

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

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="2016"/>	<input type="text" value="43887.70"/>	<input type="text" value="43887.70"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="31927.30"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="55464.00"/>	<input type="text" value="68313.00"/>
(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="87391.30"/>	<input type="text" value="112200.70"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="58362.23"/>	<input type="text" value="83171.63"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="29029.07"/>	<input type="text" value="29029.07"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="45495.51"/>	

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).....	1050.00	2640.00
(ii) Unitemized	4414.00	15673.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	5464.00	18313.00
(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)	5464.00	18313.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	50000.00	50000.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
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)).....▶	55464.00	68313.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	55464.00	68313.00

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	41107.74	41827.14
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	41107.74	41827.14
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	12750.00	26390.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	4504.49	4504.49
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(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	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	10450.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	58362.23	83171.63
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	58362.23	83171.63

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	5464.00	18313.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5464.00	18313.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	41107.74	41827.14
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	41107.74	41827.14

**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 27
	<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. Bowden, Carolyn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 858 56th Street
 City Oakland State CA Zip Code 94605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CA Nurses Asso Occupation (for Individual) Labor Rep
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 07 / 15 / 2016
Transaction ID : C10354810
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Bowden, Carolyn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 858 56th Street
 City Oakland State CA Zip Code 94605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CA Nurses Asso Occupation (for Individual) Labor Rep
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 07 / 31 / 2016
Transaction ID : C10354832
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Bowden, Carolyn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 858 56th Street
 City Oakland State CA Zip Code 94605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CA Nurses Asso Occupation (for Individual) Labor Rep
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 08 / 15 / 2016
Transaction ID : C10354859
 Amount of Each Receipt this Period 50.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 27
	<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. Bowden, Carolyn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 858 56th Street
 City Oakland State CA Zip Code 94605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CA Nurses Asso Occupation (for Individual) Labor Rep
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 08 / 31 / 2016
Transaction ID : C10354912
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Bowden, Carolyn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 858 56th Street
 City Oakland State CA Zip Code 94605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CA Nurses Asso Occupation (for Individual) Labor Rep
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 15 / 2016
Transaction ID : C10354913
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Bowden, Carolyn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 858 56th Street
 City Oakland State CA Zip Code 94605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CA Nurses Asso Occupation (for Individual) Labor Rep
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 30 / 2016
Transaction ID : C10354911
 Amount of Each Receipt this Period 50.00
 Memo Item

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 8 OF 27
(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. Davari, Farah, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CA Nurses Asso. Occupation (for Individual) Labor Rep
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt 07 / 15 / 2016
Transaction ID : C10354814
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Davari, Farah, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CA Nurses Asso. Occupation (for Individual) Labor Rep
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt 07 / 31 / 2016
Transaction ID : C10354824
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Davari, Farah, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CA Nurses Asso. Occupation (for Individual) Labor Rep
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt 08 / 15 / 2016
Transaction ID : C10354840
 Amount of Each Receipt this Period 30.00
 Memo Item

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 9 OF 27
<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. Davari, Farah, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CA Nurses Asso. Occupation (for Individual) Labor Rep
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt 08 / 31 / 2016
Transaction ID : C10354876
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Davari, Farah, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CA Nurses Asso. Occupation (for Individual) Labor Rep
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt 09 / 15 / 2016
Transaction ID : C10354877
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Davari, Farah, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) CA Nurses Asso. Occupation (for Individual) Labor Rep
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt 09 / 30 / 2016
Transaction ID : C10354875
 Amount of Each Receipt this Period 30.00
 Memo Item

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: PAGE 10 OF 27
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
National Nurses United PAC - A Fund for a Healthy America

A. Dunne, Thomas, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P O Box 4737

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

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

Name of Employer (for Individual) Labor Rep	Occupation (for Individual) Labor Rep
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2016

Transaction ID : C10354819

Amount of Each Receipt this Period
50.00

Memo Item

B. Dunne, Thomas, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P O Box 4737

City Berkeley	State CA	Zip Code 91222
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Labor Rep	Occupation (for Individual) Labor Rep
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2016

Transaction ID : C10354833

Amount of Each Receipt this Period
50.00

Memo Item

C. Dunne, Thomas, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P O Box 4737

City Berkeley	State CA	Zip Code 91222
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Labor Rep	Occupation (for Individual) Labor Rep
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2016

Transaction ID : C10354860

Amount of Each Receipt this Period
50.00

Memo Item

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 11 OF 27														
<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. Dunne, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O Box 4737
 City Berkeley State CA Zip Code 91222
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Labor Rep Occupation (for Individual) Labor Rep
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 08 / 31 / 2016
Transaction ID : C10354915
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Dunne, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O Box 4737
 City Berkeley State CA Zip Code 91222
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Labor Rep Occupation (for Individual) Labor Rep
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 09 / 15 / 2016
Transaction ID : C10354914
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Dunne, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O Box 4737
 City Berkeley State CA Zip Code 91222
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Labor Rep Occupation (for Individual) Labor Rep
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 09 / 30 / 2016
Transaction ID : C10354916
 Amount of Each Receipt this Period 50.00
 Memo Item

