

**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="2013"/>	<input type="text" value="6079.41"/>	<input type="text" value="6079.41"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="12810.08"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="17539.64"/>	<input type="text" value="34656.91"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="30349.72"/>	<input type="text" value="40736.32"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="4320.37"/>	<input type="text" value="14706.97"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="26029.35"/>	<input type="text" value="26029.35"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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).....	5170.00	7570.00
(ii) Unitemized	12260.75	26795.25
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	17430.75	34365.25
(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)	17430.75	34365.25
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).....	108.89	291.66
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))..... ▶	17539.64	34656.91
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	17539.64	34656.91

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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	820.37	1436.97
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	820.37	1436.97
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3500.00	13000.00
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	270.00
(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	270.00
29. Other Disbursements	0.00	0.00
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)) ..	4320.37	14706.97
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4320.37	14706.97

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)	17430.75	34365.25
34. Total Contribution Refunds (from Line 28(d))	0.00	270.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	17430.75	34095.25
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	820.37	1436.97
37. Offsets to Operating Expenditures (from Line 15, page 3).....	108.89	291.66
38. Net Operating Expenditures (subtract Line 37 from Line 36)	711.48	1145.31

**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 117
<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

Full Name (Last, First, Middle Initial) A. Shawn Bartlett		Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2013 Transaction ID : C8148586
Mailing Address 108 Sophys Ct,		Amount of Each Receipt this Period 10.00
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: <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. Shawn Bartlett		Date of Receipt M M / D D / Y Y Y Y Y 08 / 15 / 2013 Transaction ID : C8148548
Mailing Address 108 Sophys Ct,		Amount of Each Receipt this Period 10.00
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: <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) C. Shawn Bartlett		Date of Receipt M M / D D / Y Y Y Y Y 08 / 31 / 2013 Transaction ID : C8273466
Mailing Address 108 Sophys Ct,		Amount of Each Receipt this Period 10.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

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 7 OF 117
	<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	<input type="checkbox"/> 17

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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 ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2013
Transaction ID : C8274789

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 ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : C8410413

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 ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2013
Transaction ID : C8410450

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 8 OF 117
<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. Shawn Bartlett
Full Name (Last, First, Middle Initial)

Mailing Address 108 Sophys Ct,

City Roseville	State CA	Zip Code 95747
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FEC ID number of contributing federal political committee. **C**

Name of Employer CA Nurses Asso.	Occupation Labor Rep
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2013

Transaction ID : C8317856

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

Name of Employer CA Nurses Asso.	Occupation Labor Rep
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2013

Transaction ID : C8317893

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

Name of Employer CA Nurses Asso.	Occupation Labor Rep
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2013

Transaction ID : C8317931

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 9 OF 117
	<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. 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 ▼ **240.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2013
Transaction ID : C8408658

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 ▼ **240.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2013
Transaction ID : C8412574

Amount of Each Receipt this Period
10.00

C. 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 ▼ **1200.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : C8148588

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 10 OF 117
<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. Carolyn Bowden
Full Name (Last, First, Middle Initial)
Mailing Address 858 56th Street

City Oakland	State CA	Zip Code 94605
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FEC ID number of contributing federal political committee. **C**

Name of Employer CA Nurses Asso	Occupation Labor Rep
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2013

Transaction ID : C8148550

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

Name of Employer CA Nurses Asso	Occupation Labor Rep
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2013

Transaction ID : C8273468

Amount of Each Receipt this Period
50.00

C. Carolyn Bowden
Full Name (Last, First, Middle Initial)
Mailing Address 858 56th Street

City Oakland	State CA	Zip Code 94605
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FEC ID number of contributing federal political committee. **C**

Name of Employer CA Nurses Asso	Occupation Labor Rep
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2013

Transaction ID : C8274794

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional).....	150.00
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 117
<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. Carolyn Bowden

Mailing Address 858 56th Street

City Oakland	State CA	Zip Code 94605
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FEC ID number of contributing federal political committee. **C**

Name of Employer CA Nurses Asso	Occupation Labor Rep
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

Transaction ID : C8410407

Amount of Each Receipt this Period
50.00

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

Mailing Address 858 56th Street

City Oakland	State CA	Zip Code 94605
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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 ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2013

Transaction ID : C8410444

Amount of Each Receipt this Period
50.00

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

Mailing Address 858 56th Street

City Oakland	State CA	Zip Code 94605
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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 ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2013

Transaction ID : C8317889

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional).....▶	150.00
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 117
<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. Carolyn Bowden
Full Name (Last, First, Middle Initial)

Mailing Address 858 56th Street

City Oakland	State CA	Zip Code 94605
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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 ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2013

Transaction ID : C8317926

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
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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 ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2013

