
10.00

**C. Raquel Ruiz**  
Full Name (Last, First, Middle Initial)

Mailing Address 34518 Venturi Ave

City State Zip Code  
Beaumont CA 92223

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

Name of Employer Occupation  
CA Nurses Asso. Labor Rep

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 15 / 2013

**Transaction ID : C8317908**

Amount of Each Receipt this Period  
10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 30.00

**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 107 OF 137
	<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**

Full Name (Last, First, Middle Initial) <b>A. Raquel Ruiz</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2013 <b>Transaction ID : C8317946</b>
Mailing Address 34518 Venturi Ave		Amount of Each Receipt this Period 10.00
City Beaumont	State CA	Zip Code 92223
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 ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>B. Raquel Ruiz</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 15 / 2013 <b>Transaction ID : C8408673</b>
Mailing Address 34518 Venturi Ave		Amount of Each Receipt this Period 10.00
City Beaumont	State CA	Zip Code 92223
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 ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>C. Raquel Ruiz</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2013 <b>Transaction ID : C8412589</b>
Mailing Address 34518 Venturi Ave		Amount of Each Receipt this Period 10.00
City Beaumont	State CA	Zip Code 92223
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 ▼ 240.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<b>TOTAL</b> 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 108 OF 137
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	<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**

Full Name (Last, First, Middle Initial) <b>A. Renee Ruiz</b>		Date of Receipt MM / DD / YYYY 07 / 31 / 2013 <b>Transaction ID : C8148621</b>
Mailing Address 2104 Spencer St.		Amount of Each Receipt this Period 20.00
City Las Vegas	State NV	Zip Code 89104
FEC ID number of contributing federal political committee. C	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 ▼ 310.00	

Full Name (Last, First, Middle Initial) <b>B. Renee Ruiz</b>		Date of Receipt MM / DD / YYYY 08 / 15 / 2013 <b>Transaction ID : C8148582</b>
Mailing Address 2104 Spencer St.		Amount of Each Receipt this Period 20.00
City Las Vegas	State NV	Zip Code 89104
FEC ID number of contributing federal political committee. C	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 ▼ 310.00	

Full Name (Last, First, Middle Initial) <b>C. Renee Ruiz</b>		Date of Receipt MM / DD / YYYY 08 / 31 / 2013 <b>Transaction ID : C8273499</b>
Mailing Address 2104 Spencer St.		Amount of Each Receipt this Period 20.00
City Las Vegas	State NV	Zip Code 89104
FEC ID number of contributing federal political committee. C	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 ▼ 310.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<b>TOTAL</b> 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 109 OF 137
	<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. Teodolinda Sekins**  
Full Name (Last, First, Middle Initial)

Mailing Address 2911 Walton Ct

City Pinole	State CA	Zip Code 94564-1030
----------------	-------------	------------------------

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

Name of Employer Kaiser Walnut Creek	Occupation Staff Nurse li
---	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
265.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	26	/	2013

**Transaction ID : C8149271**

Amount of Each Receipt this Period  

10.00
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**B. Teodolinda Sekins**  
Full Name (Last, First, Middle Initial)

Mailing Address 2911 Walton Ct

City Pinole	State CA	Zip Code 94564-1030
----------------	-------------	------------------------

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

Name of Employer Kaiser Walnut Creek	Occupation Staff Nurse li
---	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
265.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	12	/	2013

**Transaction ID : C8273508**

Amount of Each Receipt this Period  

20.00
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**C. Teodolinda Sekins**  
Full Name (Last, First, Middle Initial)

Mailing Address 2911 Walton Ct

City Pinole	State CA	Zip Code 94564-1030
----------------	-------------	------------------------

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

Name of Employer Kaiser Walnut Creek	Occupation Staff Nurse li
---	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
265.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	12	/	2013

**Transaction ID : C8274284**

Amount of Each Receipt this Period  

10.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	40.00
<b>TOTAL</b> 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 110 OF 137  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Teodolinda Sekins**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2911 Walton Ct  
 City Pinole State CA Zip Code 94564-1030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kaiser Walnut Creek Occupation Staff Nurse li  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 265.00

Date of Receipt  
 08 / 16 / 2013  
**Transaction ID : C8274025**  
 Amount of Each Receipt this Period  
 10.00