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 12 OF 27
	<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. Grisat, Michelle, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) CA Nurses Asso.	Occupation (for Individual) Educator/Researcher
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		15		2016

Transaction ID : C10354816

Amount of Each Receipt this Period
20.00

Memo Item

B. Grisat, Michelle, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) CA Nurses Asso.	Occupation (for Individual) Educator/Researcher
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2016

Transaction ID : C10354843

Amount of Each Receipt this Period
20.00

Memo Item

C. Grisat, Michelle, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) CA Nurses Asso.	Occupation (for Individual) Educator/Researcher
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		15		2016

Transaction ID : C10354844

Amount of Each Receipt this Period
20.00

Memo Item

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 13 OF 27
<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. Grisat, Michelle, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) CA Nurses Asso.	Occupation (for Individual) Educator/Researcher
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2016

Transaction ID : C10354883

Amount of Each Receipt this Period
20.00

Memo Item

B. Grisat, Michelle, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) CA Nurses Asso.	Occupation (for Individual) Educator/Researcher
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2016

Transaction ID : C10354881

Amount of Each Receipt this Period
20.00

Memo Item

C. Grisat, Michelle, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) CA Nurses Asso.	Occupation (for Individual) Educator/Researcher
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : C10354882

Amount of Each Receipt this Period
20.00

Memo Item

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 14 OF 27
	<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. Little, Paula, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5712 Netleaf Rd

City Austin	State TX	Zip Code 78724
----------------	-------------	-------------------

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

Name of Employer (for Individual) CA Nurses Asso.	Occupation (for Individual) Organizer
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		15		2016

Transaction ID : C10354825

Amount of Each Receipt this Period
25.00

Memo Item

B. Little, Paula, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5712 Netleaf Rd

City Austin	State TX	Zip Code 78724
----------------	-------------	-------------------

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

Name of Employer (for Individual) CA Nurses Asso.	Occupation (for Individual) Organizer
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2016

Transaction ID : C10354847

Amount of Each Receipt this Period
25.00

Memo Item

C. Little, Paula, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5712 Netleaf Rd

City Austin	State TX	Zip Code 78724
----------------	-------------	-------------------

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

Name of Employer (for Individual) CA Nurses Asso.	Occupation (for Individual) Organizer
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		15		2016

Transaction ID : C10354848

Amount of Each Receipt this Period
25.00

Memo Item

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 15 OF 27
	<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. Littles , Paula , , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5712 Netleaf Rd
 City Austin State TX Zip Code 78724
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CA Nurses Asso. Occupation (for Individual) Organizer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 08 / 31 / 2016
Transaction ID : C10354889
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Littles , Paula , , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5712 Netleaf Rd
 City Austin State TX Zip Code 78724
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CA Nurses Asso. Occupation (for Individual) Organizer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 15 / 2016
Transaction ID : C10354887
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Littles , Paula , , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5712 Netleaf Rd
 City Austin State TX Zip Code 78724
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CA Nurses Asso. Occupation (for Individual) Organizer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 30 / 2016
Transaction ID : C10354888
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	1050.00

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

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

FOR LINE NUMBER: PAGE 16 OF 27
(check only one)

<input 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
<input checked="" type="checkbox"/>								

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

A. Amalgamated Bank

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 275 Seventh Avenue

City New York	State NY	Zip Code 10001
------------------	-------------	-------------------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
50000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		15		2016

Transaction ID : C10356343

Amount of Each Receipt this Period
50000.00

Memo Item

B.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

C.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	50000.00
TOTAL This Period (last page this line number only).....▶	50000.00

**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"/> 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. Amalgamated Bank

Mailing Address 275 Seventh Avenue

City New York State NY Zip Code 10001

Purpose of Disbursement
Bank fee for PAC

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 25 / 2016

FEC Identification Number

C []

Transaction ID : D821397

Amount of Each Disbursement this Period

[] 20.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Amalgamated Bank

Mailing Address 275 Seventh Avenue

City New York State NY Zip Code 10001

Purpose of Disbursement
Bank fee for PAC

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 08 / 2016

FEC Identification Number

C []

Transaction ID : D821399

Amount of Each Disbursement this Period

[] 15.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Chase Bank

Mailing Address 350 20th Street

City Oakland State CA Zip Code 94612

Purpose of Disbursement
Bank fee for PAC

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 15 / 2016

FEC Identification Number

C []

Transaction ID : D821389

Amount of Each Disbursement this Period

[] 30.00

Memo Item

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

[] 65.00

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

[]