Transaction ID : C8317964

Amount of Each Receipt this Period
50.00

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

Mailing Address 858 56th Street

City Oakland	State CA	Zip Code 94605
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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 ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2013

Transaction ID : C8408652

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional).....▶	150.00
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 13 OF 117
	<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	<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. Carolyn Bowden		Date of Receipt
Mailing Address 858 56th Street		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City	State	Zip Code
Oakland	CA	94605
FEC ID number of contributing federal political committee.		Transaction ID : C8412568
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="50.00"/>
Name of Employer	Occupation	
CA Nurses Asso	Labor Rep	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1200.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Kathy Carder		Date of Receipt
Mailing Address 1026 Pleasant View		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City	State	Zip Code
Venice	CA	90291
FEC ID number of contributing federal political committee.		Transaction ID : C8148591
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="35.00"/>
Name of Employer	Occupation	
CA Nurses Asso.	Nursing Practice Rep	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="840.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Kathy Carder		Date of Receipt
Mailing Address 1026 Pleasant View		<input type="text" value="08"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>
City	State	Zip Code
Venice	CA	90291
FEC ID number of contributing federal political committee.		Transaction ID : C8148553
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="35.00"/>
Name of Employer	Occupation	
CA Nurses Asso.	Nursing Practice Rep	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="840.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="120.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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 117
	<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	<input type="checkbox"/> 17

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

A. 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 ▼ **840.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2013

Transaction ID : C8273471

Amount of Each Receipt this Period

35.00

B. 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 ▼ **840.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2013

Transaction ID : C8274791

Amount of Each Receipt this Period

35.00

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 ▼ **840.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

Transaction ID : C8410409

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional).....▶	105.00
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 15 OF 117
<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. 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 ▼ **840.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2013

Transaction ID : C8410446

Amount of Each Receipt this Period

35.00

B. 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 ▼ **840.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2013

Transaction ID : C8317858

Amount of Each Receipt this Period

35.00

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 ▼ **840.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2013

Transaction ID : C8317895

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional).....▶	105.00
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 16 OF 117
	<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	<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. Kathy Carder			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2013 Transaction ID : C8317933
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		Aggregate Year-to-Date ▼ 840.00	
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) ▼			

Full Name (Last, First, Middle Initial) B. Kathy Carder			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 15 / 2013 Transaction ID : C8408654
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		Aggregate Year-to-Date ▼ 840.00	
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) ▼			

Full Name (Last, First, Middle Initial) C. Kathy Carder			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2013 Transaction ID : C8412570
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		Aggregate Year-to-Date ▼ 840.00	
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) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	105.00
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 17 OF 117
	<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	<input type="checkbox"/> 17

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

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

Mailing Address 1749 South Curtis Street

City State Zip Code
Pittsburg PA 60608

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

Name of Employer Occupation
Information Requested Labor Rep

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2013
Transaction ID : C8148592

Amount of Each Receipt this Period
20.00

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

Mailing Address 1749 South Curtis Street

City State Zip Code
Pittsburg PA 60608

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

Name of Employer Occupation
Information Requested Labor Rep

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 15 / 2013
Transaction ID : C8148554

Amount of Each Receipt this Period
20.00

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

Mailing Address 1749 South Curtis Street

City State Zip Code
Pittsburg PA 60608

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

Name of Employer Occupation
Information Requested Labor Rep

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 31 / 2013
Transaction ID : C8273472

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 18 OF 117
<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. Leslie Curtis
Full Name (Last, First, Middle Initial)

Mailing Address 1749 South Curtis Street

City State Zip Code
Pittsburg PA 60608

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

Name of Employer Occupation
Information Requested Labor Rep

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 15 / 2013
Transaction ID : C8274801

Amount of Each Receipt this Period
20.00

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

Mailing Address 1749 South Curtis Street

City State Zip Code
Pittsburg PA 60608

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

Name of Employer Occupation
Information Requested Labor Rep

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2013
Transaction ID : C8410419

Amount of Each Receipt this Period
20.00

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

Mailing Address 1749 South Curtis Street

City State Zip Code
Pittsburg PA 60608

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

Name of Employer Occupation
Information Requested Labor Rep

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 15 / 2013
Transaction ID : C8410456

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 117
	<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	<input type="checkbox"/> 17

