



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

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

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		30273.90
(b) Cash on Hand at Beginning of Reporting Period.....	33303.98	
(c) Total Receipts (from Line 19) .....	3681.50	30042.25
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	36985.48	60316.15
7. Total Disbursements (from Line 31).....	270.88	23601.55
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	36714.60	36714.60
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

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

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1240.00	5730.00
(ii) Unitemized .....	2441.50	24312.25
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	3681.50	30042.25
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	3681.50	30042.25
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	3681.50	30042.25
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	3681.50	30042.25

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	270.88	1851.55
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	270.88	1851.55
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	20250.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	1500.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	270.88	23601.55
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	270.88	23601.55

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	3681.50	30042.25
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	3681.50	30042.25
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	270.88	1851.55
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	270.88	1851.55

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

**A. Shawn Bartlett**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 108 Sophys Ct,  
 City Roseville State CA Zip Code 95747  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CA Nurses Asso. Occupation Labor Rep  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 30 / 2014  
**Transaction ID : C9137112**  
 Amount of Each Receipt this Period  
 10.00

**B. Shawn Bartlett**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 108 Sophys Ct,  
 City Roseville State CA Zip Code 95747  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CA Nurses Asso. Occupation Labor Rep  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 30 / 2014  
**Transaction ID : C9145354**  
 Amount of Each Receipt this Period  
 10.00

**C. Shawn Bartlett**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 108 Sophys Ct,  
 City Roseville State CA Zip Code 95747  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CA Nurses Asso. Occupation Labor Rep  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 15 / 2014  
**Transaction ID : C9144584**  
 Amount of Each Receipt this Period  
 10.00

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

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

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

FOR LINE NUMBER: PAGE 7 OF 31  
(check only one)

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

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

Mailing Address 108 Sophys Ct,

City State Zip Code  
Roseville CA 95747

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

Name of Employer Occupation  
CA Nurses Asso. Labor Rep

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2014

**Transaction ID : C9144598**

Amount of Each Receipt this Period  
10.00

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

Mailing Address 858 56th Street

City State Zip Code  
Oakland CA 94605

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

Name of Employer Occupation  
CA Nurses Asso Labor Rep

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1300.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 30 / 2014

**Transaction ID : C9137128**

Amount of Each Receipt this Period  
50.00

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

Mailing Address 858 56th Street

City State Zip Code  
Oakland CA 94605

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

Name of Employer Occupation  
CA Nurses Asso Labor Rep

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1300.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 30 / 2014

**Transaction ID : C9145356**

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 110.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 858 56th Street

City Oakland State CA Zip Code 94605

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

Name of Employer CA Nurses Asso Occupation Labor Rep

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt  
12 / 15 / 2014  
Transaction ID : C9144586

Amount of Each Receipt this Period  
50.00

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

Mailing Address 858 56th Street

City Oakland State CA Zip Code 94605

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

Name of Employer CA Nurses Asso Occupation Labor Rep

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt  
12 / 31 / 2014  
Transaction ID : C9144611

Amount of Each Receipt this Period  
50.00

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

Mailing Address 1749 South Curtis Street

City Pittsburg State PA Zip Code 60608

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

Name of Employer NNU Occupation Labor Rep

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
11 / 30 / 2014  
Transaction ID : C9137134

Amount of Each Receipt this Period  
20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 120.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 31
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Leslie Curtis</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2014 <b>Transaction ID : C9145359</b>
Mailing Address 1749 South Curtis Street		Amount of Each Receipt this Period 20.00
City Pittsburg	State PA	Zip Code 60608
FEC ID number of contributing federal political committee. C		
Name of Employer NNU	Occupation Labor Rep	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Leslie Curtis</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 15 / 2014 <b>Transaction ID : C9144589</b>
Mailing Address 1749 South Curtis Street		Amount of Each Receipt this Period 20.00
City Pittsburg	State PA	Zip Code 60608
FEC ID number of contributing federal political committee. C		
Name of Employer NNU	Occupation Labor Rep	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Leslie Curtis</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2014 <b>Transaction ID : C9144632</b>
Mailing Address 1749 South Curtis Street		Amount of Each Receipt this Period 20.00
City Pittsburg	State PA	Zip Code 60608
FEC ID number of contributing federal political committee. C		
Name of Employer NNU	Occupation Labor Rep	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Gerard F. Daley**  
Full Name (Last, First, Middle Initial)  
Mailing Address 16907 W. Sunset Blvd  
City Pacific Palisades State CA Zip Code 90272  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NNU Occupation Labor Rep  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 260.00