**B. Teodolinda Sekins**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2911 Walton Ct  
 City Pinole State CA Zip Code 94564-1030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kaiser Walnut Creek Occupation Staff Nurse li  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 265.00

Date of Receipt  
 09 / 04 / 2013  
**Transaction ID : C8275058**  
 Amount of Each Receipt this Period  
 10.00

**C. Teodolinda Sekins**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2911 Walton Ct  
 City Pinole State CA Zip Code 94564-1030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kaiser Walnut Creek Occupation Staff Nurse li  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 265.00

Date of Receipt  
 09 / 19 / 2013  
**Transaction ID : C8276010**  
 Amount of Each Receipt this Period  
 10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 30.00  
**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 111 OF 137
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	<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. Teodolinda Sekins**  
Full Name (Last, First, Middle Initial)

Mailing Address 2911 Walton Ct

City Pinole State CA Zip Code 94564-1030

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

Name of Employer Kaiser Walnut Creek Occupation Staff Nurse li

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 265.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 08 / 2013  
**Transaction ID : C8408907**

Amount of Each Receipt this Period  
 10.00

**B. Teodolinda Sekins**  
Full Name (Last, First, Middle Initial)

Mailing Address 2911 Walton Ct

City Pinole State CA Zip Code 94564-1030

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

Name of Employer Kaiser Walnut Creek Occupation Staff Nurse li

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 265.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 15 / 2013  
**Transaction ID : C8409215**

Amount of Each Receipt this Period  
 10.00

**C. Teodolinda Sekins**  
Full Name (Last, First, Middle Initial)

Mailing Address 2911 Walton Ct

City Pinole State CA Zip Code 94564-1030

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

Name of Employer Kaiser Walnut Creek Occupation Staff Nurse li

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 265.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 15 / 2013  
**Transaction ID : C8409528**

Amount of Each Receipt this Period  
 10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 30.00

**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 112 OF 137
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Teodolinda Sekins**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2911 Walton Ct  
 City Pinole State CA Zip Code 94564-1030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kaiser Walnut Creek Occupation Staff Nurse li  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **265.00**

Date of Receipt  
 12 / 14 / 2013  
**Transaction ID : C8412609**  
 Amount of Each Receipt this Period  
 10.00

**B. Teodolinda Sekins**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2911 Walton Ct  
 City Pinole State CA Zip Code 94564-1030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kaiser Walnut Creek Occupation Staff Nurse li  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **265.00**

Date of Receipt  
 12 / 19 / 2013  
**Transaction ID : C8409849**  
 Amount of Each Receipt this Period  
 10.00

**C. Teodolinda Sekins**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2911 Walton Ct  
 City Pinole State CA Zip Code 94564-1030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kaiser Walnut Creek Occupation Staff Nurse li  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **265.00**

Date of Receipt  
 12 / 19 / 2013  
**Transaction ID : C8410365**  
 Amount of Each Receipt this Period  
 10.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>30.00</b>
<b>TOTAL</b> 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 113 OF 137  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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. Teodolinda Sekins**

Mailing Address 2911 Walton Ct

City Pinole State CA Zip Code 94564-1030

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

Name of Employer Kaiser Walnut Creek Occupation Staff Nurse li

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 265.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2013  
**Transaction ID : C8413194**

Amount of Each Receipt this Period  
 10.00

Full Name (Last, First, Middle Initial)  
**B. Brandie A Stewart**

Mailing Address 6705 34th Ave W

City Bradenton State FL Zip Code 34209

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

Name of Employer Blake Occupation RN Specialty

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 255.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 05 / 2013  
**Transaction ID : C8148983**

Amount of Each Receipt this Period  
 10.00

Full Name (Last, First, Middle Initial)  
**C. Brandie A Stewart**

Mailing Address 6705 34th Ave W

City Bradenton State FL Zip Code 34209

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

Name of Employer Blake Occupation RN Specialty

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 255.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 19 / 2013  
**Transaction ID : C8148626**

Amount of Each Receipt this Period  
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**SUBTOTAL** of Receipts This Page (optional)..... ▶ 30.00

**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 114 OF 137  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Brandie A Stewart**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6705 34th Ave W  
 City Bradenton State FL Zip Code 34209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Blake RN Specialty  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 255.00

Date of Receipt  
 09 / 03 / 2013  
**Transaction ID : C8275101**  
 Amount of Each Receipt this Period  
 10.00

