

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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

1. (a) Name of Individual, Corporation or Organization
California Nurses Association / National Nurses
Organizing Committee - AFL-CIO
2000 Granddella Street

(b) Address (Number and Street) of Record of Reference (Use previously reported)
2000 Granddella Street

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

2. Corporate filers only: Is the filer a qualified nonprofit corporation? Yes No
Individual filers only: Name of Employer

3. FEC Registration Number

4. TYPE OF REPORT (check appropriate box(es))
- (a) April 15 Quarterly Report
 - July 15 Quarterly Report
 - 24-hour Report
 - October 15 Quarterly Report
 - January 31 Year-End Report
 - 48-hour Report
 - b) Is this Report an amendment? Yes No

5. COVERING PERIOD FROM [] TO [] THROUGH []

| | |
|------------|------------|
| FROM | THROUGH |
| 10/10/2009 | 10/23/2009 |

6. TOTAL CONTRIBUTIONS: \$ 0.00

7. TOTAL INDEPENDENT EXPENDITURES: \$ 2,071.50

Under penalty of perjury I certify that this independent expenditure report truthfully and accurately reports all made, in aggregate, on behalf of, or in the interest of, any candidate for election, or any political party, committee or the agent, in addition, if the independent expenditure reported herein was made by a corporation, certify that the expenditure is a qualified independent expenditure under the Campaign Finance Regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM: SIGNATURE: DATE: 10-24-2010

NOTE: Submission of this report is required for independent filers who are required to file reports to the Commission of 2 U.S.C. § 552b.

For further information, contact:
Federal Election Commission, 644 E Street, N.W., Washington, D.C. 20543 Tel: 1-800-424-9554, Long Distance: 1-800-424-9554

100303073475

FEC SARASOTA 5 (REV. 10/09)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 3 OF 5
FOR LINE 7 OF FORM 6

NAME OF FILER (in Full)
Citizenship, Service Identification (Political Party, Governing Committee - Art. 5-2)

FPA Name (Last, First, Middle Initial) of Payee
Position/Service

Mailing Address

City State Zip Code

Amount

Category Type

Names of Federal Candidates Supported or Opposed by Expenditure

Category Type

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

Mailing Address

City State Zip Code

Amount

Category Type

Names of Federal Candidates Supported or Opposed by Expenditure

Category Type

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

Mailing Address

City State Zip Code

Amount

Category Type

Names of Federal Candidates Supported or Opposed by Expenditure

Category Type

Calendar Year/Date For Election For Office Sought

Calendar Year/Date For Election For Office Sought

(a) TOTAL Independent Expenditures

(b) TOTAL Independent Expenditures

Date: 10/24/10
Amount: \$10,000
Category: Other (Specify)

Office Sought: House, Senate, District, President
Check One: Support Oppose

Disbursement For: Primary General

Date: 10/24/10
Amount: \$10,000
Category: Other (Specify)

Office Sought: House, Senate, District
Check One: Support Oppose

Disbursement For: Primary General

Date: 10/24/10
Amount: \$10,000
Category: Other (Specify)

Office Sought: House, Senate, District
Check One: Support Oppose

Disbursement For: Primary General

(a) TOTAL Independent Expenditures

(b) TOTAL Independent Expenditures

10030473476

SCHEDULE 5-E
REIMBURSED INDEPENDENT EXPENDITURES

PAGE 3 OF 3
FOR LINE 7 OF FORM 5

NAME OF FILER (in full)
Callahan's Business Administration / Adjunct Support Organization Committee - INC-CFO

Full Name (Last, First, Middle Initial) of Person
Callahan's Business Administration / National Bureau
Organizing Committee - INC-CFO
Mailing Address:
2008 ZENOBIA
City: Oakland, CA 94612 State: CA Zip Code: 94612

Purpose of Expenditure
Purpose of Expenditure
Date Issued - Print Date: 10/21/2010
Amount: \$100.00

Name of Federal Candidate Supported or Opposed by Expenditure
Category Type: 444
Check One: House Senate District
 Support Oppose

