

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. (a) Name of Individual, Organization or Corporation California Nurses Association / National Nurses Organizing Committee - AFL-CIO		3. FEC Identification Number C C90011768
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 2000 Franklin Street		
(c) City, State and ZIP Code Oakland CA 94612		
2. Corporate filers only	Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Individual filers only	Name of Employer	Occupation

4. TYPE OF REPORT (check appropriate boxes):

- (a) April 15 Quarterly Report 24-Hour Notice 48-Hour Notice
- July 15 Quarterly Report
- October Quarterly Report
- January 31 Year-End Report

(b) Is this Report an amendment? Yes No

5. COVERING PERIOD: FROM

M M / D D / Y Y Y Y
1 0 / 0 1 / 2 0 1 0

THROUGH

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

6. TOTAL CONTRIBUTIONS

0.00

7. TOTAL INDEPENDENT EXPENDITURES.....

39061.80

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

Alice Gurb, Assistant Director, Admin.

01/31/2011

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C 437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

California Nurses Association / National Nurses Organizing Committee - AFL-CIO

Full Name (Last, First, Middle Initial) of Payee
Alliance Graphics

Date

M M / D D / Y Y Y Y
1 0 / 0 1 / 2 0 1 0

Mailing Address
1101 8th Street

Amount

908.24

City State Zip Code
Berkeley CA 94710

Purpose of Expenditure
Buttons

Category/
Type

Office Sought: House State: CA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Barbara Boxer

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 27202.05

Disbursement For: Primary General
2010
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
California Nurses Association / National Nurses Organizing Committee - AFL-CIO

Date

M M / D D / Y Y Y Y
1 0 / 0 1 / 2 0 1 0

Mailing Address
2000 Franklin

Amount

2093.52

City State Zip Code
Oakland CA 94612

Purpose of Expenditure
Bus Tour - Payroll

Category/
Type

Office Sought: House State: CA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 35389.90

Disbursement For: Primary General
2010
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
California Nurses Association / National Nurses Organizing Committee - AFL-CIO

Date

M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 1 0

Mailing Address
2000 Franklin

Amount

31.58

City State Zip Code
Oakland CA 94612

Purpose of Expenditure
Bus Tour - Staff Reimbursement

Category/
Type

Office Sought: House State: CA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 35389.90

Disbursement For: Primary General
2010
 Other (specify) _____

(a) **SUBTOTAL** of Itemized Independent Expenditures

3033.34

(b) **SUBTOTAL** of Unitemized Independent Expenditures

(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

Image# 11990179102
SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)
 California Nurses Association / National Nurses Organizing Committee - AFL-CIO

Full Name (Last, First, Middle Initial) of Payee Enterprise Rent-a-car		Date MM / DD / YYYY 10 / 20 / 2010
Mailing Address 1620 South Brand Blvd.		Amount 16.85
City Glendale	State CA	Zip Code 91204

Purpose of Expenditure Bus Tour - Van Rental	Category/ Type	Office Sought: <input type="checkbox"/> House State: CA <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Carly Fiorina		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought	35389.90	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Alaska Airlines Corporate Office		Date MM / DD / YYYY 10 / 21 / 2010
Mailing Address P.O. Box 68900		Amount 65.36
City Seattle	State WA	Zip Code 98168

Purpose of Expenditure Bus Tour - Staff and Member Travel	Category/ Type	Office Sought: <input type="checkbox"/> House State: CA <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Carly Fiorina		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought	35389.90	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Atomic Outdoor Media		Date MM / DD / YYYY 10 / 21 / 2010
Mailing Address 14252 Culver Drive, Suite A-287		Amount 4800.00
City Irvine	State CA	Zip Code 92604

Purpose of Expenditure Mobile Billboard	Category/ Type	Office Sought: <input type="checkbox"/> House State: CA <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Barbara Boxer		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought	27202.05	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures	4882.21
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

California Nurses Association / National Nurses Organizing Committee - AFL-CIO

Full Name (Last, First, Middle Initial) of Payee
Balboa Travel

Date

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Mailing Address
5414 Oberlin Drive, Suite 300

Amount

33.30

City State Zip Code
San Diego CA 92121

Purpose of Expenditure
Bus Tour - Staff and Member Travel

Category/
Type

Office Sought: House State: CA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 35389.90

Disbursement For: Primary General
2010
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Busbank

Date

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Mailing Address
200 West Adams, Suite 1100

Amount

673.27

City State Zip Code
Chicago IL 60606

Purpose of Expenditure
Bus Tour - Bus Wrap and Bus Rental

Category/
Type

Office Sought: House State: CA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 35389.90

Disbursement For: Primary General
2010
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
California Nurses Association / National Nurses Organizing Committee - AFL-CIO

Date

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Mailing Address
2000 Franklin

Amount

16.46

City State Zip Code
Oakland CA 94612

Purpose of Expenditure
Bus Tour - Webcam

Category/
Type

Office Sought: House State: CA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 35389.90

Disbursement For: Primary General
2010
 Other (specify) _____

(a) **SUBTOTAL** of Itemized Independent Expenditures

723.03

(b) **SUBTOTAL** of Unitemized Independent Expenditures

(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

California Nurses Association / National Nurses Organizing Committee - AFL-CIO

Full Name (Last, First, Middle Initial) of Payee
California Nurses Association / National Nurses Organizing Committee - AFL-CIO

Date
MM / DD / YYYY
10 / 21 / 2010

Mailing Address
2000 Franklin

Amount
18.75

City State Zip Code
Oakland CA 94612

Purpose of Expenditure
Bus Tour - Tapes and Batteries

Category/
Type

Office Sought: House State: CA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 35389.90

Disbursement For: Primary General
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
California Nurses Association / National Nurses Organizing Committee - AFL-CIO

Date
MM / DD / YYYY
10 / 21 / 2010

Mailing Address
2000 Franklin

Amount
406.67

City State Zip Code
Oakland CA 94612

Purpose of Expenditure
Bus Tour - Staff Payroll

Category/
Type

Office Sought: House State: CA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 35389.90

Disbursement For: Primary General
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
California Nurses Association / National Nurses Organizing Committee - AFL-CIO

Date
MM / DD / YYYY
10 / 21 / 2010

Mailing Address
2000 Franklin

Amount
9.90

City State Zip Code
Oakland CA 94612

Purpose of Expenditure
Bus Tour - Expense Reimbursement

Category/
Type

Office Sought: House State: CA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 35389.90

Disbursement For: Primary General
 Other (specify) _____

(a) **SUBTOTAL** of Itemized Independent Expenditures 435.32

(b) **SUBTOTAL** of Unitemized Independent Expenditures

(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

California Nurses Association / National Nurses Organizing Committee - AFL-CIO

Full Name (Last, First, Middle Initial) of Payee
California Nurses Association / National Nurses Organizing Committee - AFL-CIO

Date
MM / DD / YYYY
10 / 21 / 2010

Mailing Address
2000 Franklin

Amount
217.50

City State Zip Code
Oakland CA 94612

Purpose of Expenditure
Bus Tour - Expense Reimbursement
Category/Type

Office Sought: House State: CA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
35389.90

Disbursement For: Primary General
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
California Nurses Association / National Nurses Organizing Committee - AFL-CIO

Date
MM / DD / YYYY
10 / 21 / 2010

Mailing Address
2000 Franklin

Amount
23.71

City State Zip Code
Oakland CA 94612

Purpose of Expenditure
Bus Tour - Expense Reimbursement
Category/Type

Office Sought: House State: CA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
35389.90

Disbursement For: Primary General
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
California Nurses Association / National Nurses Organizing Committee - AFL-CIO

Date
MM / DD / YYYY
10 / 21 / 2010

Mailing Address
2000 Franklin

Amount
17.65

City State Zip Code
Oakland CA 94612

Purpose of Expenditure
Bus Tour - Expense Reimbursement
Category/Type

Office Sought: House State: CA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
35389.90

Disbursement For: Primary General
 Other (specify) _____

(a) **SUBTOTAL** of Itemized Independent Expenditures 258.86

(b) **SUBTOTAL** of Unitemized Independent Expenditures

(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

California Nurses Association / National Nurses Organizing Committee - AFL-CIO

Full Name (Last, First, Middle Initial) of Payee
Enterprise Rent-a-car

Date

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Mailing Address
1620 South Brand Blvd.