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

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

Mailing Address 1749 South Curtis Street

City Pittsburgh State PA Zip Code 60608

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

Name of Employer Information Requested Occupation Labor Rep

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt **10 / 31 / 2013**

Transaction ID : C8317887

Amount of Each Receipt this Period **20.00**

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

Mailing Address 1749 South Curtis Street

City Pittsburgh State PA Zip Code 60608

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

Name of Employer Information Requested Occupation Labor Rep

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt **11 / 15 / 2013**

Transaction ID : C8317924

Amount of Each Receipt this Period **20.00**

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

Mailing Address 1749 South Curtis Street

City Pittsburgh State PA Zip Code 60608

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

Name of Employer Information Requested Occupation Labor Rep

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt **11 / 30 / 2013**

Transaction ID : C8317962

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 20 OF 117
	<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	<input type="checkbox"/> 17

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

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

Mailing Address 1749 South Curtis Street

City State Zip Code
Pittsburg PA 60608

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

Name of Employer Occupation
Information Requested Labor Rep

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 15 / 2013
Transaction ID : C8408664

Amount of Each Receipt this Period
20.00

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

Mailing Address 1749 South Curtis Street

City State Zip Code
Pittsburg PA 60608

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

Name of Employer Occupation
Information Requested Labor Rep

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2013
Transaction ID : C8412581

Amount of Each Receipt this Period
20.00

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

Mailing Address 10516 Almayo Ave

City State Zip Code
Los Angeles CA 90064

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 ▼
720.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2013
Transaction ID : C8148594

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 21 OF 117
<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. Farah Davari
Full Name (Last, First, Middle Initial)

Mailing Address 10516 Almayo Ave

City Los Angeles	State CA	Zip Code 90064
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FEC ID number of contributing federal political committee. **C**

Name of Employer CA Nurses Asso.	Occupation Labor Rep
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **720.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2013

Transaction ID : C8148556

Amount of Each Receipt this Period

30.00

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 ▼ **720.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2013

Transaction ID : C8273474

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 ▼ **720.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2013

Transaction ID : C8274795

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional).....▶	90.00
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 22 OF 117
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. 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 ▼ 720.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : C8410410
 Amount of Each Receipt this Period
 30.00

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 ▼ 720.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 15 / 2013
Transaction ID : C8410447
 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 ▼ 720.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 31 / 2013
Transaction ID : C8317859
 Amount of Each Receipt this Period
 30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 90.00
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 117
	<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	<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. Farah Davari			Date of Receipt M M / D D / Y Y Y Y Y 11 / 15 / 2013 Transaction ID : C8317896		
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 ▼ 720.00			

Full Name (Last, First, Middle Initial) B. Farah Davari			Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2013 Transaction ID : C8317934		
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 ▼ 720.00			

Full Name (Last, First, Middle Initial) C. Farah Davari			Date of Receipt M M / D D / Y Y Y Y Y 12 / 15 / 2013 Transaction ID : C8408655		
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 ▼ 720.00			

SUBTOTAL of Receipts This Page (optional).....▶	90.00
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 24 OF 117
	<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	<input type="checkbox"/> 17

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

A. 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 ▼
720.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2013

Transaction ID : C8412571

Amount of Each Receipt this Period
30.00

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

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 ▼
261.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	26	/	2013

Transaction ID : C8149119

Amount of Each Receipt this Period
10.00

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

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 ▼
261.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	12	/	2013

Transaction ID : C8273504

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 25 OF 117
	<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	<input type="checkbox"/> 17

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

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

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 ▼
261.00

Date of Receipt
08 / 12 / 2013
Transaction ID : C8274134

Amount of Each Receipt this Period
10.00

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

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 ▼
261.00

Date of Receipt
08 / 16 / 2013
Transaction ID : C8273873

Amount of Each Receipt this Period
10.00

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

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 ▼
261.00

Date of Receipt
09 / 04 / 2013
Transaction ID : C8274909

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 26 OF 117
(check only one)
 11a 11b 11c 12
 13 14 15 16 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 ▼
 261.00

Date of Receipt
 09 / 19 / 2013
Transaction ID : C8275864

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 ▼
 261.00

Date of Receipt
 10 / 08 / 2013
Transaction ID : C8408761

Amount of Each Receipt this Period
 10.00

Full Name (Last, First, Middle Initial)
C. 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 ▼
 261.00

Date of Receipt
 11 / 15 / 2013
Transaction ID : C8409070

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 27 OF 117
	<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. Ayesha E Dillon
 Full Name (Last, First, Middle Initial)
 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 ▼ 261.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2013
Transaction ID : C8409379
 Amount of Each Receipt this Period
 10.00

B. Ayesha E Dillon
 Full Name (Last, First, Middle Initial)
 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 ▼ 261.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 14 / 2013
Transaction ID : C8412606
 Amount of Each Receipt this Period
 10.00

C. Ayesha E Dillon
 Full Name (Last, First, Middle Initial)
 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 ▼ 261.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2013
Transaction ID : C8409844
 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 28 OF 117
	<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. Ayesha E Dillon
 Full Name (Last, First, Middle Initial)
 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 ▼ 261.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2013
Transaction ID : C8410183
 Amount of Each Receipt this Period
 10.00