**B. Brandie A Stewart**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6705 34th Ave W  
 City Bradenton State FL Zip Code 34209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Blake RN Specialty  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 255.00

Date of Receipt  
 09 / 10 / 2013  
**Transaction ID : C8275167**  
 Amount of Each Receipt this Period  
 10.00

**C. Brandie A Stewart**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6705 34th Ave W  
 City Bradenton State FL Zip Code 34209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Blake RN Specialty  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 255.00

Date of Receipt  
 09 / 19 / 2013  
**Transaction ID : C8276087**  
 Amount of Each Receipt this Period  
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**SUBTOTAL** of Receipts This Page (optional)..... ▶ 30.00  
**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 115 OF 137
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<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. Brandie A Stewart**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6705 34th Ave W

City Bradenton	State FL	Zip Code 34209
-------------------	-------------	-------------------

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

Name of Employer Blake	Occupation RN Specialty
---------------------------	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
255.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	08	/	2013

**Transaction ID : C8408983**

Amount of Each Receipt this Period  
10.00

**B. Brandie A Stewart**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6705 34th Ave W

City Bradenton	State FL	Zip Code 34209
-------------------	-------------	-------------------

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

Name of Employer Blake	Occupation RN Specialty
---------------------------	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
255.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2013

**Transaction ID : C8409290**

Amount of Each Receipt this Period  
10.00

**C. Brandie A Stewart**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6705 34th Ave W

City Bradenton	State FL	Zip Code 34209
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FEC ID number of contributing federal political committee. **C**

Name of Employer Blake	Occupation RN Specialty
---------------------------	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
255.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2013

**Transaction ID : C8409605**

Amount of Each Receipt this Period  
10.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<b>TOTAL</b> 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 116 OF 137
	<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. Brandie A Stewart**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6705 34th Ave W

City Bradenton	State FL	Zip Code 34209
-------------------	-------------	-------------------

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

Name of Employer Blake	Occupation RN Specialty
---------------------------	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
255.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2013

**Transaction ID : C8412610**

Amount of Each Receipt this Period  

10.00
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**B. Brandie A Stewart**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6705 34th Ave W

City Bradenton	State FL	Zip Code 34209
-------------------	-------------	-------------------

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

Name of Employer Blake	Occupation RN Specialty
---------------------------	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
255.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2013

**Transaction ID : C8410372**

Amount of Each Receipt this Period  

10.00
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**C. Brandie A Stewart**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6705 34th Ave W

City Bradenton	State FL	Zip Code 34209
-------------------	-------------	-------------------

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

Name of Employer Blake	Occupation RN Specialty
---------------------------	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
255.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2013

**Transaction ID : C8412923**

Amount of Each Receipt this Period  

10.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....	30.00
<b>TOTAL</b> 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 117 OF 137
	<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. Brandie A Stewart**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6705 34th Ave W  
 City Bradenton State FL Zip Code 34209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Blake RN Specialty  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 255.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 28 / 2013  
**Transaction ID : C8413200**  
 Amount of Each Receipt this Period  
 10.00

**B. Roselily A Story**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1624 52nd Street S  
 City Gulfport State FL Zip Code 33707  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 St. Petersburg RN Med/Surg  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 260.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 05 / 2013  
**Transaction ID : C8148985**  
 Amount of Each Receipt this Period  
 10.00

**C. Roselily A Story**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1624 52nd Street S  
 City Gulfport State FL Zip Code 33707  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 St. Petersburg RN Med/Surg  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 260.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 19 / 2013  
**Transaction ID : C8148628**  
 Amount of Each Receipt this Period  
 10.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<b>TOTAL</b> 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 118 OF 137  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Roselily A Story**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1624 52nd Street S  
 City State Zip Code  
 Gulfport FL 33707  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 St. Petersburg RN Med/Surg  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 03 / 2013  
**Transaction ID : C8275103**  
 Amount of Each Receipt this Period  
 10.00

**B. Roselily A Story**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1624 52nd Street S  
 City State Zip Code  
 Gulfport FL 33707  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 St. Petersburg RN Med/Surg  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 10 / 2013  
**Transaction ID : C8275169**  
 Amount of Each Receipt this Period  
 10.00