Amount

16.85

City State Zip Code
Glendale CA 91204

Purpose of Expenditure
Bus Tour - Van Rental

Category/
Type

Office Sought: House State: CA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 35389.90

Disbursement For: Primary General
2010
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Glendale Hilton

Date

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Mailing Address
100 West Glenoaks Blvd.

Amount

175.51

City State Zip Code
Glendale CA 91202

Purpose of Expenditure
Bus Tour - Hotel Rooms

Category/
Type

Office Sought: House State: CA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 35389.90

Disbursement For: Primary General
2010
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Los Angeles Audio Rental.com

Date

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Mailing Address
P.O. Box 2385

Amount

111.75

City State Zip Code
Culver City CA 90231

Purpose of Expenditure
Bus Tour - Sound System

Category/
Type

Office Sought: House State: CA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 35389.90

Disbursement For: Primary General
2010
 Other (specify) _____

(a) **SUBTOTAL** of Itemized Independent Expenditures

304.11

(b) **SUBTOTAL** of Unitemized Independent Expenditures

(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

California Nurses Association / National Nurses Organizing Committee - AFL-CIO

Full Name (Last, First, Middle Initial) of Payee
Southwest Airlines

Date

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Mailing Address
P.O. Box 36647-1CR

Amount

131.84

City State Zip Code
Dallas TX 75235

Purpose of Expenditure
Bus Tour - Staff and Member Travel

Category/
Type

Office Sought: House State: CA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 35389.90

Disbursement For: Primary General
2010
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
The Corner Bakery

Date

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Mailing Address
800 North Fernando Avenue

Amount

33.19

City State Zip Code
Burbank CA 91502

Purpose of Expenditure
Bus Tour - Catering

Category/
Type

Office Sought: House State: CA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 35389.90

Disbursement For: Primary General
2010
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
AMPCO System Parking

Date

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 1 0

Mailing Address
425 West Broadway

Amount

129.60

City State Zip Code
Glendale CA 91204

Purpose of Expenditure
Bus Tour - Parking (estimate for campaign)

Category/
Type

Office Sought: House State: CA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 35389.90

Disbursement For: Primary General
2010
 Other (specify) _____

(a) **SUBTOTAL** of Itemized Independent Expenditures

294.63

(b) **SUBTOTAL** of Unitemized Independent Expenditures

(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

California Nurses Association / National Nurses Organizing Committee - AFL-CIO

Full Name (Last, First, Middle Initial) of Payee
Busbank

Date

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 1 0

Mailing Address
200 West Adams, Suite 1100

Amount

673.27

City State Zip Code
Chicago IL 60606

Purpose of Expenditure
Bus Tour - Bus Wrap & Bus Rental

Category/
Type

Office Sought: House State: CA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 35389.90

Disbursement For: Primary General
2010
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
California Nurses Association / National Nurses Organizing Committee - AFL-CIO

Date

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 1 0

Mailing Address
2000 Franklin

Amount

406.67

City State Zip Code
Oakland CA 94612

Purpose of Expenditure
Bus Tour - Staff Payroll

Category/
Type

Office Sought: House State: CA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 35389.90

Disbursement For: Primary General
2010
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
California Nurses Association / National Nurses Organizing Committee - AFL-CIO

Date

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 1 0

Mailing Address
2000 Franklin

Amount

36.09

City State Zip Code
Oakland CA 94612

Purpose of Expenditure
Bus Tour - Catering (Goldilocks)

Category/
Type

Office Sought: House State: CA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 35389.90

Disbursement For: Primary General
2010
 Other (specify) _____

(a) **SUBTOTAL** of Itemized Independent Expenditures

1116.03

(b) **SUBTOTAL** of Unitemized Independent Expenditures

(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

California Nurses Association / National Nurses Organizing Committee - AFL-CIO

Full Name (Last, First, Middle Initial) of Payee
Enterprise Rent-a-car

Date

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 1 0

Mailing Address
1620 South Brand Blvd.

Amount

16.85

City State Zip Code
Glendale CA 91204

Purpose of Expenditure
Bus Tour - Van Rental

Category/
Type

Office Sought: House State: CA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 35389.90

Disbursement For: Primary General
2010
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Glendale Hilton

Date

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 1 0

Mailing Address
100 West Glenoaks Blvd.

Amount

175.51

City State Zip Code
Glendale CA 91204

Purpose of Expenditure
Bus Tour - Hotel Rooms

Category/
Type

Office Sought: House State: CA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 35389.90

Disbursement For: Primary General
2010
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Home Depot

Date

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 1 0

Mailing Address
5040 San Fernando Road

Amount

98.53

City State Zip Code
Glendale CA 91204

Purpose of Expenditure
Bus Tour - Supplies

Category/
Type

Office Sought: House State: CA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 35389.90

Disbursement For: Primary General
2010
 Other (specify) _____

(a) **SUBTOTAL** of Itemized Independent Expenditures

290.89

(b) **SUBTOTAL** of Unitemized Independent Expenditures

(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

California Nurses Association / National Nurses Organizing Committee - AFL-CIO

Full Name (Last, First, Middle Initial) of Payee
Panera

Date

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 1 0

Mailing Address
300 N Brand Blvd.