Date of Receipt 11 / 30 / 2014  
**Transaction ID : C9137137**  
Amount of Each Receipt this Period 10.00

**B. Gerard F. Daley**  
Full Name (Last, First, Middle Initial)  
Mailing Address 16907 W. Sunset Blvd  
City Pacific Palisades State CA Zip Code 90272  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NNU Occupation Labor Rep  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 260.00

Date of Receipt 11 / 30 / 2014  
**Transaction ID : C9145360**  
Amount of Each Receipt this Period 10.00

**C. Gerard F. Daley**  
Full Name (Last, First, Middle Initial)  
Mailing Address 16907 W. Sunset Blvd  
City Pacific Palisades State CA Zip Code 90272  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NNU Occupation Labor Rep  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 15 / 2014  
**Transaction ID : C9144596**  
Amount of Each Receipt this Period 10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 30.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Mailing Address 16907 W. Sunset Blvd

City Pacific Palisades    State CA    Zip Code 90272

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

Name of Employer NNU    Occupation Labor Rep

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt  
**12 / 31 / 2014**

**Transaction ID : C9144633**

Amount of Each Receipt this Period  
**10.00**

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

Mailing Address 10516 Almayo Ave

City Los Angeles    State CA    Zip Code 90064

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

Name of Employer CA Nurses Asso.    Occupation Labor Rep

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **780.00**

Date of Receipt  
**11 / 30 / 2014**

**Transaction ID : C9137144**

Amount of Each Receipt this Period  
**30.00**

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

Mailing Address 10516 Almayo Ave

City Los Angeles    State CA    Zip Code 90064

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

Name of Employer CA Nurses Asso.    Occupation Labor Rep

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **780.00**

Date of Receipt  
**11 / 30 / 2014**

**Transaction ID : C9145361**

Amount of Each Receipt this Period  
**30.00**

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 31
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Farah Davari</b>		Date of Receipt 12 / 15 / 2014 <b>Transaction ID : C9144590</b>
Mailing Address 10516 Almayo Ave		Amount of Each Receipt this Period 30.00
City Los Angeles	State CA	Zip Code 90064
FEC ID number of contributing federal political committee. C		
Name of Employer CA Nurses Asso.	Occupation Labor Rep	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00	

Full Name (Last, First, Middle Initial) <b>B. Farah Davari</b>		Date of Receipt 12 / 31 / 2014 <b>Transaction ID : C9144614</b>
Mailing Address 10516 Almayo Ave		Amount of Each Receipt this Period 30.00
City Los Angeles	State CA	Zip Code 90064
FEC ID number of contributing federal political committee. C		
Name of Employer CA Nurses Asso.	Occupation Labor Rep	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00	

Full Name (Last, First, Middle Initial) <b>C. Ayesha E Dillon</b>		Date of Receipt 11 / 29 / 2014 <b>Transaction ID : C9145307</b>
Mailing Address 3375 Carlson Boulevard Apartment #4		Amount of Each Receipt this Period 10.00
City El Cerrito	State CA	Zip Code 94530-3940
FEC ID number of contributing federal political committee. C		
Name of Employer Kaiser Richmond Clinic	Occupation Staff Nurse II	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	70.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 3375 Carlson Boulevard  
Apartment #4

City El Cerrito State CA Zip Code 94530-3940

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

Name of Employer Kaiser Richmond Clinic Occupation Staff Nurse li

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  
12 / 13 / 2014  
**Transaction ID : C9145310**