**C. Roselily A Story**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1624 52nd Street S  
 City State Zip Code  
 Gulfport FL 33707  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 St. Petersburg RN Med/Surg  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 19 / 2013  
**Transaction ID : C8276074**  
 Amount of Each Receipt this Period  
 10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 30.00  
**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 119 OF 137
	<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**

Full Name (Last, First, Middle Initial) <b>A. Roselily A Story</b>			Date of Receipt
Mailing Address 1624 52nd Street S			<input type="text" value="M M"/> / <input type="text" value="D D"/> / <input type="text" value="Y Y Y Y"/>
City	State	Zip Code	<b>Transaction ID : C8408970</b>
Gulfport	FL	33707	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="10.00"/>
Name of Employer	Occupation		
St. Petersburg	RN Med/Surg		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="260.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Roselily A Story</b>			Date of Receipt
Mailing Address 1624 52nd Street S			<input type="text" value="M M"/> / <input type="text" value="D D"/> / <input type="text" value="Y Y Y Y"/>
City	State	Zip Code	<b>Transaction ID : C8409278</b>
Gulfport	FL	33707	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="10.00"/>
Name of Employer	Occupation		
St. Petersburg	RN Med/Surg		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="260.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Roselily A Story</b>			Date of Receipt
Mailing Address 1624 52nd Street S			<input type="text" value="M M"/> / <input type="text" value="D D"/> / <input type="text" value="Y Y Y Y"/>
City	State	Zip Code	<b>Transaction ID : C8409592</b>
Gulfport	FL	33707	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="10.00"/>
Name of Employer	Occupation		
St. Petersburg	RN Med/Surg		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="260.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="30.00"/>
<b>TOTAL</b> 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 120 OF 137
	<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**

Full Name (Last, First, Middle Initial) <b>A. Roselily A Story</b>			Date of Receipt
Mailing Address 1624 52nd Street S			<input type="text" value="12"/> / <input type="text" value="14"/> / <input type="text" value="2013"/>
City	State	Zip Code	<b>Transaction ID : C8412613</b>
Gulfport	FL	33707	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="10.00"/>
Name of Employer	Occupation		
St. Petersburg	RN Med/Surg		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="260.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Roselily A Story</b>			Date of Receipt
Mailing Address 1624 52nd Street S			<input type="text" value="12"/> / <input type="text" value="19"/> / <input type="text" value="2013"/>
City	State	Zip Code	<b>Transaction ID : C8410374</b>
Gulfport	FL	33707	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="10.00"/>
Name of Employer	Occupation		
St. Petersburg	RN Med/Surg		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="260.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Roselily A Story</b>			Date of Receipt
Mailing Address 1624 52nd Street S			<input type="text" value="12"/> / <input type="text" value="21"/> / <input type="text" value="2013"/>
City	State	Zip Code	<b>Transaction ID : C8412925</b>
Gulfport	FL	33707	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="10.00"/>
Name of Employer	Occupation		
St. Petersburg	RN Med/Surg		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="260.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="30.00"/>
<b>TOTAL</b> 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 121 OF 137
	<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"/>	<input type="checkbox"/> 17

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

**A. Roselily A Story**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1624 52nd Street S  
 City Gulfport State FL Zip Code 33707  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St. Petersburg Occupation RN Med/Surg  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 28 / 2013  
**Transaction ID : C8413202**  
 Amount of Each Receipt this Period  
 10.00

**B. Nicholas Wirz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 58 Diablo View Dr.  
 City Orinda State CA Zip Code 94563  
 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 ▼ 240.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 31 / 2013  
**Transaction ID : C8148617**  
 Amount of Each Receipt this Period  
 10.00

**C. Nicholas Wirz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 58 Diablo View Dr.  
 City Orinda State CA Zip Code 94563  
 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 ▼ 240.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 15 / 2013  
**Transaction ID : C8148578**  
 Amount of Each Receipt this Period  
 10.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<b>TOTAL</b> 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 122 OF 137
<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. Nicholas Wirz**  
Full Name (Last, First, Middle Initial)

Mailing Address 58 Diablo View Dr.

City Orinda	State CA	Zip Code 94563
----------------	-------------	-------------------

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 ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2013

**Transaction ID : C8273496**

Amount of Each Receipt this Period  

10.00
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**B. Nicholas Wirz**  
Full Name (Last, First, Middle Initial)

Mailing Address 58 Diablo View Dr.

