



**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.....	35493.95	
(c) Total Receipts (from Line 19) .....	2949.00	11150.25
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	38442.95	41424.15
7. Total Disbursements (from Line 31).....	7367.26	10348.46
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	31075.69	31075.69
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

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).....	230.00	1040.00
(ii) Unitemized .....	2719.00	10110.25
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	2949.00	11150.25
(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) .....	2949.00	11150.25
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))..... ▶	2949.00	11150.25
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	2949.00	11150.25

**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 .....	117.26	598.46
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	117.26	598.46
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7250.00	8250.00
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)) ..	7367.26	10348.46
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7367.26	10348.46

**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) .....	2949.00	11150.25
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2949.00	11150.25
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	117.26	598.46
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	117.26	598.46

**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 15
<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. 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 ▼ **400.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
04	/	15	/	2014

**Transaction ID : C8858884**

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 ▼ **400.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
04	/	30	/	2014

**Transaction ID : C8858885**

Amount of Each Receipt this Period  

50.00
-------

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

Mailing Address 1026 Pleasant View

City Venice	State CA	Zip Code 90291
----------------	-------------	-------------------

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

Name of Employer CA Nurses Asso.	Occupation Nursing Practice Rep
-------------------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
04	/	15	/	2014

**Transaction ID : C8858819**

Amount of Each Receipt this Period  

35.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>135.00</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 7 OF 15
<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. Kathy Carder</b>		Date of Receipt MM / DD / YYYY 04 / 30 / 2014 <b>Transaction ID : C8858820</b>
Mailing Address 1026 Pleasant View		Amount of Each Receipt this Period 35.00
City Venice	State CA	Zip Code 90291
FEC ID number of contributing federal political committee. C		
Name of Employer CA Nurses Asso.	Occupation Nursing Practice Rep	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) <b>B. Farah Davari</b>		Date of Receipt MM / DD / YYYY 04 / 15 / 2014 <b>Transaction ID : C8858822</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 ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>C. Farah Davari</b>		Date of Receipt MM / DD / YYYY 04 / 30 / 2014 <b>Transaction ID : C8858823</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 ▼ 240.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	95.00
<b>TOTAL</b> This Period (last page this line number only).....▶	230.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

### A. Chase Bank

Mailing Address 350 20th Street

City State Zip Code  
Oakland CA 94612

Purpose of Disbursement  
Banking fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
05 / 01 / 2014

Transaction ID : D617160

Amount of Each Disbursement this Period

30.00

Category/  
Type

Full Name (Last, First, Middle Initial)

### B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

Category/  
Type

Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

Category/  
Type

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

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

30.00

30.00

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

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

FOR LINE NUMBER:  
(check only one)

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

Mailing Address PO Box 20622

City Greensboro State NC Zip Code 27420-0622

Purpose of Disbursement  
Contribution

Candidate Name  
**Alma Shealey Adams**

Office Sought:  House  Senate  President  
State: NC District: 12  
Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	1	4

**Transaction ID : D612006**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

**B. Barbara Lee for Congress**

Mailing Address 449 15th St  
Ste 408

City Oakland State CA Zip Code 94612-2831

Purpose of Disbursement  
Contribution

Candidate Name  
**Barbara Lee**

Office Sought:  House  Senate  President  
State: CA District: 13  
Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	4

**Transaction ID : D611986**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

**C. Bellows for Senate**

Mailing Address PO Box 136

City Manchester State ME Zip Code 04351-0136

Purpose of Disbursement  
Contribution

Candidate Name  
**Shenna Bellows**

Office Sought:  House  Senate  President  
State: ME District: 00  
Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	4

**Transaction ID : D612001**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

1	2	5	0	0	0	0	0	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

1	2	5	0	0	0	0	0	0	0
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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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Citizens for Eleanor Holmes Norton**

Mailing Address 2201 Wisconsin Ave NW  
Ste 320

City Washington State DC Zip Code 20007-4105

Purpose of Disbursement  
Contribution

Candidate Name  
**Eleanor Holmes Norton**

Office Sought:  House  
 Senate  
 President  
State: DC District: 00

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2014

**Transaction ID : D611987**

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Ellison for Congress**

Mailing Address PO Box 6072

City Minneapolis State MN Zip Code 55406

Purpose of Disbursement  
Contribution

Candidate Name  
**Keith Ellison**

Office Sought:  House  
 Senate  
 President  
State: MN District: 05

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2014

**Transaction ID : D611995**

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Gallardo for Congress**

Mailing Address 6751 W Indian School Rd  
Apt 2139

City Phoenix State AZ Zip Code 85033-6222

Purpose of Disbursement  
Contribution

Candidate Name  
**Steve M Gallardo**

Office Sought:  House  
 Senate  
 President  
State: AZ District: 07

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2014

**Transaction ID : D612005**

Amount of Each Disbursement this Period

500.00

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

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

1000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

Mailing Address 1050 17th St NW  
Ste 590

City Washington State DC Zip Code 20036-5592

Purpose of Disbursement  
Contribution

Candidate Name

**John Garamendi**

Office Sought:  House  
 Senate  
 President  
State: CA District: 03

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2014

**Transaction ID : D611993**

Amount of Each Disbursement this Period

250.00
--------

Full Name (Last, First, Middle Initial)

**B. Huffman for Congress 2014**

Mailing Address PO Box 151563

City San Rafael State CA Zip Code 94915-1563

Purpose of Disbursement  
Contribution

Candidate Name

**Jared MR Huffman**

Office Sought:  House  
 Senate  
 President  
State: CA District: 02

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2014

**Transaction ID : D611992**

Amount of Each Disbursement this Period

250.00
--------

Full Name (Last, First, Middle Initial)