Calendar Year-To-Date Per Election
or Office Sought: 2,278.87
Date: 10/21/2010
Amount: \$100.00

Full Name (Last, First, Middle Initial) of Payee
Address: 1230 South Second Blvd.
City: Alameda, CA 94604 State: CA Zip Code: 94604

Purpose of Expenditure
Date Issued - Print Date:
Amount:
Check One: House Senate District
 Support Oppose

Name of Federal Candidate Supported or Opposed by Expenditure
Category Type:
Check One: House Senate District
 Support Oppose

Calendar Year-To-Date Per Election
or Office Sought: 5,238.87
Date:
Amount:
Check One: House Senate District
 Support Oppose

Full Name (Last, First, Middle Initial) of Payee
Address:
City: State: Zip Code:

Purpose of Expenditure
Date Issued - Print Date:
Amount:
Check One: House Senate District
 Support Oppose

Name of Federal Candidate Supported or Opposed by Expenditure
Category Type:
Check One: House Senate District
 Support Oppose

Calendar Year-To-Date Per Election
or Office Sought: 5,178.87
Date:
Amount:
Check One: House Senate District
 Support Oppose

(a) SUBTOTAL of Reported Independent Expenditures

(b) SUBTOTAL of Unreported Independent Expenditures

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

1003073477

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 1 OF 3
FOR LINE 7 OF FORM 5

NAME OF FILER (or FUD)
California Nurses, Association / National Nurses' Political Action Committee - INC-500

Full Name (Last, First, Middle Initial or Payor)
Mrs. Corrie Siskary

Mailing Address

4100 Avenida Encinas

City

Malibu, CA 91024

State

Zip Code

90263

Purpose of Expenditure

Contribution to Political Campaign

Name of Federal Candidate Supported or Opposed by Expenditure

Barack Obama

Check One: Support Oppose

Calendar Year-To-Date Per Election

for Office Sought

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

Mailing Address

City

State

Zip Code

Purpose of Expenditure

Name of Federal Candidate Supported or Opposed by Expenditure

Calendar Year-To-Date Per Election

for Office Sought

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

Mailing Address

City

State

Zip Code

Purpose of Expenditure

Name of Federal Candidate Supported or Opposed by Expenditure

Calendar Year-To-Date Per Election

for Office Sought

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

Mailing Address

City

State

Zip Code

Date: 10/21/2010

Amount: \$10,000

Office Sought: House Senate District

Check One: Support Oppose

Disbursement For: Primary General

Other (Specify):

Date: 10/21/2010

Amount: \$10,000

Office Sought: House Senate District

Check One: Support Oppose

Disbursement For: Primary General

Other (Specify):

Date: 10/21/2010

Amount: \$10,000

Office Sought: House Senate District

Check One: Support Oppose

Disbursement For: Primary General

Other (Specify):

Date: 10/21/2010

Amount: \$10,000

Office Sought: House Senate District

Check One: Support Oppose

Disbursement For: Primary General

Other (Specify):

Date: 10/21/2010

Amount: \$10,000

Office Sought: House Senate District

Check One: Support Oppose

Disbursement For: Primary General

Other (Specify):

Date: 10/21/2010

Amount: \$10,000

Office Sought: House Senate District

Check One: Support Oppose

Disbursement For: Primary General

Other (Specify):

Date: 10/21/2010

Amount: \$10,000

Office Sought: House Senate District

Check One: Support Oppose

(a) SUBTOTAL of Itemized Independent Expenditures: \$40,000

(b) SUBTOTAL of Unitemized Independent Expenditures: \$0

(c) TOTAL Independent Expenditures: \$40,000

(d) TOTAL Expenditures from Non-Fringe (Forward to Line 7): \$40,000

Preparer: TSC Political 545

Signature: _____

Date: 10/21/2010

Print Name: _____

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**Federal Election Commission
 ENVELOPE REPLACEMENT PAGE
 FOR INCOMING DOCUMENTS**

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|--|------------------|
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| <input type="checkbox"/> USPS Priority Mail | Postmarked |
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