City Orinda	State CA	Zip Code 94563
----------------	-------------	-------------------

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 ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2013

**Transaction ID : C8274822**

Amount of Each Receipt this Period  

10.00
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**C. Nicholas Wirz**  
Full Name (Last, First, Middle Initial)

Mailing Address 58 Diablo View Dr.

City Orinda	State CA	Zip Code 94563
----------------	-------------	-------------------

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 ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

**Transaction ID : C8410429**

Amount of Each Receipt this Period  

10.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<b>TOTAL</b> 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 123 OF 137
	<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. Nicholas Wirz**  
Full Name (Last, First, Middle Initial)

Mailing Address 58 Diablo View Dr.

City Orinda	State CA	Zip Code 94563
----------------	-------------	-------------------

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 ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2013

**Transaction ID : C8410466**

Amount of Each Receipt this Period  

10.00
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**B. Nicholas Wirz**  
Full Name (Last, First, Middle Initial)

Mailing Address 58 Diablo View Dr.

City Orinda	State CA	Zip Code 94563
----------------	-------------	-------------------

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 ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2013

**Transaction ID : C8317873**

Amount of Each Receipt this Period  

10.00
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**C. Nicholas Wirz**  
Full Name (Last, First, Middle Initial)

Mailing Address 58 Diablo View Dr.

City Orinda	State CA	Zip Code 94563
----------------	-------------	-------------------

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 ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2013

**Transaction ID : C8317910**

Amount of Each Receipt this Period  

10.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....	30.00
<b>TOTAL</b> 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 124 OF 137
	<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**

Full Name (Last, First, Middle Initial) <b>A. Nicholas Wirz</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2013 <b>Transaction ID : C8317948</b>
Mailing Address 58 Diablo View Dr.		Amount of Each Receipt this Period 10.00
City Orinda	State CA	Zip Code 94563
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 ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>B. Nicholas Wirz</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 15 / 2013 <b>Transaction ID : C8408674</b>
Mailing Address 58 Diablo View Dr.		Amount of Each Receipt this Period 10.00
City Orinda	State CA	Zip Code 94563
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 ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>C. Nicholas Wirz</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2013 <b>Transaction ID : C8412590</b>
Mailing Address 58 Diablo View Dr.		Amount of Each Receipt this Period 10.00
City Orinda	State CA	Zip Code 94563
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 ▼ 240.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<b>TOTAL</b> 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 125 OF 137
	<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. Cindy Young**  
Full Name (Last, First, Middle Initial)

Mailing Address 3332 Seabright Ave

City Davis	State CA	Zip Code 95616
---------------	-------------	-------------------

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

Name of Employer CA Nurses Asso.	Occupation Special Projects Coordinator
-------------------------------------	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2013

**Transaction ID : C8148618**

Amount of Each Receipt this Period  

10.00
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**B. Cindy Young**  
Full Name (Last, First, Middle Initial)

Mailing Address 3332 Seabright Ave

City Davis	State CA	Zip Code 95616
---------------	-------------	-------------------

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

Name of Employer CA Nurses Asso.	Occupation Special Projects Coordinator
-------------------------------------	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2013

**Transaction ID : C8148579**

Amount of Each Receipt this Period  

10.00
-------

**C. Cindy Young**  
Full Name (Last, First, Middle Initial)

Mailing Address 3332 Seabright Ave

City Davis	State CA	Zip Code 95616
---------------	-------------	-------------------

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

Name of Employer CA Nurses Asso.	Occupation Special Projects Coordinator
-------------------------------------	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2013

**Transaction ID : C8273497**

Amount of Each Receipt this Period  

10.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>30.00</b>
<b>TOTAL</b> 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 126 OF 137  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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. Cindy Young**

Mailing Address 3332 Seabright Ave

City State Zip Code  
 Davis CA 95616

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

Name of Employer Occupation  
 CA Nurses Asso. Special Projects Coordinator

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 09 / 15 / 2013  
**Transaction ID : C8274823**

Amount of Each Receipt this Period  
 10.00

Full Name (Last, First, Middle Initial)  
**B. Cindy Young**

Mailing Address 3332 Seabright Ave

City State Zip Code  
 Davis CA 95616

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

Name of Employer Occupation  
 CA Nurses Asso. Special Projects Coordinator

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 09 / 30 / 2013  
**Transaction ID : C8410430**