Amount

14.25

City State Zip Code
Glendale CA 91203

Purpose of Expenditure
Bus Tour - Catering

Category/
Type

Office Sought: House State: CA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 35389.90

Disbursement For: Primary General
2010
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
The Corner Bakery

Date

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 1 0

Mailing Address
800 North Fernando Avenue

Amount

101.15

City State Zip Code
Burbank CA 91502

Purpose of Expenditure
Bus Tour - Catering

Category/
Type

Office Sought: House State: CA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 35389.90

Disbursement For: Primary General
2010
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Boston Market

Date

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 1 0

Mailing Address
5502 Balboa Avenue

Amount

181.95

City State Zip Code
San Diego CA 92111

Purpose of Expenditure
Bus Tour - Catering

Category/
Type

Office Sought: House State: CA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 35389.90

Disbursement For: Primary General
2010
 Other (specify) _____

(a) **SUBTOTAL** of Itemized Independent Expenditures

297.35

(b) **SUBTOTAL** of Unitemized Independent Expenditures

(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

California Nurses Association / National Nurses Organizing Committee - AFL-CIO

Full Name (Last, First, Middle Initial) of Payee
Busbank

Date

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 1 0

Mailing Address
200 West Adams, Suite 1100

Amount

673.27

City State Zip Code
Chicago IL 60606

Purpose of Expenditure
Bus Tour - Bus Wrap & Bus Rental

Category/
Type

Office Sought: House State: CA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 35389.90

Disbursement For: Primary General
2010
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
California Nurses Association / National Nurses Organizing Committee - AFL-CIO

Date

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 1 0

Mailing Address
2000 Franklin

Amount

406.67

City State Zip Code
Oakland CA 94612

Purpose of Expenditure
Bus Tour - Staff Payroll

Category/
Type

Office Sought: House State: CA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 35389.90

Disbursement For: Primary General
2010
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
California Nurses Association / National Nurses Organizing Committee - AFL-CIO

Date

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 1 0

Mailing Address
2000 Franklin

Amount

500.00

City State Zip Code
Oakland CA 94612

Purpose of Expenditure
Bus Tour - Princess Carly Per Diem

Category/
Type

Office Sought: House State: CA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 35389.90

Disbursement For: Primary General
2010
 Other (specify) _____

(a) **SUBTOTAL** of Itemized Independent Expenditures

1579.94

(b) **SUBTOTAL** of Unitemized Independent Expenditures

(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

California Nurses Association / National Nurses Organizing Committee - AFL-CIO

Full Name (Last, First, Middle Initial) of Payee
Enterprise Rent-a-car

Date

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 1 0

Mailing Address
1620 South Brand Blvd.

Amount

16.85

City State Zip Code
Glendale CA 91204

Purpose of Expenditure
Bus Tour - Van Rental

Category/
Type

Office Sought: House State: CA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 35389.90

Disbursement For: Primary General
2010
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Glendale Hilton

Date

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 1 0

Mailing Address
100 West Glenoaks Blvd.

Amount

175.51

City State Zip Code
Glendale CA 91202

Purpose of Expenditure
Bus Tour - Hotel Rooms

Category/
Type

Office Sought: House State: CA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 35389.90

Disbursement For: Primary General
2010
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
The Corner Bakery

Date

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 1 0

Mailing Address
800 North Fernando Avenue

Amount

46.26

City State Zip Code
Burbank CA 91502

Purpose of Expenditure
Bus Tour - Catering

Category/
Type

Office Sought: House State: CA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 35389.90

Disbursement For: Primary General
2010
 Other (specify) _____

(a) **SUBTOTAL** of Itemized Independent Expenditures

238.62

(b) **SUBTOTAL** of Unitemized Independent Expenditures

(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

California Nurses Association / National Nurses Organizing Committee - AFL-CIO

Full Name (Last, First, Middle Initial) of Payee
Busbank

Date

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 1 0

Mailing Address
200 West Adams, Suite 1100

Amount

673.27

City State Zip Code
Chicago IL 60606

Purpose of Expenditure
Bus Tour - Bus Wrap & Bus Rental

Category/
Type

Office Sought: House State: CA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 35389.90

Disbursement For: Primary General
2010
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
California Nurses Association / National Nurses Organizing Committee - AFL-CIO

Date

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 1 0

Mailing Address
2000 Franklin

Amount

406.67

City State Zip Code
Oakland CA 94612

Purpose of Expenditure
Bus Tour - Staff Payroll

Category/
Type

Office Sought: House State: CA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 35389.90

Disbursement For: Primary General
2010
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
California Nurses Association / National Nurses Organizing Committee - AFL-CIO

Date

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 1 0

Mailing Address
2000 Franklin

Amount

162.81

City State Zip Code
Oakland CA 94612

Purpose of Expenditure
Bus Tour - Expense Reimbursements

Category/
Type

Office Sought: House State: CA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 35389.90

Disbursement For: Primary General
2010
 Other (specify) _____

(a) **SUBTOTAL** of Itemized Independent Expenditures

1242.75

(b) **SUBTOTAL** of Unitemized Independent Expenditures

(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

California Nurses Association / National Nurses Organizing Committee - AFL-CIO

Full Name (Last, First, Middle Initial) of Payee
Enterprise Rent-a-car

Date

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 1 0

Mailing Address
1620 South Brand Blvd.

Amount

16.85

City State Zip Code
Glendale CA 91204

Purpose of Expenditure
Bus Tour - Van Rental

Category/
Type

Office Sought: House State: CA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 35389.90

Disbursement For: Primary General
2010
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Glendale Hilton

Date

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 1 0

Mailing Address
100 West Glenoaks Blvd.

Amount

175.51

City State Zip Code
Glendale CA 91202

Purpose of Expenditure
Bus Tour - Hotel Rooms

Category/
Type

Office Sought: House State: CA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 35389.90

Disbursement For: Primary General
2010
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Panera

Date

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 1 0

Mailing Address
300 N Brand Blvd.

Amount

73.97

City State Zip Code
Glendale CA 91203

Purpose of Expenditure
Bus Tour - Catering

Category/
Type

Office Sought: House State: CA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 35389.90

Disbursement For: Primary General
2010
 Other (specify) _____

(a) **SUBTOTAL** of Itemized Independent Expenditures

266.33

(b) **SUBTOTAL** of Unitemized Independent Expenditures

(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

California Nurses Association / National Nurses Organizing Committee - AFL-CIO

Full Name (Last, First, Middle Initial) of Payee
Salakot Sizzle & Grill

Date

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 1 0

Mailing Address
2122 Beverly Blvd.

Amount

49.86

City State Zip Code
Los Angeles CA 90057

Purpose of Expenditure
Bus Tour - Catering

Category/
Type

Office Sought: House State: CA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 35389.90

Disbursement For: Primary General
2010
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Autumn Press, Inc.

Date

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

Mailing Address
945 Camelia Street

Amount

211.55

City State Zip Code
Berkeley CA 94710

Purpose of Expenditure
Bus Tour - Poster

Category/
Type

Office Sought: House State: CA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Barbara Boxer

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 27202.05

Disbursement For: Primary General
2010
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Autumn Press, Inc.

Date

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

Mailing Address
945 Camelia Street

Amount

211.55

City State Zip Code
Berkeley CA 94710

Purpose of Expenditure
Bus Tour - Poster

Category/
Type

Office Sought: House State: CA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 35389.90

Disbursement For: Primary General
2010
 Other (specify) _____

(a) **SUBTOTAL** of Itemized Independent Expenditures

472.96

(b) **SUBTOTAL** of Unitemized Independent Expenditures

(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

California Nurses Association / National Nurses Organizing Committee - AFL-CIO

Full Name (Last, First, Middle Initial) of Payee
Balboa Travel

Date

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

Mailing Address
5414 Oberlin Drive, Suite 300

Amount

5.55

City State Zip Code
San Diego CA 92121

Purpose of Expenditure
Bus Tour - Staff Travel

Category/
Type

Office Sought: House State: CA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 35389.90

Disbursement For: Primary General
2010
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Busbank

Date

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

Mailing Address
200 West Adams, Suite 1100

Amount

673.27

City State Zip Code
Chicago IL 60606

Purpose of Expenditure
Bus Tour - Bus Wrap & Bus Rental

Category/
Type

Office Sought: House State: CA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 35389.90