B. Ayesha E Dillon
 Full Name (Last, First, Middle Initial)
 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 ▼ 261.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2013
Transaction ID : C8413034
 Amount of Each Receipt this Period
 10.00

C. Diane Dombroski
 Full Name (Last, First, Middle Initial)
 Mailing Address 38923 Stanridge Ave.
 City Palmdale State CA Zip Code 93550-3242
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Antelope Valley Occupation Critical Care Rn
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 26 / 2013
Transaction ID : C8149325
 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 29 OF 117
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Diane Dombroski
 Full Name (Last, First, Middle Initial)
 Mailing Address 38923 Stanridge Ave.
 City Palmdale State CA Zip Code 93550-3242
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Antelope Valley Occupation Critical Care Rn
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 05 / 2013
Transaction ID : C8148982
 Amount of Each Receipt this Period
 10.00

B. Diane Dombroski
 Full Name (Last, First, Middle Initial)
 Mailing Address 38923 Stanridge Ave.
 City Palmdale State CA Zip Code 93550-3242
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Antelope Valley Occupation Critical Care Rn
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 12 / 2013
Transaction ID : C8273509
 Amount of Each Receipt this Period
 10.00

C. Diane Dombroski
 Full Name (Last, First, Middle Initial)
 Mailing Address 38923 Stanridge Ave.
 City Palmdale State CA Zip Code 93550-3242
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Antelope Valley Occupation Critical Care Rn
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 19 / 2013
Transaction ID : C8148625
 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 30 OF 117
	<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. Diane Dombroski
Full Name (Last, First, Middle Initial)

Mailing Address 38923 Stanridge Ave.

City Palmdale	State CA	Zip Code 93550-3242
------------------	-------------	------------------------

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

Name of Employer Antelope Valley	Occupation Critical Care Rn
-------------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	03	/	2013

Transaction ID : C8275100

Amount of Each Receipt this Period

10.00

B. Diane Dombroski
Full Name (Last, First, Middle Initial)

Mailing Address 38923 Stanridge Ave.

City Palmdale	State CA	Zip Code 93550-3242
------------------	-------------	------------------------

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

Name of Employer Antelope Valley	Occupation Critical Care Rn
-------------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	10	/	2013

Transaction ID : C8275166

Amount of Each Receipt this Period

10.00

C. Diane Dombroski
Full Name (Last, First, Middle Initial)

Mailing Address 38923 Stanridge Ave.

City Palmdale	State CA	Zip Code 93550-3242
------------------	-------------	------------------------

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

Name of Employer Antelope Valley	Occupation Critical Care Rn
-------------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	19	/	2013

Transaction ID : C8276062

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 31 OF 117
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Diane Dombroski
 Full Name (Last, First, Middle Initial)
 Mailing Address 38923 Stanridge Ave.
 City Palmdale State CA Zip Code 93550-3242
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Antelope Valley Occupation Critical Care Rn
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 08 / 2013
Transaction ID : C8408958
 Amount of Each Receipt this Period
 10.00

B. Diane Dombroski
 Full Name (Last, First, Middle Initial)
 Mailing Address 38923 Stanridge Ave.
 City Palmdale State CA Zip Code 93550-3242
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Antelope Valley Occupation Critical Care Rn
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 15 / 2013
Transaction ID : C8409266
 Amount of Each Receipt this Period
 10.00

C. Diane Dombroski
 Full Name (Last, First, Middle Initial)
 Mailing Address 38923 Stanridge Ave.
 City Palmdale State CA Zip Code 93550-3242
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Antelope Valley Occupation Critical Care Rn
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 15 / 2013
Transaction ID : C8409580
 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 32 OF 117
	<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. Diane Dombroski
Full Name (Last, First, Middle Initial)

Mailing Address 38923 Stanridge Ave.

City Palmdale	State CA	Zip Code 93550-3242
------------------	-------------	------------------------

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

Name of Employer Antelope Valley	Occupation Critical Care Rn
-------------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	12	/	2013

Transaction ID : C8409620

Amount of Each Receipt this Period

10.00

B. Diane Dombroski
Full Name (Last, First, Middle Initial)

Mailing Address 38923 Stanridge Ave.

City Palmdale	State CA	Zip Code 93550-3242
------------------	-------------	------------------------

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

Name of Employer Antelope Valley	Occupation Critical Care Rn
-------------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	14	/	2013

Transaction ID : C8412605

Amount of Each Receipt this Period

10.00

C. Diane Dombroski
Full Name (Last, First, Middle Initial)

Mailing Address 38923 Stanridge Ave.