Amount of Each Receipt this Period  
 10.00

Full Name (Last, First, Middle Initial)  
**C. Cindy Young**

Mailing Address 3332 Seabright Ave

City State Zip Code  
 Davis CA 95616

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

Name of Employer Occupation  
 CA Nurses Asso. Special Projects Coordinator

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 10 / 15 / 2013  
**Transaction ID : C8410467**

Amount of Each Receipt this Period  
 10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 30.00

**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 127 OF 137
	<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. Cindy Young**  
Full Name (Last, First, Middle Initial)

Mailing Address 3332 Seabright Ave

City Davis	State CA	Zip Code 95616
---------------	-------------	-------------------

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

Name of Employer CA Nurses Asso.	Occupation Special Projects Coordinator
-------------------------------------	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2013

**Transaction ID : C8317874**

Amount of Each Receipt this Period  

10.00
-------

**B. Cindy Young**  
Full Name (Last, First, Middle Initial)

Mailing Address 3332 Seabright Ave

City Davis	State CA	Zip Code 95616
---------------	-------------	-------------------

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

Name of Employer CA Nurses Asso.	Occupation Special Projects Coordinator
-------------------------------------	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2013

**Transaction ID : C8317911**

Amount of Each Receipt this Period  

10.00
-------

**C. Cindy Young**  
Full Name (Last, First, Middle Initial)

Mailing Address 3332 Seabright Ave

City Davis	State CA	Zip Code 95616
---------------	-------------	-------------------

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

Name of Employer CA Nurses Asso.	Occupation Special Projects Coordinator
-------------------------------------	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2013

**Transaction ID : C8317949**

Amount of Each Receipt this Period  

10.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>30.00</b>
<b>TOTAL</b> 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 128 OF 137  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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. Cindy Young**

Mailing Address 3332 Seabright Ave

City State Zip Code  
 Davis CA 95616

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

Name of Employer Occupation  
 CA Nurses Asso. Special Projects Coordinator

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 15 / 2013

**Transaction ID : C8408675**

Amount of Each Receipt this Period  
 10.00

Full Name (Last, First, Middle Initial)  
**B. Cindy Young**

Mailing Address 3332 Seabright Ave

City State Zip Code  
 Davis CA 95616

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

Name of Employer Occupation  
 CA Nurses Asso. Special Projects Coordinator

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : C8412591**

Amount of Each Receipt this Period  
 10.00

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

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

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	20.00
<b>TOTAL</b> This Period (last page this line number only).....▶	5790.00

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

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

FOR LINE NUMBER: PAGE 129 OF 137  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

**A. National Nurses United**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2000 Franklin Street  
 City State Zip Code  
 Oakland CA 94612  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.55

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 26 / 2013  
**Transaction ID : C8248056**  
 Amount of Each Receipt this Period  
 108.89  
 Reimbursement for administrative and overhead expenses

**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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	108.89
<b>TOTAL</b> This Period (last page this line number only).....▶	108.89

**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. Chase Bank**

Mailing Address 350 20th Street

City State Zip Code  
Oakland CA 94612

Purpose of Disbursement  
Bank fees for PAC

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2013

**Transaction ID : D579703**

Amount of Each Disbursement this Period

15.00
-------

Full Name (Last, First, Middle Initial)

**B. Chase Bank**

Mailing Address 350 20th Street

City State Zip Code  
Oakland CA 94612

Purpose of Disbursement  
Bank fees for PAC

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2013

**Transaction ID : D579704**

Amount of Each Disbursement this Period

15.00
-------

Full Name (Last, First, Middle Initial)

**C. Chase Bank**

Mailing Address 350 20th Street

City State Zip Code  
Oakland CA 94612

Purpose of Disbursement  
Bank fees for PAC

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2013

**Transaction ID : D579705**

Amount of Each Disbursement this Period

15.00
-------

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

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

45.00
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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. Chase Bank**

Mailing Address 350 20th Street

City State Zip Code  
Oakland CA 94612

Purpose of Disbursement  
Bank fees for PAC

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			29			2013			

**Transaction ID : D579706**

Amount of Each Disbursement this Period

15.00
-------

Full Name (Last, First, Middle Initial)

