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Sacramento, California 95814

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Olson Hagel & Fishburn LLP

Fax

To:	Patricia Young	**From:**	Michelle Wixom
Fax:	202 219 0174	**Date:**	October 30, 2010
Phone:		**Pages:**	6 (Including Cover Page)
Re:	CNA FEC Form 5	**CC:**	

☒ **Urgent** ☐ **For Review** ☐ **Please Comment** ☐ **Please Reply** ☐ **Please Recycle**

Comments:

Hi Patricia,

Our office attempted to electronically file the attached FEC Form 5 for the period 10/29/10. The original report was faxed filed, but due to additional expenditures CNA exceed the $50,000 filing threshold.

Please contact me at your earliest convenience so that we may confirm the filing status.

Sincerely,

Michelle Wixom, Paralegal

WARNING TO RECIPIENT

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Operator:	Sheryl Geimke	Time:	5:38 PM
Client Name:	CNA	Client Number:	91217.05

10030483150

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

(b) Address (number and street) ☐ check if different than previously reported
2000 Franklin Street

(c) City, State and ZIP Code
Oakland , CA 94612

3. FEC Identification Number
C 90011768

2. Corporate filers only
Is the filer a qualified nonprofit corporation? ☐ Yes ☐ No

Individual filers only Name of Employer Occupation

4. TYPE OF REPORT (check appropriate boxes):

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year-End Report

☒ 24-Hour Report
☐ 48-Hour Report

b) Is this Report an amendment? Yes ☐ No ☐

5. COVERING PERIOD: FROM
10 29 2010
THROUGH
10 29 2010

6. TOTAL CONTRIBUTIONS 0.00

7. TOTAL INDEPENDENT EXPENDITURES 4,073.94

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any 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 Grubb	[signature]	11/1/2010

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

SPC021

FEC Schedule 5 (REV. 03/2005)

10030483151

10030483152

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 1 OF 4
FOR LINE 7 OF FORM 5

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

Full Name (Last, First, Middle Initial) of Payee	Date	Purpose of Expenditure	Category/Type	Office Sought	Name of Federal Candidate Supported or Opposed by Expenditure	Calendar Year-To-Date Per Election for Office Sought	Disbursement For	Amount
Busbank 200 West Adams, Suite 1100 Chicago, IL 60606	10 29 2010	Bus Tour - Bus Wrap & Bus Rental	002	[ ] House [x] Senate [ ] President; State: CA; District: ; Check One: [ ] Support [x] Oppose	Carly Fiorina	22,905.21	[ ] Primary [x] General 10 [ ] Other (specify)	671.27
California Nurses Association / National Nurses Organizing Committee - AFL-CIO 2000 Franklin Oakland, CA 94612	10 29 2010	Bus Tour - Staff Payroll	004	[ ] House [x] Senate [ ] President; State: CA; District: ; Check One: [ ] Support [x] Oppose	Carly Fiorina	22,905.21	[ ] Primary [x] General 10 [ ] Other (specify)	406.67
California Nurses Association / National Nurses Organizing Committee - AFL-CIO 2000 Franklin Oakland, CA 94612	10 29 2010	Bus Tour - Expenses	004	[ ] House [x] Senate [ ] President; State: CA; District: ; Check One: [ ] Support [x] Oppose	Carly Fiorina	22,905.21	[ ] Primary [x] General 10 [ ] Other (specify)	107.79

(a) SUBTOTAL of Itemized Independent Expenditures 1,182.73

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

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

FE3AN043.PDF

FEC Schedule 5-E

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 2 OF 4
FOR LINE 7 OF FORM 5

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

Full Name (Last, First, Middle Initial) of Payee: Christina Conte
Mailing Address: 316 West California Blvd. Unite A
City: Pasadena State: CA Zip Code: 91105
Date: 10 29 2010
Amount: 500.00
Purpose of Expenditure: Bus Tour - Princess Carly Per Diem
Category/Type: 004
Office Sought: [ ] House [x] Senate [ ] President State: CA District:
Name of Federal Candidate Supported or Opposed by Expenditure: Carly Fiorina
Check One: [ ] Support [x] Oppose
Calendar Year-To-Date Per Election for Office Sought: 22,905.21
Disbursement For: [ ] Primary [x] General 10 [ ] Other (specify)

Full Name (Last, First, Middle Initial) of Payee: Enterprise Rent-a-car
Mailing Address: 1620 South Brand Blvd.
City: Glendale State: CA Zip Code: 91204
Date: 10 29 2010
Amount: 9.87
Purpose of Expenditure: Bus Tour - Van Rental
Category/Type: 002
Office Sought: [ ] House [x] Senate [ ] President State: CA District:
Name of Federal Candidate Supported or Opposed by Expenditure: Carly Fiorina
Check One: [ ] Support [x] Oppose
Calendar Year-To-Date Per Election for Office Sought: 22,905.21
Disbursement For: [ ] Primary [x] General 10 [ ] Other (specify)