Amount of Each Receipt this Period  
10.00

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

Mailing Address 3375 Carlson Boulevard  
Apartment #4

City El Cerrito State CA Zip Code 94530-3940

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

Name of Employer Kaiser Richmond Clinic Occupation Staff Nurse li

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  
12 / 27 / 2014  
**Transaction ID : C9145314**

Amount of Each Receipt this Period  
10.00

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

Mailing Address PO Box 4737

City Berkeley State CA Zip Code 91222

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

Name of Employer California Nurses Asso Occupation Labor Rep

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
11 / 30 / 2014  
**Transaction ID : C9145362**

Amount of Each Receipt this Period  
50.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 OF 31
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Thomas Dunne**  
Full Name (Last, First, Middle Initial)  
Mailing Address P O Box 4737

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **850.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
11	/	30	/	2014

**Transaction ID : C9137162**

Amount of Each Receipt this Period  

50.00
-------

**B. Thomas Dunne**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 4737

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

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

Name of Employer California Nurses Asso	Occupation Labor Rep
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
12	/	15	/	2014

**Transaction ID : C9144597**

Amount of Each Receipt this Period  

50.00
-------

**C. Thomas Dunne**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 4737

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

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

Name of Employer California Nurses Asso	Occupation Labor Rep
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
12	/	31	/	2014

**Transaction ID : C9144634**

Amount of Each Receipt this Period  

50.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>150.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Mailing Address 388 Museum Drive

City Los Angeles	State CA	Zip Code 90065
---------------------	-------------	-------------------

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 30 / 2014

**Transaction ID : C9137165**

Amount of Each Receipt this Period  
10.00

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

Mailing Address 388 Museum Drive

City Los Angeles	State CA	Zip Code 90065
---------------------	-------------	-------------------

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 30 / 2014

**Transaction ID : C9145380**

Amount of Each Receipt this Period  
10.00

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

Mailing Address 388 Museum Drive

City Los Angeles	State CA	Zip Code 90065
---------------------	-------------	-------------------

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 15 / 2014

**Transaction ID : C9145349**

Amount of Each Receipt this Period  
10.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 31
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. William Gallagher</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2014 <b>Transaction ID : C9145350</b>
Mailing Address 388 Museum Drive		Amount of Each Receipt this Period 10.00
City Los Angeles	State CA	Zip Code 90065
FEC ID number of contributing federal political committee. C		
Name of Employer CA Nurses Asso.	Occupation Organizer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) <b>B. Tina Lynne Grieger</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2014 <b>Transaction ID : C9137145</b>
Mailing Address 32727 Dorama Ave		Amount of Each Receipt this Period 10.00
City Acton	State CA	Zip Code 93510
FEC ID number of contributing federal political committee. C		
Name of Employer CA Nurses Asso.	Occupation Labor Rep	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) <b>C. Tina Lynne Grieger</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2014 <b>Transaction ID : C9145365</b>
Mailing Address 32727 Dorama Ave		Amount of Each Receipt this Period 10.00
City Acton	State CA	Zip Code 93510
FEC ID number of contributing federal political committee. C		
Name of Employer CA Nurses Asso.	Occupation Labor Rep	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 32727 Dorama Ave

City Acton State CA Zip Code 93510

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

Name of Employer CA Nurses Asso. Occupation Labor Rep

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 15 / 2014

**Transaction ID : C9144591**

Amount of Each Receipt this Period  
**10.00**

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

Mailing Address 32727 Dorama Ave

City Acton State CA Zip Code 93510

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

Name of Employer CA Nurses Asso. Occupation Labor Rep

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2014

**Transaction ID : C9144615**

Amount of Each Receipt this Period  
**10.00**

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

Mailing Address 50 Landers St

City San Francisco State CA Zip Code 94114

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

Name of Employer CA Nurses Asso. Occupation Educator/Researcher

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **505.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2014

**Transaction ID : C9137146**

Amount of Each Receipt this Period  
**20.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>40.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 50 Landers St