City Palmdale	State CA	Zip Code 93550-3242
------------------	-------------	------------------------

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

Name of Employer Antelope Valley	Occupation Critical Care Rn
-------------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	19	/	2013

Transaction ID : C8410185

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 33 OF 117
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. Thomas Dunne

Mailing Address P O Box 4737

City State Zip Code
 Berkeley CA 91222

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

Name of Employer Occupation
 Information Requested Labor Rep

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013

Transaction ID : C8148596

Amount of Each Receipt this Period
 50.00

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

Mailing Address P O Box 4737

City State Zip Code
 Berkeley CA 91222

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

Name of Employer Occupation
 Information Requested Labor Rep

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2013

Transaction ID : C8148558

Amount of Each Receipt this Period
 50.00

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

Mailing Address P O Box 4737

City State Zip Code
 Berkeley CA 91222

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

Name of Employer Occupation
 Information Requested Labor Rep

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2013

Transaction ID : C8273476

Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00

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 34 OF 117
	<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	<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 Information Requested	Occupation Labor Rep
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2013

Transaction ID : C8274802

Amount of Each Receipt this Period
50.00

B. 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 Information Requested	Occupation Labor Rep
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

Transaction ID : C8410408

Amount of Each Receipt this Period
50.00

C. 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 Information Requested	Occupation Labor Rep
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2013

Transaction ID : C8410445

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional).....▶	150.00
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 35 OF 117
	<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. 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 Information Requested	Occupation Labor Rep
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2013

Transaction ID : C8317890

Amount of Each Receipt this Period
50.00

B. 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 Information Requested	Occupation Labor Rep
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2013

Transaction ID : C8317927

Amount of Each Receipt this Period
50.00

C. 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 Information Requested	Occupation Labor Rep
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2013

Transaction ID : C8317965

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional).....▶	150.00
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 36 OF 117
<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 Information Requested	Occupation Labor Rep
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2013

Transaction ID : C8408653

Amount of Each Receipt this Period
50.00

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

City Berkeley	State CA	Zip Code 91222
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FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested	Occupation Labor Rep
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2013

Transaction ID : C8412569

Amount of Each Receipt this Period
50.00

C. Sue Fendley
Full Name (Last, First, Middle Initial)
Mailing Address 3024 S Apple Ct

City Antioch	State CA	Zip Code 94509-5228
-----------------	-------------	------------------------

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

Name of Employer National Nurses United	Occupation Labor Rep
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2013

Transaction ID : C8148598

Amount of Each Receipt this Period
10.00

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 37 OF 117
	<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. Sue Fendley
Full Name (Last, First, Middle Initial)

Mailing Address 3024 S Apple Ct

City Antioch State CA Zip Code 94509-5228

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

Name of Employer National Nurses United Occupation Labor Rep

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2013

Transaction ID : C8148560

Amount of Each Receipt this Period
 10.00

B. Sue Fendley
Full Name (Last, First, Middle Initial)

Mailing Address 3024 S Apple Ct

City Antioch State CA Zip Code 94509-5228

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

Name of Employer National Nurses United Occupation Labor Rep

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2013

Transaction ID : C8274797

Amount of Each Receipt this Period
 10.00

C. Sue Fendley
Full Name (Last, First, Middle Initial)

Mailing Address 3024 S Apple Ct

City Antioch State CA Zip Code 94509-5228

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

Name of Employer National Nurses United Occupation Labor Rep

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013

Transaction ID : C8410431

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 38 OF 117
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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

Full Name (Last, First, Middle Initial) A. Sue Fendley		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 15 / 2013 Transaction ID : C8410468
Mailing Address 3024 S Apple Ct		Amount of Each Receipt this Period 10.00
City Antioch	State CA	Zip Code 94509-5228
FEC ID number of contributing federal political committee. C	Name of Employer National Nurses United	Occupation Labor Rep
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) B. Sue Fendley		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2013 Transaction ID : C8317875
Mailing Address 3024 S Apple Ct		Amount of Each Receipt this Period 10.00
City Antioch	State CA	Zip Code 94509-5228
FEC ID number of contributing federal political committee. C	Name of Employer National Nurses United	Occupation Labor Rep
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) C. Sue Fendley		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 15 / 2013 Transaction ID : C8317912
Mailing Address 3024 S Apple Ct		Amount of Each Receipt this Period 10.00
City Antioch	State CA	Zip Code 94509-5228
FEC ID number of contributing federal political committee. C	Name of Employer National Nurses United	Occupation Labor Rep
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