Disbursement For: Primary General
2010
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
California Nurses Association / National Nurses Organizing Committee - AFL-CIO

Date

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

Mailing Address
2000 Franklin

Amount

500.00

City State Zip Code
Oakland CA 94612

Purpose of Expenditure
Bus Tour - Princess Carly Per Diem

Category/
Type

Office Sought: House State: CA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 35389.90

Disbursement For: Primary General
2010
 Other (specify) _____

(a) **SUBTOTAL** of Itemized Independent Expenditures

1178.82

(b) **SUBTOTAL** of Unitemized Independent Expenditures

(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

California Nurses Association / National Nurses Organizing Committee - AFL-CIO

Full Name (Last, First, Middle Initial) of Payee
California Nurses Association / National Nurses Organizing Committee - AFL-CIO

Date

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

Mailing Address
2000 Franklin

Amount

406.67

City State Zip Code
Oakland CA 94612

Purpose of Expenditure
Bus Tour - Staff Payroll

Category/
Type

Office Sought: House State: CA
 Senate
 President District: _____

Check One: Support Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Calendar Year-To-Date Per Election
for Office Sought 35389.90

Disbursement For: Primary General
2010
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
California Nurses Association / National Nurses Organizing Committee - AFL-CIO

Date

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

Mailing Address
2000 Franklin

Amount

60.08

City State Zip Code
Oakland CA 94612

Purpose of Expenditure
Bus Tour - Expense Reimbursement

Category/
Type

Office Sought: House State: CA
 Senate
 President District: _____

Check One: Support Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Calendar Year-To-Date Per Election
for Office Sought 35389.90

Disbursement For: Primary General
2010
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Christina Conte

Date

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

Mailing Address
316 West California Blvd. Unite A

Amount

537.29

City State Zip Code
Pasadena CA 91105

Purpose of Expenditure
Bus Tour - Princess Carly

Category/
Type

Office Sought: House State: CA
 Senate
 President District: _____

Check One: Support Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Calendar Year-To-Date Per Election
for Office Sought 35389.90

Disbursement For: Primary General
2010
 Other (specify) _____

(a) **SUBTOTAL** of Itemized Independent Expenditures

1004.04

(b) **SUBTOTAL** of Unitemized Independent Expenditures

(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

California Nurses Association / National Nurses Organizing Committee - AFL-CIO

Full Name (Last, First, Middle Initial) of Payee
Enterprise Rent-a-car

Date

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

Mailing Address
1620 South Brand Blvd.

Amount

16.85

City State Zip Code
Glendale CA 91204

Purpose of Expenditure
Bus Tour - Van Rental

Category/
Type

Office Sought: House State: CA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 35389.90

Disbursement For: Primary General
2010
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Glendale Hilton

Date

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

Mailing Address
100 West Glenoaks Blvd.

Amount

175.51

City State Zip Code
Glendale CA 91202

Purpose of Expenditure
Bus Tour - Hotel Rooms

Category/
Type

Office Sought: House State: CA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 35389.90

Disbursement For: Primary General
2010
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Goldilocks

Date

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

Mailing Address
2770 Colorado Blvd.

Amount

151.75

City State Zip Code
Los Angeles CA 90041

Purpose of Expenditure
Bus Tour - Catering

Category/
Type

Office Sought: House State: CA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 35389.90

Disbursement For: Primary General
2010
 Other (specify) _____

(a) **SUBTOTAL** of Itemized Independent Expenditures

344.11

(b) **SUBTOTAL** of Unitemized Independent Expenditures

(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

California Nurses Association / National Nurses Organizing Committee - AFL-CIO

Full Name (Last, First, Middle Initial) of Payee
JetBlue

Date

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

Mailing Address
118-29 Queens Blvd.

Amount

40.56

City State Zip Code
Forest Hills NY 11375

Purpose of Expenditure
Bus Tour - Staff Travel

Category/
Type

Office Sought: House State: CA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 35389.90

Disbursement For: Primary General
2010
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
The Corner Bakery

Date

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

Mailing Address
800 North Fernando Avenue

Amount

14.67

City State Zip Code
Burbank CA 91502

Purpose of Expenditure
Bus Tour - Catering

Category/
Type

Office Sought: House State: CA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 35389.90

Disbursement For: Primary General
2010
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Travel Lodge Long Beach

Date

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

Mailing Address
80 Atlantic Avenue

Amount

24.08

City State Zip Code
Long Beach CA 90802

Purpose of Expenditure
Bus Tour - Staff Travel

Category/
Type

Office Sought: House State: CA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 35389.90

Disbursement For: Primary General
2010
 Other (specify) _____

(a) **SUBTOTAL** of Itemized Independent Expenditures

79.31

(b) **SUBTOTAL** of Unitemized Independent Expenditures

(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

California Nurses Association / National Nurses Organizing Committee - AFL-CIO

Full Name (Last, First, Middle Initial) of Payee
Balboa Travel

Date

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

Mailing Address
5414 Oberlin Drive, Suite 300

Amount

11.10

City State Zip Code
San Diego CA 92121

Purpose of Expenditure
Bus Tour - Staff & Member Travel

Category/
Type

Office Sought: House State: CA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 35389.90

Disbursement For: Primary General
2010
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Busbank

Date

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

Mailing Address
200 West Adams, Suite 1100

Amount

673.27

City State Zip Code
Chicago IL 60606

Purpose of Expenditure
Bus Tour - Bus Wrap & Bus Rental

Category/
Type

Office Sought: House State: CA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 35389.90

Disbursement For: Primary General
2010
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
California Nurses Association / National Nurses Organizing Committee - AFL-CIO

Date

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

Mailing Address
2000 Franklin

Amount

500.00

City State Zip Code
Oakland CA 94612

Purpose of Expenditure
Bus Tour - Princess Carly Per Diem

Category/
Type

Office Sought: House State: CA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 35389.90

Disbursement For: Primary General
2010
 Other (specify) _____

(a) **SUBTOTAL** of Itemized Independent Expenditures

1184.37

(b) **SUBTOTAL** of Unitemized Independent Expenditures

(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

California Nurses Association / National Nurses Organizing Committee - AFL-CIO

Full Name (Last, First, Middle Initial) of Payee
California Nurses Association / National Nurses Organizing Committee - AFL-CIO

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

Mailing Address
2000 Franklin

Amount
406.67

City State Zip Code
Oakland CA 94612

Purpose of Expenditure
Bus Tour - Staff Payroll

Category/
Type

Office Sought: House State: CA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 35389.90

Disbursement For: Primary General
2010
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Enterprise Rent-a-car

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

Mailing Address
1620 South Brand Blvd.

Amount
16.85

City State Zip Code
Glendale CA 91204

Purpose of Expenditure
Bus Tour - Van Rental

Category/
Type

Office Sought: House State: CA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 35389.90

Disbursement For: Primary General
2010
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Glendale Hilton

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

Mailing Address
100 West Glenoaks Blvd.

Amount
175.51

City State Zip Code
Glendale CA 91202

Purpose of Expenditure
Bus Tour - Hotel Rooms

Category/
Type

Office Sought: House State: CA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 35389.90

Disbursement For: Primary General
2010
 Other (specify) _____

(a) **SUBTOTAL** of Itemized Independent Expenditures 599.03

(b) **SUBTOTAL** of Unitemized Independent Expenditures.....