**B. Chase Bank**

Mailing Address 350 20th Street

City State Zip Code  
Oakland CA 94612

Purpose of Disbursement  
Bank fees for PAC

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2013			

**Transaction ID : D579707**

Amount of Each Disbursement this Period

15.00
-------

Full Name (Last, First, Middle Initial)

**C. Chase Bank**

Mailing Address 350 20th Street

City State Zip Code  
Oakland CA 94612

Purpose of Disbursement  
Bank fees for PAC

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			26			2013			

**Transaction ID : D579708**

Amount of Each Disbursement this Period

15.00
-------

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

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

45.00
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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. Chase Bank**

Mailing Address 350 20th Street

City State Zip Code  
Oakland CA 94612

Purpose of Disbursement  
Bank 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 Y  
12 / 12 / 2013

**Transaction ID : D579709**

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

**B. Chase Bank**

Mailing Address 350 20th Street

City State Zip Code  
Oakland CA 94612

Purpose of Disbursement  
Bank 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 Y  
12 / 27 / 2013

**Transaction ID : D579710**

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

**C. Chase Bank**

Mailing Address 350 20th Street

City State Zip Code  
Oakland CA 94612

Purpose of Disbursement  
Bank 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 Y  
08 / 15 / 2013

**Transaction ID : D555140**

Amount of Each Disbursement this Period

15.00

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

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

45.00

**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. Chase Bank**

Mailing Address 350 20th Street

City State Zip Code  
Oakland CA 94612

Purpose of Disbursement  
Bank fees for PAC

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		30		2013

Transaction ID : D555141

Amount of Each Disbursement this Period

15.00
-------

Full Name (Last, First, Middle Initial)

**B. First Data Merchant Services**

Mailing Address 5565 Glenridge Connector NE, Suite

City State Zip Code  
Atlanta GA 30342

Purpose of Disbursement  
Merchant fees for PAC

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		05		2013

Transaction ID : D555142

Amount of Each Disbursement this Period

33.94
-------

Full Name (Last, First, Middle Initial)

**C. First Data Merchant Services**

Mailing Address 5565 Glenridge Connector NE, Suite

City State Zip Code  
Atlanta GA 30342

Purpose of Disbursement  
Merchant fees for PAC

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		13		2013

Transaction ID : D555143

Amount of Each Disbursement this Period

44.95
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

93.89
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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) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 30 / 2013

**Transaction ID : D555144**

Amount of Each Disbursement this Period

40.62

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) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 03 / 2013

**Transaction ID : D579711**

Amount of Each Disbursement this Period

3.27

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) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 11 / 2013

**Transaction ID : D579712**

Amount of Each Disbursement this Period

44.95

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

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

88.84

**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  
10 / 01 / 2013

**Transaction ID : D579713**

Amount of Each Disbursement this Period

43.89

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  
10 / 11 / 2013

**Transaction ID : D579714**

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  
11 / 04 / 2013

**Transaction ID : D579715**

Amount of Each Disbursement this Period

138.64

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

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

274.93

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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 Y Y  
11 / 13 / 2013

**Transaction ID : D579716**

Amount of Each Disbursement this Period

92.40

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 Y Y  
12 / 03 / 2013

**Transaction ID : D579717**

Amount of Each Disbursement this Period

42.91

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 / D D / Y Y Y Y Y Y  
12 / 11 / 2013

**Transaction ID : D579718**

Amount of Each Disbursement this Period

92.40

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

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

227.71

820.37

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

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

FOR LINE NUMBER:  
(check only one)

<input 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. Ellison for Congress**

Mailing Address PO Box 6072

City Minneapolis State MN Zip Code 55406

Purpose of Disbursement  
Contribution

Candidate Name

**Keith Ellison**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MN District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		23		2013

**Transaction ID : D579721**

Amount of Each Disbursement this Period

2500.00
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Full Name (Last, First, Middle Initial)

**B. Katherine Clark for Congress**

Mailing Address PO Box 361

City Malden State MA Zip Code 02148-0004

Purpose of Disbursement  
Contribution

Candidate Name

**Katherine Clark**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MA District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		20		2013

**Transaction ID : D579720**

Amount of Each Disbursement this Period

1000.00
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Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

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

3500.00
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**TOTAL** This Period (last page this line number only)..... ▶

3500.00
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