City San Francisco State CA Zip Code 94114

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

Name of Employer CA Nurses Asso. Occupation Educator/Researcher

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **505.00**

Date of Receipt **11 / 30 / 2014**

**Transaction ID : C9145366**

Amount of Each Receipt this Period **20.00**

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

Mailing Address 50 Landers St

City San Francisco State CA Zip Code 94114

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

Name of Employer CA Nurses Asso. Occupation Educator/Researcher

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **505.00**

Date of Receipt **12 / 15 / 2014**

**Transaction ID : C9144592**

Amount of Each Receipt this Period **20.00**

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

Mailing Address 50 Landers St

City San Francisco State CA Zip Code 94114

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

Name of Employer CA Nurses Asso. Occupation Educator/Researcher

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **505.00**

Date of Receipt **12 / 31 / 2014**

**Transaction ID : C9144616**

Amount of Each Receipt this Period **20.00**

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 31
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Marcia E. Hogue</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 29 / 2014
Mailing Address 8609 Hawley Way		<b>Transaction ID : C9145308</b>
City Elk Grove	State CA	Zip Code 95624-4575
FEC ID number of contributing federal political committee.	C	
Name of Employer Kaiser So Sac	Occupation STAFF NURSE III	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	
		Amount of Each Receipt this Period 10.00

Full Name (Last, First, Middle Initial) <b>B. Marcia E. Hogue</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 13 / 2014
Mailing Address 8609 Hawley Way		<b>Transaction ID : C9145312</b>
City Elk Grove	State CA	Zip Code 95624-4575
FEC ID number of contributing federal political committee.	C	
Name of Employer Kaiser So Sac	Occupation STAFF NURSE III	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	
		Amount of Each Receipt this Period 10.00

Full Name (Last, First, Middle Initial) <b>C. Marcia E. Hogue</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 27 / 2014
Mailing Address 8609 Hawley Way		<b>Transaction ID : C9145315</b>
City Elk Grove	State CA	Zip Code 95624-4575
FEC ID number of contributing federal political committee.	C	
Name of Employer Kaiser So Sac	Occupation STAFF NURSE III	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	
		Amount of Each Receipt this Period 10.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 3732 Fruitvale Ave

City Oakland	State CA	Zip Code 94602
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
11	/	30	/	2014

**Transaction ID : C9137154**

Amount of Each Receipt this Period  

10.00
-------

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

Mailing Address 3732 Fruitvale Ave

City Oakland	State CA	Zip Code 94602
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
11	/	30	/	2014

**Transaction ID : C9145375**

Amount of Each Receipt this Period  

10.00
-------

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

Mailing Address 3732 Fruitvale Ave

City Oakland	State CA	Zip Code 94602
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
12	/	15	/	2014

**Transaction ID : C9144608**

Amount of Each Receipt this Period  

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 3732 Fruitvale Ave

City Oakland	State CA	Zip Code 94602
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2014

**Transaction ID : C9144627**

Amount of Each Receipt this Period  
10.00

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

Mailing Address 5712 Netleaf Rd

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
635.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2014

**Transaction ID : C9137148**

Amount of Each Receipt this Period  
25.00

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

Mailing Address 5712 Netleaf Rd

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
635.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2014

**Transaction ID : C9145368**

Amount of Each Receipt this Period  
25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 31
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 5712 Netleaf Rd

City Austin State TX Zip Code 78724

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

Name of Employer CA Nurses Asso. Occupation Organizer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **635.00**

Date of Receipt **12 / 15 / 2014**

**Transaction ID : C9144601**

Amount of Each Receipt this Period **25.00**

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

Mailing Address 5712 Netleaf Rd

City Austin State TX Zip Code 78724

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

Name of Employer CA Nurses Asso. Occupation Organizer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **635.00**

Date of Receipt **12 / 31 / 2014**

**Transaction ID : C9144618**

Amount of Each Receipt this Period **25.00**

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

Mailing Address 3541 37th Street

City Sacramento State CA Zip Code 95817

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

Name of Employer CA Nurses Asso. Occupation Organizer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **255.00**