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 39 OF 117
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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. Sue Fendley		Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2013 Transaction ID : C8317950
Mailing Address 3024 S Apple Ct		Amount of Each Receipt this Period 10.00
City Antioch	State CA	Zip Code 94509-5228
FEC ID number of contributing federal political committee. C	Name of Employer National Nurses United	Occupation Labor Rep
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) B. Sue Fendley		Date of Receipt M M / D D / Y Y Y Y Y 12 / 15 / 2013 Transaction ID : C8408676
Mailing Address 3024 S Apple Ct		Amount of Each Receipt this Period 10.00
City Antioch	State CA	Zip Code 94509-5228
FEC ID number of contributing federal political committee. C	Name of Employer National Nurses United	Occupation Labor Rep
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) C. Sue Fendley		Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2013 Transaction ID : C8412592
Mailing Address 3024 S Apple Ct		Amount of Each Receipt this Period 10.00
City Antioch	State CA	Zip Code 94509-5228
FEC ID number of contributing federal political committee. C	Name of Employer National Nurses United	Occupation Labor Rep
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

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 40 OF 117
	<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	<input type="checkbox"/> 17

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

A. Elisabeth Fiekowsky
 Full Name (Last, First, Middle Initial)
 Mailing Address 2855 Old Gravenstein Hwy
 City Sebastapol State CA Zip Code 95473
 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 ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : C8148599
 Amount of Each Receipt this Period
 25.00

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 ▼ 240.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : C8148600
 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 ▼ 240.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 15 / 2013
Transaction ID : C8148561
 Amount of Each Receipt this Period
 10.00

SUBTOTAL of Receipts This Page (optional).....▶	45.00
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 41 OF 117
	<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	<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 ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2013

Transaction ID : C8273479

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 ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2013

Transaction ID : C8274796

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 ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013

Transaction ID : C8410422

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 42 OF 117
	(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"/> 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 ▼
240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2013

Transaction ID : C8410459

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 ▼
240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2013

Transaction ID : C8317860

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 ▼
240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2013

Transaction ID : C8317897

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 43 OF 117
(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. William Gallagher

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 ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2013

Transaction ID : C8317935

Amount of Each Receipt this Period

10.00

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

Mailing Address 388 Museum Drive

City Los Angeles	State CA	Zip Code 90065
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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 ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2013

Transaction ID : C8408667

Amount of Each Receipt this Period

10.00

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

Mailing Address 388 Museum Drive

City Los Angeles	State CA	Zip Code 90065
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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 ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2013

Transaction ID : C8412583

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 44 OF 117
<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. Vera L George
Full Name (Last, First, Middle Initial)
Mailing Address 2526 Sherwood Drive

City San Bruno	State CA	Zip Code 94066
-------------------	-------------	-------------------

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

Name of Employer Information Requested	Occupation Secretary
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07	/	31	/	2013

Transaction ID : C8148601

Amount of Each Receipt this Period
20.00

B. Vera L George
Full Name (Last, First, Middle Initial)
Mailing Address 2526 Sherwood Drive

City San Bruno	State CA	Zip Code 94066
-------------------	-------------	-------------------

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

Name of Employer Information Requested	Occupation Secretary
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	15	/	2013

Transaction ID : C8148562

Amount of Each Receipt this Period
20.00

C. Vera L George
Full Name (Last, First, Middle Initial)
Mailing Address 2526 Sherwood Drive

City San Bruno	State CA	Zip Code 94066
-------------------	-------------	-------------------

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

Name of Employer Information Requested	Occupation Secretary
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	31	/	2013

Transaction ID : C8273480

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 45 OF 117
<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. Vera L George
Full Name (Last, First, Middle Initial)
Mailing Address 2526 Sherwood Drive

City San Bruno	State CA	Zip Code 94066
-------------------	-------------	-------------------

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

Name of Employer Information Requested	Occupation Secretary
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09	/	15	/	2013

Transaction ID : C8274814

Amount of Each Receipt this Period
20.00

B. Vera L George
Full Name (Last, First, Middle Initial)
Mailing Address 2526 Sherwood Drive

City San Bruno	State CA	Zip Code 94066
-------------------	-------------	-------------------

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

Name of Employer Information Requested	Occupation Secretary
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09	/	30	/	2013

Transaction ID : C8410417

Amount of Each Receipt this Period
20.00

C. Vera L George
Full Name (Last, First, Middle Initial)
Mailing Address 2526 Sherwood Drive

City San Bruno	State CA	Zip Code 94066
-------------------	-------------	-------------------

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

Name of Employer Information Requested	Occupation Secretary
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	15	/	2013

Transaction ID : C8410454

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 46 OF 117
<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