**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"/> 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

Date of Disbursement: MM / DD / YYYY
07 / 25 / 2016

Mailing Address 350 20th Street

City Oakland State CA Zip Code 94612

Purpose of Disbursement: Bank fee for PAC

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

FEC Identification Number: C
Transaction ID : D821390
Amount of Each Disbursement this Period: 15.00

Memo Item

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

Date of Disbursement: MM / DD / YYYY
07 / 29 / 2016

Mailing Address 350 20th Street

City Oakland State CA Zip Code 94612

Purpose of Disbursement: Bank fee for PAC

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

FEC Identification Number: C
Transaction ID : D821392
Amount of Each Disbursement this Period: 30.00

Memo Item

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

Date of Disbursement: MM / DD / YYYY
08 / 11 / 2016

Mailing Address 350 20th Street

City Oakland State CA Zip Code 94612

Purpose of Disbursement: Bank fee for PAC

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

FEC Identification Number: C
Transaction ID : D821393
Amount of Each Disbursement this Period: 30.00

Memo Item

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

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

**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"/> 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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		31		2016

Mailing Address 350 20th Street

FEC Identification Number

C

Transaction ID : D821394

Amount of Each Disbursement this Period

30.00

Memo Item

City Oakland State CA Zip Code 94612

Purpose of Disbursement Bank fee for PAC

--

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Marriott Philadelphia

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		08		2016

Mailing Address 1201 Market St

FEC Identification Number

C

Transaction ID : D821456

Amount of Each Disbursement this Period

726.50

Memo Item

City Philadelphia State PA Zip Code 19107

Purpose of Disbursement Travel

--

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. National Nurses United

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		01		2016

Mailing Address 2000 Franklin Street

FEC Identification Number

C

Transaction ID : D821453

Amount of Each Disbursement this Period

30000.00

Memo Item

City Oakland State CA Zip Code 94612

Purpose of Disbursement Travel

--

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

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

30756.50

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

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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"/> 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. National Nurses United

Mailing Address 2000 Franklin Street

City
Oakland

State
CA

Zip Code
94612

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	5		2	0	1	6

FEC Identification Number

C []

Transaction ID : D821442

Amount of Each Disbursement this Period

[] 10000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. SunTrust

Mailing Address PO Box 62227

City
Orlando

State
FL

Zip Code
32862-2227

Purpose of Disbursement
Credit card processing fee for PAC

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	2		2	0	1	6

FEC Identification Number

C []

Transaction ID : D821401

Amount of Each Disbursement this Period

[] 64.90

Memo Item

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	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C []

Amount of Each Disbursement this Period

[]

Memo Item

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

[] 10064.90

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

[] 40961.40

**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"/> 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. ANGIE CRAIG FOR CONGRESS

Mailing Address PO Box 22116

City
Eagan

State
MN

Zip Code
55122-0116

Purpose of Disbursement
Contribution

Candidate Name

CRAIG, ANGELA DAWN, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MN District: 02

Date of Disbursement

MM / DD / YYYY
09 / 20 / 2016

FEC Identification Number

C C00575209

Transaction ID : D821406

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Anthony Brown for Congress

Mailing Address 12138 CENTRAL AVE
#671

City
Bowie

State
MD

Zip Code
20721

Purpose of Disbursement
Contribution

Candidate Name

Brown, Anthony, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify)

State: MD District: 04

Date of Disbursement

MM / DD / YYYY
09 / 20 / 2016

FEC Identification Number

C C00574640

Transaction ID : D821410

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Bryan Caforio for Congress

Mailing Address 24307 MAGIC MOUNTAIN Pkwy
548

City
Valencia

State
CA

Zip Code
91355

Purpose of Disbursement
Contribution

Candidate Name

Caforio, Bryan, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 25

Date of Disbursement

MM / DD / YYYY
09 / 20 / 2016

FEC Identification Number

C C00597724

Transaction ID : D821411

Amount of Each Disbursement this Period

1000.00

Memo Item

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

2500.00

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

**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"/> 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. Cain for Congress

Mailing Address PO BOX 1523

City Bangor State ME Zip Code 04402

Purpose of Disbursement Contribution

Candidate Name

Cain, Emily, , ,

Office Sought: House Senate President

State: ME District: 02

Disbursement For: 2016
 Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 20 / 2016

FEC Identification Number

C C00546077

Transaction ID : D821404

Amount of Each Disbursement this Period

750.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Cain for Congress

Mailing Address PO BOX 1523

City Bangor State ME Zip Code 04402

Purpose of Disbursement Contribution

Candidate Name

Cain, Emily, , ,

Office Sought: House Senate President

State: ME District: 02

Disbursement For: 2016
 Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 20 / 2016