Date of Receipt **11 / 30 / 2014**

**Transaction ID : C9137149**

Amount of Each Receipt this Period **10.00**

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 23 OF 31
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 3541 37th Street

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
255.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2014

**Transaction ID : C9145369**

Amount of Each Receipt this Period  

10.00
-------

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

Mailing Address 3541 37th Street

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
255.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2014

**Transaction ID : C9144602**

Amount of Each Receipt this Period  

10.00
-------

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

Mailing Address 3541 37th Street

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
255.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2014

**Transaction ID : C9144619**

Amount of Each Receipt this Period  

10.00
-------

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Nakia Latanya Miller</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2014
Mailing Address 3001 South Apple Court		<b>Transaction ID : C9137160</b>
City Antioch	State CA	Zip Code 94509
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 10.00	
Name of Employer NNU	Occupation Data Services Rep	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) <b>B. Melissa Montenegro</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2014
Mailing Address 1062 El Paso Dr.		<b>Transaction ID : C9137151</b>
City Los Angeles	State CA	Zip Code 90042
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 10.00	
Name of Employer CA Nurses Asso.	Occupation Secretary	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) <b>C. Melissa Montenegro</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2014
Mailing Address 1062 El Paso Dr.		<b>Transaction ID : C9145371</b>
City Los Angeles	State CA	Zip Code 90042
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 10.00	
Name of Employer CA Nurses Asso.	Occupation Secretary	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 25 OF 31
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Melissa Montenegro**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1062 El Paso Dr.  
 City Los Angeles State CA Zip Code 90042  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CA Nurses Asso. Occupation Secretary  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **260.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 15 / 2014  
**Transaction ID : C9144604**  
 Amount of Each Receipt this Period  
 10.00

**B. Melissa Montenegro**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1062 El Paso Dr.  
 City Los Angeles State CA Zip Code 90042  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CA Nurses Asso. Occupation Secretary  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **260.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2014  
**Transaction ID : C9144621**  
 Amount of Each Receipt this Period  
 10.00

**C. Elizabeth Pease**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 24512 N Bass Blvd  
 City Spring State TX Zip Code 77388  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NNU Occupation Organizer  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **260.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2014  
**Transaction ID : C9137156**  
 Amount of Each Receipt this Period  
 10.00

**SUBTOTAL** of Receipts This Page (optional)..... **30.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Elizabeth Pease**  
Full Name (Last, First, Middle Initial)  
Mailing Address 24512 N Bass Blvd

City Spring	State TX	Zip Code 77388
----------------	-------------	-------------------

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

Name of Employer NNU	Occupation Organizer
-------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
11	/	30	/	2014

**Transaction ID : C9145377**

Amount of Each Receipt this Period  

10.00
-------

**B. Elizabeth Pease**  
Full Name (Last, First, Middle Initial)  
Mailing Address 24512 N Bass Blvd

City Spring	State TX	Zip Code 77388
----------------	-------------	-------------------

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

Name of Employer NNU	Occupation Organizer
-------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
12	/	15	/	2014

**Transaction ID : C9144610**

Amount of Each Receipt this Period  

10.00
-------

**C. Elizabeth Pease**  
Full Name (Last, First, Middle Initial)  
Mailing Address 24512 N Bass Blvd

City Spring	State TX	Zip Code 77388
----------------	-------------	-------------------

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

Name of Employer NNU	Occupation Organizer
-------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
12	/	31	/	2014

**Transaction ID : C9144629**

Amount of Each Receipt this Period  

10.00
-------

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Mailing Address 305 Barrera St

City San Antonio      State TX      Zip Code 78210

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

Name of Employer CA Nurses Asso.      Occupation Organizer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  
11 / 30 / 2014  
**Transaction ID : C9137152**

Amount of Each Receipt this Period  
10.00

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

Mailing Address 305 Barrera St

City San Antonio      State TX      Zip Code 78210

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

Name of Employer CA Nurses Asso.      Occupation Organizer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  
11 / 30 / 2014  
**Transaction ID : C9145372**