Full Name (Last, First, Middle Initial) A. Vera L George		Date of Receipt
Mailing Address 2526 Sherwood Drive		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City	State	Zip Code
San Bruno	CA	94066
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : C8317882
Name of Employer		Amount of Each Receipt this Period
Occupation		<input type="text" value="20.00"/>
Information Requested		
Secretary		
Receipt For:		Aggregate Year-to-Date ▼
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="280.00"/>
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Vera L George		Date of Receipt
Mailing Address 2526 Sherwood Drive		<input type="text" value="11"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>
City	State	Zip Code
San Bruno	CA	94066
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : C8317919
Name of Employer		Amount of Each Receipt this Period
Occupation		<input type="text" value="20.00"/>
Information Requested		
Secretary		
Receipt For:		Aggregate Year-to-Date ▼
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="280.00"/>
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Vera L George		Date of Receipt
Mailing Address 2526 Sherwood Drive		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
San Bruno	CA	94066
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : C8317957
Name of Employer		Amount of Each Receipt this Period
Occupation		<input type="text" value="20.00"/>
Information Requested		
Secretary		
Receipt For:		Aggregate Year-to-Date ▼
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="280.00"/>
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="60.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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 47 OF 117
	<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. Vera L George
Full Name (Last, First, Middle Initial)

Mailing Address 2526 Sherwood Drive

City San Bruno State CA Zip Code 94066

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

Name of Employer Occupation
Information Requested Secretary

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt
12 / 15 / 2013
Transaction ID : **C8408662**

Amount of Each Receipt this Period
20.00

B. Vera L George
Full Name (Last, First, Middle Initial)

Mailing Address 2526 Sherwood Drive

City San Bruno State CA Zip Code 94066

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

Name of Employer Occupation
Information Requested Secretary

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt
12 / 31 / 2013
Transaction ID : **C8412579**

Amount of Each Receipt this Period
20.00

C. 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 Occupation
CA Nurses Asso. Labor Rep

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
07 / 31 / 2013
Transaction ID : **C8148602**

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 50.00

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 48 OF 117
	<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	<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 ▼ 240.00

Date of Receipt
08 / 15 / 2013
Transaction ID : C8148563

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 ▼ 240.00

Date of Receipt
08 / 31 / 2013
Transaction ID : C8273481

Amount of Each Receipt this Period
10.00

C. 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 ▼ 240.00

Date of Receipt
09 / 15 / 2013
Transaction ID : C8274803

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 49 OF 117
(check only one)
 11a 11b 11c 12
 13 14 15 16 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 ▼ 240.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : C8410423
 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 ▼ 240.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 15 / 2013
Transaction ID : C8410460
 Amount of Each Receipt this Period
 10.00

C. 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 ▼ 240.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 31 / 2013
Transaction ID : C8317861
 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 50 OF 117
	<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	<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 ▼ 240.00

Date of Receipt
 11 / 15 / 2013
Transaction ID : C8317898
 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 ▼ 240.00

Date of Receipt
 11 / 30 / 2013
Transaction ID : C8317936
 Amount of Each Receipt this Period
 10.00

C. 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 ▼ 240.00

Date of Receipt
 12 / 15 / 2013
Transaction ID : C8408668
 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 51 OF 117
	<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	<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 ▼ 240.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2013
Transaction ID : C8412584
 Amount of Each Receipt this Period
 10.00

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 ▼ 480.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : C8148603
 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 ▼ 480.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 15 / 2013
Transaction ID : C8148564
 Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional).....▶	50.00
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 52 OF 117
<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. 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 ▼ **480.00**

Date of Receipt **08 / 31 / 2013**

Transaction ID : C8273482

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 ▼ **480.00**

Date of Receipt **09 / 15 / 2013**

Transaction ID : C8274804

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 ▼ **480.00**

Date of Receipt **09 / 30 / 2013**

Transaction ID : C8410414

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 53 OF 117
<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. Michelle Grisat		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 15 / 2013 Transaction ID : C8410451
Mailing Address 50 Landers St		Amount of Each Receipt this Period 20.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) B. Michelle Grisat		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2013 Transaction ID : C8317862
Mailing Address 50 Landers St		Amount of Each Receipt this Period 20.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) C. Michelle Grisat		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 15 / 2013 Transaction ID : C8317899
Mailing Address 50 Landers St		Amount of Each Receipt this Period 20.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

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 54 OF 117
	<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	<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 ▼ **480.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2013

Transaction ID : C8317937

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 ▼ **480.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 15 / 2013

Transaction ID : C8408659

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 ▼ **480.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2013

Transaction ID : C8412575

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: PAGE 55 OF 117
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. Marcia E. Hogue

Mailing Address 8609 Hawley Way

City State Zip Code
 Elk Grove CA 95624-4575

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

Name of Employer Occupation
 Kaiser So Sac STAFF NURSE III

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **261.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 26 / 2013