**C. Janice Hahn for Congress**

Mailing Address 1379 W Park Western Dr

City San Pedro State CA Zip Code 90732-2300

Purpose of Disbursement  
Contribution

Candidate Name

**Janice Hahn**

Office Sought:  House  
 Senate  
 President  
State: CA District: 44

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2014

**Transaction ID : D611990**

Amount of Each Disbursement this Period

250.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

750.00
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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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Judy Chu for Congress**

Mailing Address 777 S Figueroa St  
Ste 4050

City Los Angeles State CA Zip Code 90017-5864

Purpose of Disbursement  
Contribution

Candidate Name

**Judy Chu**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 32

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	4

**Transaction ID : D611994**

Amount of Each Disbursement this Period

2	5	0	0	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Lofgren for Congress**

Mailing Address 123 E San Carlos St  
C/O ontribution Solutions

City San Jose State CA Zip Code 95112-3680

Purpose of Disbursement  
Contribution

Candidate Name

**Zoe Lofgren**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 19

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	4

**Transaction ID : D611998**

Amount of Each Disbursement this Period

2	5	0	0	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Mark Takano for Congress**

Mailing Address PO Box 5214

City Riverside State CA Zip Code 92517-5214

Purpose of Disbursement  
Contribution

Candidate Name

**Mark Takano**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 41

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	4

**Transaction ID : D611996**

Amount of Each Disbursement this Period

2	5	0	0	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

7	5	0	0	0	0
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2	5	0	0	0	0
---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Mike Honda for Congress**

Mailing Address 123 E San Carlos St  
C/O CONTRIBUTION SOLUTIONS, LLC

City San Jose State CA Zip Code 95112-3680

Purpose of Disbursement  
Contribution

Candidate Name  
**Mike Honda**

Office Sought:  House  
 Senate  
 President  
State: CA District: 17

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2014

**Transaction ID : D611997**

Amount of Each Disbursement this Period

250.00
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Full Name (Last, First, Middle Initial)

**B. Napolitano for Congress**

Mailing Address 555 Capitol Mall  
Ste 1425

City Sacramento State CA Zip Code 95814-4602

Purpose of Disbursement  
Contribution

Candidate Name  
**Grace Napolitano**

Office Sought:  House  
 Senate  
 President  
State: CA District: 32

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2014

**Transaction ID : D611988**

Amount of Each Disbursement this Period

250.00
--------

Full Name (Last, First, Middle Initial)

**C. Obermueller for Congress**

Mailing Address PO Box 211682

City Eagan State MN Zip Code 55121-3682

Purpose of Disbursement  
Contribution

Candidate Name  
**Michael E Obermueller**

Office Sought:  House  
 Senate  
 President  
State: MN District: 02

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2014

**Transaction ID : D611999**

Amount of Each Disbursement this Period

500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

1000.00
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**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Pam Byrnes for Congress**

Mailing Address PO Box 485

City Dexter State MI Zip Code 48130-0485

Purpose of Disbursement  
Contribution

Candidate Name

**Pam Byrnes**

Office Sought:  House  
 Senate  
 President  
State: MI District: 07

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2014

**Transaction ID : D612000**

Amount of Each Disbursement this Period

500.00

**B. People for Rick Weiland**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1488

City Sioux Falls State SD Zip Code 57101-1488

Purpose of Disbursement  
Contribution

Candidate Name

**Richard Paul Weiland**

Office Sought:  House  
 Senate  
 President  
State: SD District: 00

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2014

**Transaction ID : D612004**

Amount of Each Disbursement this Period

500.00

**C. Re-Elect McGovern Committee**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 60405

City Worcester State MA Zip Code 01606-0405

Purpose of Disbursement  
Contribution

Candidate Name

**Jim McGovern**

Office Sought:  House  
 Senate  
 President  
State: MA District: 03

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2014

**Transaction ID : D611989**

Amount of Each Disbursement this Period

250.00

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

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

1250.00

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

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

FOR LINE NUMBER:  
(check only one)

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

Mailing Address PO Box 5130

City: Evanston State: IL Zip Code: 60204-5130

Purpose of Disbursement: Contribution

Candidate Name: **Janice D. Schakowsky**

Office Sought:  House  Senate  President  
 Disbursement For: 2014  Primary  General  Other (specify) ▼  
 State: IL District: 09

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2014

**Transaction ID : D611991**

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**B. SHUTTLEWORTH FOR CONGRESS**

Mailing Address 3601 N. ALBERMALE ST.

City: ARLINGTON State: VA Zip Code: 22207

Purpose of Disbursement: Contribution

Candidate Name: **BRUCE BOWEN SHUTTLEWORTH**

Office Sought:  House  Senate  President  
 Disbursement For: 2014  Primary  General  Other (specify) ▼  
 State: VA District: 08

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2014

**Transaction ID : D612003**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Troy Jackson for Congress**

Mailing Address 213 Lisbon St

City: Lewiston State: ME Zip Code: 04240-7704

Purpose of Disbursement: Contribution

Candidate Name: **Troy Jackson**

Office Sought:  House  Senate  President  
 Disbursement For: 2014  Primary  General  Other (specify) ▼  
 State: ME District: 02

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2014

**Transaction ID : D612002**

Amount of Each Disbursement this Period

500.00

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

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

1250.00

7250.00