Amount of Each Receipt this Period  
10.00

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

Mailing Address 305 Barrera St

City San Antonio      State TX      Zip Code 78210

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

Name of Employer CA Nurses Asso.      Occupation Organizer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  
12 / 15 / 2014  
**Transaction ID : C9144605**

Amount of Each Receipt this Period  
10.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 28 OF 31
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Julie Travis Rogers</b>			Date of Receipt M M / D D / Y Y Y Y 12 / 31 / 2014 <b>Transaction ID : C9144622</b>
Mailing Address 305 Barrera St			Amount of Each Receipt this Period 10.00
City San Antonio	State TX	Zip Code 78210	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 260.00	
Name of Employer CA Nurses Asso.	Occupation Organizer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Teodolinda Sekins</b>			Date of Receipt M M / D D / Y Y Y Y 11 / 29 / 2014 <b>Transaction ID : C9145309</b>
Mailing Address 2911 Walton Ct			Amount of Each Receipt this Period 10.00
City Pinole	State CA	Zip Code 94564-1030	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 230.00	
Name of Employer Kaiser Walnut Creek	Occupation Staff Nurse li		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Teodolinda Sekins</b>			Date of Receipt M M / D D / Y Y Y Y 12 / 13 / 2014 <b>Transaction ID : C9145313</b>
Mailing Address 2911 Walton Ct			Amount of Each Receipt this Period 10.00
City Pinole	State CA	Zip Code 94564-1030	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 230.00	
Name of Employer Kaiser Walnut Creek	Occupation Staff Nurse li		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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

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

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

FOR LINE NUMBER: PAGE 29 OF 31  
(check only one)

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

**A.** Full Name (Last, First, Middle Initial)  
**Teodolinda Sekins**

Mailing Address 2911 Walton Ct

City Pinole State CA Zip Code 94564-1030

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

Name of Employer Kaiser Walnut Creek Occupation Staff Nurse li

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 27 / 2014**

**Transaction ID : C9145316**

Amount of Each Receipt this Period  
**10.00**

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>10.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>1240.00</b>

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Chase Bank**

Mailing Address 350 20th Street

City State Zip Code  
Oakland CA 94612

Purpose of Disbursement  
Bank fee for PAC

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		26		2014

**Transaction ID : D654859**

Amount of Each Disbursement this Period

30.00
-------

Full Name (Last, First, Middle Initial)

**B. Chase Bank**

Mailing Address 350 20th Street

City State Zip Code  
Oakland CA 94612

Purpose of Disbursement  
Bank fee for PAC

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		15		2014

**Transaction ID : D654860**

Amount of Each Disbursement this Period

30.00
-------

Full Name (Last, First, Middle Initial)

**C. Chase Bank**

Mailing Address 350 20th Street

City State Zip Code  
Oakland CA 94612

Purpose of Disbursement  
Bank fee for PAC

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		31		2014

**Transaction ID : D654861**

Amount of Each Disbursement this Period

30.00
-------

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

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

90.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. First Data Merchant Services**

Mailing Address 5565 Glenridge Connector NE, Suite

City Atlanta State GA Zip Code 30342

Purpose of Disbursement  
Credit card processing fee for PAC

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
12 / 03 / 2014

Transaction ID : D654862

Amount of Each Disbursement this Period

62.26

Full Name (Last, First, Middle Initial)

**B. First Data Merchant Services**

Mailing Address 5565 Glenridge Connector NE, Suite

City Atlanta State GA Zip Code 30342

Purpose of Disbursement  
Credit card processing fee for PAC

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
12 / 17 / 2014

Transaction ID : D654863

Amount of Each Disbursement this Period

30.00

Full Name (Last, First, Middle Initial)

**C. SunTrust**

Mailing Address PO Box 62227

City Orlando State FL Zip Code 32862-2227

Purpose of Disbursement  
Credit card processing fee for PAC

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
12 / 11 / 2014

Transaction ID : D654864

Amount of Each Disbursement this Period

88.62

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

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

180.88

270.88