(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

California Nurses Association / National Nurses Organizing Committee - AFL-CIO

Full Name (Last, First, Middle Initial) of Payee
JetBlue

Date

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

Mailing Address
118-29 Queens Blvd.

Amount

23.91

City State Zip Code
Forest Hills NY 11375

Purpose of Expenditure
Bus Tour - Staff & Member Flights

Category/
Type

Office Sought: House State: CA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 35389.90

Disbursement For: Primary General
2010
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Togos

Date

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

Mailing Address
1889 E. Willow Street

Amount

136.50

City State Zip Code
Signal Hill CA 90755

Purpose of Expenditure
Bus Tour - Catering

Category/
Type

Office Sought: House State: CA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 35389.90

Disbursement For: Primary General
2010
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Balboa Travel

Date

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

Mailing Address
5414 Oberlin Drive, Suite 300

Amount

5.55

City State Zip Code
San Diego CA 92121

Purpose of Expenditure
Bus Tour - Member Travel

Category/
Type

Office Sought: House State: CA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 35389.90

Disbursement For: Primary General
2010
 Other (specify) _____

(a) **SUBTOTAL** of Itemized Independent Expenditures

165.96

(b) **SUBTOTAL** of Unitemized Independent Expenditures

(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

California Nurses Association / National Nurses Organizing Committee - AFL-CIO

Full Name (Last, First, Middle Initial) of Payee
Busbank

Date

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

Mailing Address
200 West Adams, Suite 1100

Amount

673.27

City State Zip Code
Chicago IL 60606

Purpose of Expenditure
Bus Tour - Bus Wrap & Bus Rental

Category/
Type

Office Sought: House State: CA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 35389.90

Disbursement For: Primary General
2010
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
California Nurses Association / National Nurses Organizing Committee - AFL-CIO

Date

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

Mailing Address
2000 Franklin

Amount

500.00

City State Zip Code
Oakland CA 94612

Purpose of Expenditure
Bus Tour - Princess Carly Per Diem

Category/
Type

Office Sought: House State: CA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 35389.90

Disbursement For: Primary General
2010
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
California Nurses Association / National Nurses Organizing Committee - AFL-CIO

Date

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

Mailing Address
2000 Franklin

Amount

406.67

City State Zip Code
Oakland CA 94612

Purpose of Expenditure
Bus Tour - Staff Payroll

Category/
Type

Office Sought: House State: CA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 35389.90

Disbursement For: Primary General
2010
 Other (specify) _____

(a) **SUBTOTAL** of Itemized Independent Expenditures

1579.94

(b) **SUBTOTAL** of Unitemized Independent Expenditures

(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

California Nurses Association / National Nurses Organizing Committee - AFL-CIO

Full Name (Last, First, Middle Initial) of Payee
California Nurses Association / National Nurses Organizing Committee - AFL-CIO

Date

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

Mailing Address
2000 Franklin

Amount

347.10

City State Zip Code
Oakland CA 94612

Purpose of Expenditure
Bus Tour - Expenses

Category/
Type

Office Sought: House State: CA
 Senate
 President District: _____

Check One: Support Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Calendar Year-To-Date Per Election
for Office Sought 35389.90

Disbursement For: Primary General
2010
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Enterprise Rent-a-car

Date

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

Mailing Address
1620 South Brand Blvd.

Amount

9.88

City State Zip Code
Glendale CA 91204

Purpose of Expenditure
Bus Tour - Van Rental

Category/
Type

Office Sought: House State: CA
 Senate
 President District: _____

Check One: Support Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Calendar Year-To-Date Per Election
for Office Sought 35389.90

Disbursement For: Primary General
2010
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Glendale Hilton

Date

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

Mailing Address
100 West Glenoaks Blvd.

Amount

175.51

City State Zip Code
Glendale CA 91202

Purpose of Expenditure
Bus Tour - Hotel Rooms

Category/
Type

Office Sought: House State: CA
 Senate
 President District: _____

Check One: Support Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Calendar Year-To-Date Per Election
for Office Sought 35389.90

Disbursement For: Primary General
2010
 Other (specify) _____

(a) **SUBTOTAL** of Itemized Independent Expenditures

532.49

(b) **SUBTOTAL** of Unitemized Independent Expenditures

(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

California Nurses Association / National Nurses Organizing Committee - AFL-CIO

Full Name (Last, First, Middle Initial) of Payee
Miranda Mar

Date

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

Mailing Address
1037 1/2 N. Sweetzer Ave.

Amount

75.00

City State Zip Code
West Hollywood CA 90069

Purpose of Expenditure
Bus Tour - Videographer

Category/
Type

Office Sought: House State: CA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 35389.90

Disbursement For: Primary General
2010
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Panera

Date

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

Mailing Address
300 N Brand Blvd.

Amount

75.75

City State Zip Code
Glendale CA 91203

Purpose of Expenditure
Bus Tour - Catering

Category/
Type

Office Sought: House State: CA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 35389.90

Disbursement For: Primary General
2010
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Southwest Airlines

Date

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

Mailing Address
P.O. Box 36647-1CR

Amount

52.11

City State Zip Code
Dallas TX 75235

Purpose of Expenditure
Bus Tour - Member Travel

Category/
Type

Office Sought: House State: CA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 35389.90

Disbursement For: Primary General
2010
 Other (specify) _____

(a) **SUBTOTAL** of Itemized Independent Expenditures

202.86

(b) **SUBTOTAL** of Unitemized Independent Expenditures

(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

California Nurses Association / National Nurses Organizing Committee - AFL-CIO

Full Name (Last, First, Middle Initial) of Payee
Busbank

Date
MM / DD / YYYY
10 / 28 / 2010

Mailing Address
200 West Adams, Suite 1100

Amount
673.27

City State Zip Code
Chicago IL 60606

Purpose of Expenditure
Bus Tour - Bus Wrap & Bus Rental

Category/
Type

Office Sought: House State: CA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 35389.90

Disbursement For: Primary General
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
California Nurses Association / National Nurses Organizing Committee - AFL-CIO

Date
MM / DD / YYYY
10 / 28 / 2010

Mailing Address
2000 Franklin

Amount
406.67

City State Zip Code
Oakland CA 94612

Purpose of Expenditure
Bus Tour - Staff Payroll

Category/
Type

Office Sought: House State: CA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 35389.90

Disbursement For: Primary General
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
California Nurses Association / National Nurses Organizing Committee - AFL-CIO

Date
MM / DD / YYYY
10 / 28 / 2010

Mailing Address
2000 Franklin

Amount
35.21

City State Zip Code
Oakland CA 94612

Purpose of Expenditure
Bus Tour - Expenses - Misc.

Category/
Type

Office Sought: House State: CA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 35389.90

Disbursement For: Primary General
 Other (specify) _____

(a) **SUBTOTAL** of Itemized Independent Expenditures 1115.15

(b) **SUBTOTAL** of Unitemized Independent Expenditures

(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

California Nurses Association / National Nurses Organizing Committee - AFL-CIO

Full Name (Last, First, Middle Initial) of Payee
Christina Conte

Date

M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 1 0

Mailing Address
316 West California Blvd. Unite A

Amount

500.00

City State Zip Code
Pasadena CA 91105

Purpose of Expenditure
Bus Tour - Princess Carly Per Diem

Category/
Type

Office Sought: House State: CA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 35389.90

Disbursement For: Primary General
2010
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Enterprise Rent-a-car

Date

M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 1 0

Mailing Address
1620 South Brand Blvd.