FEC Identification Number

C C00546077

Transaction ID : D821415

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Ellison for Congress

Mailing Address PO Box 6072

City Minneapolis State MN Zip Code 55406

Purpose of Disbursement Contribution

Candidate Name

Ellison, Keith, , ,

Office Sought: House Senate President

State: MN District: 05

Disbursement For: 2016
 Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 20 / 2016

FEC Identification Number

C C00422410

Transaction ID : D821420

Amount of Each Disbursement this Period

1500.00

Memo Item

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

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

3250.00

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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. Judy Chu for Congress

Mailing Address 777 S Figueroa St
Ste 4050

City
Los Angeles

State
CA

Zip Code
90017-5864

Purpose of Disbursement
Contribution

Candidate Name

Chu, Judy, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 32

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2016

FEC Identification Number

C C00458125

Transaction ID : D821418

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Mark Pocan for Congress

Mailing Address 309 N Baldwin St

City
Madison

State
WI

Zip Code
53703-1701

Purpose of Disbursement
Contribution

Candidate Name

Pocan, Mark, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify)

State: WI District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2016

FEC Identification Number

C C00502179

Transaction ID : D821421

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Mark Takano for Congress

Mailing Address PO Box 5214

City
Riverside

State
CA

Zip Code
92517-5214

Purpose of Disbursement
Contribution

Candidate Name

Takano, Mark, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 41

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2016

FEC Identification Number

C C00498667

Transaction ID : D821423

Amount of Each Disbursement this Period

1000.00

Memo Item

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

3000.00

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

**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"/> 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. PRAMILA FOR CONGRESS		Date of Disbursement MM / DD / YYYY 09 / 20 / 2016
Mailing Address PO Box 20753		FEC Identification Number C00605592 Transaction ID : D821438
City Seattle	State WA	Zip Code 98102-1753
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 1000.00
Candidate Name JAYAPAL, PRAMILA, , ,		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: WA	District: 07	

Full Name (Last, First, Middle Initial) B. Schakowsky for Congress		Date of Disbursement MM / DD / YYYY 09 / 20 / 2016
Mailing Address PO Box 5130		FEC Identification Number C00327023 Transaction ID : D821417
City Evanston	State IL	Zip Code 60204-5130
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 1000.00
Candidate Name Schakowsky, Janice, D., ,		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: IL	District: 09	

Full Name (Last, First, Middle Initial) C. Van Hollen for Senate		Date of Disbursement MM / DD / YYYY 09 / 20 / 2016
Mailing Address 10605 CONCORD ST Ste 202		FEC Identification Number C00573758 Transaction ID : D821413
City Kensington	State MD	Zip Code 20895
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 1000.00
Candidate Name Van Hollen, Chris, , ,		Category/Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: MD	District:	

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

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

3000.00

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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. Zephyr Teachout for Congress

Mailing Address PO BOX 491

City
Rosendale

State
NY

Zip Code
12472

Purpose of Disbursement
Contribution

Candidate Name

Teachout, Zephyr, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NY District: 19

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9		2	0		2	0	1	6		

FEC Identification Number

C C00608174

Transaction ID : D821441

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B.

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	/	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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	/	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

1000.00

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

12750.00

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input checked="" 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. Amalgamated Bank		Date of Disbursement MM / DD / YYYY 08 / 19 / 2016	
Mailing Address 275 Seventh Avenue		FEC Identification Number C [] Transaction ID : D821444 Amount of Each Disbursement this Period [] 2213.11	
City New York	State NY	Zip Code 10001	Category/ Type []
Purpose of Disbursement Loan Repayment		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. Amalgamated Bank		Date of Disbursement MM / DD / YYYY 09 / 01 / 2016	
Mailing Address 275 Seventh Avenue		FEC Identification Number C [] Transaction ID : D821446 Amount of Each Disbursement this Period [] 2291.38	
City New York	State NY	Zip Code 10001	Category/ Type []
Purpose of Disbursement Loan Repayment		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY [] / [] / []	
Mailing Address		FEC Identification Number C [] Amount of Each Disbursement this Period []	
City	State	Zip Code	Category/ Type []
Purpose of Disbursement		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	4504.49
TOTAL This Period (last page this line number only).....▶	4504.49

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : L936**
National Nurses United PAC - A Fund for a Healthy America

LOAN SOURCE Full Name (Last, First, Middle Initial) Amalgamated Bank			<input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 275 Seventh Avenue				
City New York	State NY	ZIP Code 10001		

Original Amount of Loan 50000.00	Cumulative Payment To Date 4504.49	Balance Outstanding at Close of This Period 45495.51
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TERMS

Date Incurred MM / DD / YYYY 07 / 15 / 2016	Date Due MM / DD / YYYY 07 / 01 / 2018	Interest Rate Base rate+1.5% % (apr)	Secured: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)	▶	[] 45495.51
TOTALS This Period (last page in this line only)	▶	[] 45495.51

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.