Full Name (Last, First, Middle Initial) of Payee: Glendale Hilton
Mailing Address: 100 West Glenoaks Blvd.
City: Glendale State: CA Zip Code: 91202
Date: 10 29 2010
Amount: 313.06
Purpose of Expenditure: Bus Tour - Hotel Rooms
Category/Type: 002
Office Sought: [ ] House [x] Senate [ ] President State: CA District:
Name of Federal Candidate Supported or Opposed by Expenditure: Carly Fiorina
Check One: [ ] Support [x] Oppose
Calendar Year-To-Date Per Election for Office Sought: 22,905.21
Disbursement For: [ ] Primary [x] General 10 [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 822.93
(b) SUBTOTAL of Unitemized Independent Expenditures:
(c) TOTAL Independent Expenditures (carry total from last page forward to Line 7):

FE3AN043.PDP FEC Schedule 5-E

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 3 OF 4
FOR LINE 7 OF FORM 5

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

Full Name (Last, First, Middle Initial) of Payee	Date	Purpose of Expenditure	Category/Type	Office Sought	Name of Federal Candidate Supported or Opposed by Expenditure	Calendar Year-To-Date Per Election for Office Sought	Disbursement For	Amount
La Parrilla Restaurant 1300 Wilshire Blvd. Los Angeles, CA 90017	10/29/2010	Bus Tour - Catering	004	[ ] House [x] Senate [ ] President; State: CA; District: ; Check One: [ ] Support [x] Oppose	Carly Fiorina	22,905.21	[ ] Primary [x] General 10 [ ] Other (specify)	159.89
Miranda War 1037 1/2 N. Sweetzer Ave. West Hollywood, CA 90069	10/29/2010	Bus Tour - Videographer	004	[ ] House [x] Senate [ ] President; State: CA; District: ; Check One: [ ] Support [x] Oppose	Carly Fiorina	22,905.21	[ ] Primary [x] General 10 [ ] Other (specify)	75.00
Panera 300 N Brand Blvd. Glendale, CA 91203	10/29/2010	Bus Tour - Catering	004	[ ] House [x] Senate [ ] President; State: CA; District: ; Check One: [ ] Support [x] Oppose	Carly Fiorina	22,905.21	[ ] Primary [x] General 10 [ ] Other (specify)	64.53

(a) SUBTOTAL of Itemized Independent Expenditures 299.42

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

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

PE3AN049.PDF FEC Schedule 5-E

10030483155

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

FOR LINE 7 OF FORM 5

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

Full Name (Last, First, Middle Initial) of Payee	Date	Purpose of Expenditure	Category/Type	Office Sought	Name of Federal Candidate Supported or Opposed by Expenditure	Calendar Year-To-Date Per Election for Office Sought	Disbursement For	Amount
Powell Phones Mailing Address: 607 NW 22nd Avenue City, State, Zip Code: Portland, OR 97210	10 29 2010	Robocalls	004	House ☐ Senate ☒ President ☐ State: CA District: ____ Check One: ☒ Support ☐ Oppose	Barbara Boxer	26,233.81	Primary ☐ General 10 ☒ Other (specify) ____	1,680.75
Southwest Airlines Mailing Address: P.O. Box 36647-1CR City, State, Zip Code: Dallas, TX 75235	10 29 2010	Bus Tour - Airfare	002	House ☐ Senate ☒ President ☐ State: CA District: ____ Check One: ☐ Support ☒ Oppose	Carly Fiorina	22,905.21	Primary ☐ General 10 ☒ Other (specify) ____	47.61
Togos Mailing Address: 1889 E. Willow Street City, State, Zip Code: Signal Hill, CA 90755	10 29 2010	Bus Tour - Catering	004	House ☐ Senate ☒ President ☐ State: CA District: ____ Check One: ☐ Support ☒ Oppose	Carly Fiorina	22,905.21	Primary ☐ General 10 ☒ Other (specify) ____	40.50

(a) SUBTOTAL of Itemized Independent Expenditures	1,768.86
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures (carry total from last page forward to Line 7)	4,073.94

PESANDGLRDF

FEC Schedule 5-E

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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☐ Postmark Illegible	
☐ No Postmark	
☐ Overnight Delivery Service (Specify):	Shipping Date
☐ Received from House Records & Registration Office	Date of Receipt
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N/A PREPARER	N/A DATE PREPARED

(5/2004)

10030483156