Amount

9.87

City State Zip Code
Glendale CA 91204

Purpose of Expenditure
Bus Tour - Van Rental

Category/
Type

Office Sought: House State: CA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 35389.90

Disbursement For: Primary General
2010
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Glendale Hilton

Date

M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 1 0

Mailing Address
100 West Glenoaks Blvd.

Amount

175.51

City State Zip Code
Glendale CA 91202

Purpose of Expenditure
Bus Tour - Hotel Rooms

Category/
Type

Office Sought: House State: CA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 35389.90

Disbursement For: Primary General
2010
 Other (specify) _____

(a) **SUBTOTAL** of Itemized Independent Expenditures

685.38

(b) **SUBTOTAL** of Unitemized Independent Expenditures

(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

California Nurses Association / National Nurses Organizing Committee - AFL-CIO

Full Name (Last, First, Middle Initial) of Payee
Goldilocks

Date

M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 1 0

Mailing Address
2770 Colorado Blvd.

Amount

252.97

City State Zip Code
Los Angeles CA 90041

Purpose of Expenditure
Bus Tour - Catering

Category/
Type

Office Sought: House State: CA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 35389.90

Disbursement For: Primary General
2010
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Miranda Mar

Date

M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 1 0

Mailing Address
1037 1/2 N. Sweetzer Ave.

Amount

75.00

City State Zip Code
West Hollywood CA 90069

Purpose of Expenditure
Bus Tour - Videographer

Category/
Type

Office Sought: House State: CA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 35389.90

Disbursement For: Primary General
2010
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Busbank

Date

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

Mailing Address
200 West Adams, Suite 1100

Amount

673.27

City State Zip Code
Chicago IL 60606

Purpose of Expenditure
Bus Tour - Bus Wrap & Bus Rental

Category/
Type

Office Sought: House State: CA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 35389.90

Disbursement For: Primary General
2010
 Other (specify) _____

(a) **SUBTOTAL** of Itemized Independent Expenditures

1001.24

(b) **SUBTOTAL** of Unitemized Independent Expenditures

(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

California Nurses Association / National Nurses Organizing Committee - AFL-CIO

Full Name (Last, First, Middle Initial) of Payee
California Nurses Association / National Nurses Organizing Committee - AFL-CIO

Date
MM / DD / YYYY
10 / 29 / 2010

Mailing Address
2000 Franklin

Amount
406.67

City State Zip Code
Oakland CA 94612

Purpose of Expenditure
Bus Tour - Staff Payroll

Category/
Type

Office Sought: House State: CA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 35389.90

Disbursement For: Primary General
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
California Nurses Association / National Nurses Organizing Committee - AFL-CIO

Date
MM / DD / YYYY
10 / 29 / 2010

Mailing Address
2000 Franklin

Amount
102.79

City State Zip Code
Oakland CA 94612

Purpose of Expenditure
Bus Tour - Expenses

Category/
Type

Office Sought: House State: CA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 35389.90

Disbursement For: Primary General
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Christina Conte

Date
MM / DD / YYYY
10 / 29 / 2010

Mailing Address
316 West California Blvd. Unite A

Amount
500.00

City State Zip Code
Pasadena CA 91105

Purpose of Expenditure
Bus Tour - Princess Carly Per Diem

Category/
Type

Office Sought: House State: CA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 35389.90

Disbursement For: Primary General
 Other (specify) _____

(a) **SUBTOTAL** of Itemized Independent Expenditures 1009.46

(b) **SUBTOTAL** of Unitemized Independent Expenditures

(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

California Nurses Association / National Nurses Organizing Committee - AFL-CIO

Full Name (Last, First, Middle Initial) of Payee
Enterprise Rent-a-car

Date

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

Mailing Address
1620 South Brand Blvd.

Amount

9.87

City State Zip Code
Glendale CA 91204

Purpose of Expenditure
Bus Tour - Van Rental

Category/
Type

Office Sought: House State: CA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 35389.90

Disbursement For: Primary General
2010
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Glendale Hilton

Date

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

Mailing Address
100 West Glenoaks Blvd.

Amount

175.51

City State Zip Code
Glendale CA 91202

Purpose of Expenditure
Bus Tour - Hotel Rooms

Category/
Type

Office Sought: House State: CA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 35389.90

Disbursement For: Primary General
2010
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
La Parrilla Restaurant

Date

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

Mailing Address
1300 Wilshire Blvd.

Amount

159.89

City State Zip Code
Los Angeles CA 90017

Purpose of Expenditure
Bus Tour - Catering

Category/
Type

Office Sought: House State: CA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 35389.90

Disbursement For: Primary General
2010
 Other (specify) _____

(a) **SUBTOTAL** of Itemized Independent Expenditures

345.27

(b) **SUBTOTAL** of Unitemized Independent Expenditures

(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

California Nurses Association / National Nurses Organizing Committee - AFL-CIO

Full Name (Last, First, Middle Initial) of Payee
Miranda Mar

Date

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

Mailing Address
1037 1/2 N. Sweetzer Ave.

Amount

75.00

City State Zip Code
West Hollywood CA 90069

Purpose of Expenditure
Bus Tour - Videographer

Category/
Type

Office Sought: House State: CA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 35389.90

Disbursement For: Primary General
2010
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Panera

Date

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

Mailing Address
300 N Brand Blvd.

Amount

64.53

City State Zip Code
Glendale CA 91203

Purpose of Expenditure
Bus Tour - Catering

Category/
Type

Office Sought: House State: CA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 35389.90

Disbursement For: Primary General
2010
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Powell Phones

Date

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

Mailing Address
607 NW 22nd Avenue

Amount

1680.75

City State Zip Code
Portland OR 97210

Purpose of Expenditure
Robocalls

Category/
Type

Office Sought: House State: CA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Barbara Boxer

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 27202.05

Disbursement For: Primary General
2010
 Other (specify) _____

(a) **SUBTOTAL** of Itemized Independent Expenditures

1820.28

(b) **SUBTOTAL** of Unitemized Independent Expenditures

(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

California Nurses Association / National Nurses Organizing Committee - AFL-CIO

Full Name (Last, First, Middle Initial) of Payee
Southwest Airlines

Date

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

Mailing Address
P.O. Box 36647-1CR

Amount

47.61

City State Zip Code
Dallas TX 75235

Purpose of Expenditure
Bus Tour - Airfare

Category/
Type

Office Sought: House State: CA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 35389.90

Disbursement For: Primary General
2010
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Togos

Date

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

Mailing Address
1889 E. Willow Street

Amount

55.80

City State Zip Code
Signal Hill CA 90755

Purpose of Expenditure
Bus Tour - Catering

Category/
Type

Office Sought: House State: CA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 35389.90

Disbursement For: Primary General
2010
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
AMPCO System Parking

Date

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 1 0

Mailing Address
425 West Broadway

Amount

2.16

City State Zip Code
Glendale CA 91204

Purpose of Expenditure
Bus Tour - Parking

Category/
Type

Office Sought: House State: CA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 35389.90

Disbursement For: Primary General
2010
 Other (specify) _____

(a) **SUBTOTAL** of Itemized Independent Expenditures

105.57

(b) **SUBTOTAL** of Unitemized Independent Expenditures

(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

California Nurses Association / National Nurses Organizing Committee - AFL-CIO

Full Name (Last, First, Middle Initial) of Payee
Burbank Marriott

Date

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 1 0

Mailing Address
2500 Hollywood Way

Amount

52.50

City State Zip Code
Burbank CA 91505

Purpose of Expenditure
Bus Tour - Hotel Rooms

Category/
Type

Office Sought: House State: CA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 35389.90

Disbursement For: Primary General
2010
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Busbank

Date

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 1 0

Mailing Address
200 West Adams, Suite 1100

Amount

673.27

City State Zip Code
Chicago IL 60606

Purpose of Expenditure
Bus Tour - Bus Wrap & Bus Rental

Category/
Type

Office Sought: House State: CA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 35389.90

Disbursement For: Primary General
2010
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
California Nurses Association / National Nurses Organizing Committee - AFL-CIO

Date

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 1 0

Mailing Address
2000 Franklin

Amount

406.67

City State Zip Code
Oakland CA 94612

Purpose of Expenditure
Bus Tour - Staff Payroll

Category/
Type

Office Sought: House State: CA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 35389.90

Disbursement For: Primary General
2010
 Other (specify) _____

(a) **SUBTOTAL** of Itemized Independent Expenditures

1132.44

(b) **SUBTOTAL** of Unitemized Independent Expenditures

(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

California Nurses Association / National Nurses Organizing Committee - AFL-CIO

Full Name (Last, First, Middle Initial) of Payee
California Nurses Association / National Nurses Organizing Committee - AFL-CIO

Date
MM / DD / YYYY
10 / 30 / 2010

Mailing Address
2000 Franklin

Amount
35.20

City State Zip Code
Oakland CA 94612

Purpose of Expenditure
Bus Tour - Expenses
Category/Type

Office Sought: House State: CA
 Senate
 President District:

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
35389.90

Disbursement For: 2010
 Primary General
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Christina Conte

Date
MM / DD / YYYY
10 / 30 / 2010

Mailing Address
316 West California Blvd. Unite A

Amount
500.00

City State Zip Code
Pasadena CA 91105

Purpose of Expenditure
Bus Tour - Princess Carly Per Diem
Category/Type

Office Sought: House State: CA
 Senate
 President District:

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
35389.90

Disbursement For: 2010
 Primary General
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Deb Ridpath

Date
MM / DD / YYYY
10 / 30 / 2010

Mailing Address
1032 N. Hudson Ave

Amount
75.00

City State Zip Code
Los Angeles CA 90038

Purpose of Expenditure
Bus Tour - Videographer
Category/Type

Office Sought: House State: CA
 Senate
 President District:

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
35389.90

Disbursement For: 2010
 Primary General
 Other (specify)

(a) **SUBTOTAL** of Itemized Independent Expenditures 610.20

(b) **SUBTOTAL** of Unitemized Independent Expenditures

(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

California Nurses Association / National Nurses Organizing Committee - AFL-CIO

Full Name (Last, First, Middle Initial) of Payee
Enterprise Rent-a-car

Date

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 1 0

Mailing Address
1620 South Brand Blvd.

Amount

9.87

City State Zip Code
Glendale CA 91204

Purpose of Expenditure
Bus Tour - Van Rental

Category/
Type

Office Sought: House State: CA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 35389.90

Disbursement For: Primary General
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Glendale Hilton

Date

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 1 0

Mailing Address
100 West Glenoaks Blvd.

Amount

175.51

City State Zip Code
Glendale CA 91202

Purpose of Expenditure
Bus Tour - Hotel Rooms

Category/
Type

Office Sought: House State: CA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 35389.90

Disbursement For: Primary General
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Panera

Date

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 1 0

Mailing Address
300 N Brand Blvd.

Amount

48.81

City State Zip Code
Glendale CA 91203

Purpose of Expenditure
Bus Tour - Catering

Category/
Type

Office Sought: House State: CA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 35389.90

Disbursement For: Primary General
 Other (specify) _____

(a) **SUBTOTAL** of Itemized Independent Expenditures

234.19

(b) **SUBTOTAL** of Unitemized Independent Expenditures

(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

California Nurses Association / National Nurses Organizing Committee - AFL-CIO

Full Name (Last, First, Middle Initial) of Payee
Burbank Marriott

Date

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 1 0

Mailing Address
2500 Hollywood Way

Amount

6.60

City State Zip Code
Burbank CA 91505

Purpose of Expenditure
Bus Tour - Hotel Rooms

Category/
Type

Office Sought: House State: CA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 35389.90

Disbursement For: Primary General
2010
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Busbank

Date

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 1 0

Mailing Address
200 West Adams, Suite 1100

Amount

673.27

City State Zip Code
Chicago IL 60606

Purpose of Expenditure
Bus Tour - Bus Wrap & Bus Rental

Category/
Type

Office Sought: House State: CA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 35389.90

Disbursement For: Primary General
2010
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
California Nurses Association / National Nurses Organizing Committee - AFL-CIO

Date

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 1 0

Mailing Address
2000 Franklin

Amount

406.67

City State Zip Code
Oakland CA 94612

Purpose of Expenditure
Bus Tour - Staff Payroll

Category/
Type

Office Sought: House State: CA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 35389.90

Disbursement For: Primary General
2010
 Other (specify) _____

(a) **SUBTOTAL** of Itemized Independent Expenditures

1086.54

(b) **SUBTOTAL** of Unitemized Independent Expenditures

(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

California Nurses Association / National Nurses Organizing Committee - AFL-CIO

Full Name (Last, First, Middle Initial) of Payee
Christina Conte

Date

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 1 0

Mailing Address
316 West California Blvd. Unite A

Amount

500.00

City State Zip Code
Pasadena CA 91105

Purpose of Expenditure
Bus Tour - Princess Carly Per Diem

Category/
Type

Office Sought: House State: CA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 35389.90

Disbursement For: Primary General
2010
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Deb Ridpath

Date

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 1 0

Mailing Address
1032 N. Hudson Ave

Amount

75.00

City State Zip Code
Los Angeles CA 90038

Purpose of Expenditure
Bus Tour - Videographer

Category/
Type

Office Sought: House State: CA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 35389.90

Disbursement For: Primary General
2010
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Enterprise Rent-a-car

Date

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 1 0

Mailing Address
1620 South Brand Blvd.

Amount

9.87

City State Zip Code
Glendale CA 91204

Purpose of Expenditure
Bus Tour - Van Rental

Category/
Type

Office Sought: House State: CA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 35389.90

Disbursement For: Primary General
2010
 Other (specify) _____

(a) **SUBTOTAL** of Itemized Independent Expenditures

584.87

(b) **SUBTOTAL** of Unitemized Independent Expenditures

(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

California Nurses Association / National Nurses Organizing Committee - AFL-CIO

Full Name (Last, First, Middle Initial) of Payee
Glendale Hilton

Date

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 1 0

Mailing Address
100 West Glenoaks Blvd.

Amount

175.51

City State Zip Code
Glendale CA 91202

Purpose of Expenditure
Bus Tour - Hotel Rooms

Category/
Type

Office Sought: House State: CA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 35389.90

Disbursement For: Primary General
2010
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Oakland Marriott

Date

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 1 0

Mailing Address
1001 Broadway

Amount

680.40

City State Zip Code
Oakland CA 94612

Purpose of Expenditure
Bus Tour - Hotel Rooms

Category/
Type

Office Sought: House State: CA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 35389.90

Disbursement For: Primary General
2010
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Busbank

Date

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Mailing Address
200 West Adams, Suite 1100

Amount

673.27

City State Zip Code
Chicago IL 60606

Purpose of Expenditure
Bus Tour - Bus Wrap & Bus Rental

Category/
Type

Office Sought: House State: CA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 35389.90

Disbursement For: Primary General
2010
 Other (specify) _____

(a) **SUBTOTAL** of Itemized Independent Expenditures

1529.18

(b) **SUBTOTAL** of Unitemized Independent Expenditures

(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

California Nurses Association / National Nurses Organizing Committee - AFL-CIO

Full Name (Last, First, Middle Initial) of Payee
California Nurses Association / National Nurses Organizing Committee - AFL-CIO

Date
MM / DD / YYYY
11 / 01 / 2010

Mailing Address
2000 Franklin

Amount
987.72

City State Zip Code
Oakland CA 94612

Purpose of Expenditure
Bus Tour - Staff Payroll
Category/Type

Office Sought: House State: CA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
35389.90

Disbursement For: 2010
 Primary General
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee
California Nurses Association / National Nurses Organizing Committee - AFL-CIO

Date
MM / DD / YYYY
11 / 01 / 2010

Mailing Address
2000 Franklin

Amount
52.31

City State Zip Code
Oakland CA 94612

Purpose of Expenditure
Bus Tour - Expense/Misc.
Category/Type

Office Sought: House State: CA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
35389.90

Disbursement For: 2010
 Primary General
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Christina Conte

Date
MM / DD / YYYY
11 / 01 / 2010

Mailing Address
316 West California Blvd. Unite A

Amount
500.00

City State Zip Code
Pasadena CA 91105

Purpose of Expenditure
Bus Tour - Princess Carly Per Diem
Category/Type

Office Sought: House State: CA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
35389.90

Disbursement For: 2010
 Primary General
 Other (specify)

(a) **SUBTOTAL** of Itemized Independent Expenditures 1540.03

(b) **SUBTOTAL** of Unitemized Independent Expenditures

(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

California Nurses Association / National Nurses Organizing Committee - AFL-CIO

Full Name (Last, First, Middle Initial) of Payee
CVS Pharmacy

Date

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Mailing Address
344 Thomas L Berkeley Way

Amount

4.97

City State Zip Code
Oakland CA 94612

Purpose of Expenditure
Bus Tour - Water for Bus

Category/
Type

Office Sought: House State: CA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 35389.90

Disbursement For: Primary General
2010
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Deb Ridpath

Date

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Mailing Address
1032 N. Hudson Ave

Amount

75.00

City State Zip Code
Los Angeles CA 90038

Purpose of Expenditure
Bus Tour - Videographer

Category/
Type

Office Sought: House State: CA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 35389.90

Disbursement For: Primary General
2010
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Enterprise Rent-a-car

Date

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Mailing Address
1620 South Brand Blvd.

Amount

8.60

City State Zip Code
Glendale CA 91204

Purpose of Expenditure
Bus Tour - Van Rental

Category/
Type

Office Sought: House State: CA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 35389.90

Disbursement For: Primary General
2010
 Other (specify) _____

(a) **SUBTOTAL** of Itemized Independent Expenditures 88.57

(b) **SUBTOTAL** of Unitemized Independent Expenditures

(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

California Nurses Association / National Nurses Organizing Committee - AFL-CIO

Full Name (Last, First, Middle Initial) of Payee
Glendale Hilton

Date

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Mailing Address
100 West Glenoaks Blvd.

Amount

175.51

City State Zip Code
Glendale CA 91202

Purpose of Expenditure
Bus Tour - Hotel Rooms

Category/
Type

Office Sought: House State: CA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 35389.90

Disbursement For: Primary General
2010
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Oakland Marriott

Date

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Mailing Address
1001 Broadway

Amount

680.40

City State Zip Code
Oakland CA 94612

Purpose of Expenditure
Bus Tour - Hotel Rooms

Category/
Type

Office Sought: House State: CA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 35389.90

Disbursement For: Primary General
2010
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Busbank

Date

M M / D D / Y Y Y Y
1 1 / 0 2 / 2 0 1 0

Mailing Address
200 West Adams, Suite 1100

Amount

673.27

City State Zip Code
Chicago IL 60606

Purpose of Expenditure
Bus Tour - Bus

Category/
Type

Office Sought: House State: CA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 35389.90

Disbursement For: Primary General
2010
 Other (specify) _____

(a) **SUBTOTAL** of Itemized Independent Expenditures

1529.18

(b) **SUBTOTAL** of Unitemized Independent Expenditures

(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

California Nurses Association / National Nurses Organizing Committee - AFL-CIO

Full Name (Last, First, Middle Initial) of Payee
California Nurses Association / National Nurses Organizing Committee - AFL-CIO

Date
MM / DD / YYYY
11 / 02 / 2010

Mailing Address
2000 Franklin

Amount
84.23

City State Zip Code
Oakland CA 94612

Purpose of Expenditure
Bus Tour - Staff Expenses

Category/
Type

Office Sought: House State: CA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 35389.90

Disbursement For: Primary General
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
California Nurses Association / National Nurses Organizing Committee - AFL-CIO

Date
MM / DD / YYYY
11 / 02 / 2010

Mailing Address
2000 Franklin

Amount
1502.21

City State Zip Code
Oakland CA 94612

Purpose of Expenditure
Bus Tour - Payroll

Category/
Type

Office Sought: House State: CA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 35389.90

Disbursement For: Primary General
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Christina Conte

Date
MM / DD / YYYY
11 / 02 / 2010

Mailing Address
316 West California Blvd. Unite A

Amount
500.00

City State Zip Code
Pasadena CA 91105

Purpose of Expenditure
Bus Tour - Princess Carly

Category/
Type

Office Sought: House State: CA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 35389.90

Disbursement For: Primary General
 Other (specify) _____

(a) **SUBTOTAL** of Itemized Independent Expenditures 2086.44

(b) **SUBTOTAL** of Unitemized Independent Expenditures

(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

California Nurses Association / National Nurses Organizing Committee - AFL-CIO

Full Name (Last, First, Middle Initial) of Payee
Deb Ridpath

Date

M M / D D / Y Y Y Y
1 1 / 0 2 / 2 0 1 0

Mailing Address
1032 N. Hudson Ave

Amount

75.00

City State Zip Code
Los Angeles CA 90038

Purpose of Expenditure
Bus Tour - Videographer

Category/
Type

Office Sought: House State: CA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 35389.90

Disbursement For: Primary General
2010
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Glendale Hilton

Date

M M / D D / Y Y Y Y
1 1 / 0 2 / 2 0 1 0

Mailing Address
100 West Glenoaks Blvd.

Amount

175.51

City State Zip Code
Glendale CA 91202

Purpose of Expenditure
Bus Tour - Hotel Rooms

Category/
Type

Office Sought: House State: CA
 Senate
 President District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 35389.90

Disbursement For: Primary General
2010
 Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

250.51

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

39061.80