Transaction ID : C8149160

Amount of Each Receipt this Period
10.00

Full Name (Last, First, Middle Initial)
B. Marcia E. Hogue

Mailing Address 8609 Hawley Way

City State Zip Code
 Elk Grove CA 95624-4575

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

Name of Employer Occupation
 Kaiser So Sac STAFF NURSE III

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **261.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 12 / 2013

Transaction ID : C8273505

Amount of Each Receipt this Period
20.00

Full Name (Last, First, Middle Initial)
C. Marcia E. Hogue

Mailing Address 8609 Hawley Way

City State Zip Code
 Elk Grove CA 95624-4575

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

Name of Employer Occupation
 Kaiser So Sac STAFF NURSE III

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **261.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 12 / 2013

Transaction ID : C8274173

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **40.00**

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 56 OF 117
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. Marcia E. Hogue

Mailing Address 8609 Hawley Way

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 261.00

Date of Receipt
 08 / 16 / 2013
Transaction ID : C8273915

Amount of Each Receipt this Period
 10.00

Full Name (Last, First, Middle Initial)
B. Marcia E. Hogue

Mailing Address 8609 Hawley Way

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 261.00

Date of Receipt
 09 / 04 / 2013
Transaction ID : C8274948

Amount of Each Receipt this Period
 10.00

Full Name (Last, First, Middle Initial)
C. Marcia E. Hogue

Mailing Address 8609 Hawley Way

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 261.00

Date of Receipt
 09 / 19 / 2013
Transaction ID : C8275902

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 57 OF 117
	<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	<input type="checkbox"/> 17

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

A. Marcia E. Hogue
Full Name (Last, First, Middle Initial)

Mailing Address 8609 Hawley Way

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
261.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	08	/	2013

Transaction ID : C8408800

Amount of Each Receipt this Period

10.00

B. Marcia E. Hogue
Full Name (Last, First, Middle Initial)

Mailing Address 8609 Hawley Way

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
261.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2013

Transaction ID : C8409108

Amount of Each Receipt this Period

10.00

C. Marcia E. Hogue
Full Name (Last, First, Middle Initial)

Mailing Address 8609 Hawley Way

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
261.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2013

Transaction ID : C8409421

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 58 OF 117
	(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) A. Marcia E. Hogue			Date of Receipt M M / D D / Y Y Y Y Y 12 / 14 / 2013 Transaction ID : C8412608
Mailing Address 8609 Hawley Way			Amount of Each Receipt this Period 10.00
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 ▼ 261.00		

Full Name (Last, First, Middle Initial) B. Marcia E. Hogue			Date of Receipt M M / D D / Y Y Y Y Y 12 / 19 / 2013 Transaction ID : C8409845
Mailing Address 8609 Hawley Way			Amount of Each Receipt this Period 10.00
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 ▼ 261.00		

Full Name (Last, First, Middle Initial) C. Marcia E. Hogue			Date of Receipt M M / D D / Y Y Y Y Y 12 / 19 / 2013 Transaction ID : C8410241
Mailing Address 8609 Hawley Way			Amount of Each Receipt this Period 10.00
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 ▼ 261.00		

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 59 OF 117
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. Marcia E. Hogue

Mailing Address 8609 Hawley Way

City State Zip Code
 Elk Grove CA 95624-4575

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

Name of Employer Occupation
 Kaiser So Sac STAFF NURSE III

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 261.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2013
Transaction ID : C8413077

Amount of Each Receipt this Period
 10.00

Full Name (Last, First, Middle Initial)
B. Mohammad Kashmiri

Mailing Address 3726 Fruitvale Ave

City State Zip Code
 Oakland CA 94611

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

Name of Employer Occupation
 Information Requested Labor Rep

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : C8148607

Amount of Each Receipt this Period
 25.00

Full Name (Last, First, Middle Initial)
C. Mohammad Kashmiri

Mailing Address 3726 Fruitvale Ave

City State Zip Code
 Oakland CA 94611

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

Name of Employer Occupation
 Information Requested Labor Rep

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2013
Transaction ID : C8148568

Amount of Each Receipt this Period
 25.00

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: PAGE 60 OF 117
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. Mohammad Kashmiri

Mailing Address 3726 Fruitvale Ave

City State Zip Code
 Oakland CA 94611

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

Name of Employer Occupation
 Information Requested Labor Rep

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2013

Transaction ID : C8273486

Amount of Each Receipt this Period
 25.00

Full Name (Last, First, Middle Initial)
B. Mohammad Kashmiri

Mailing Address 3726 Fruitvale Ave

City State Zip Code
 Oakland CA 94611

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

Name of Employer Occupation
 Information Requested Labor Rep

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2013

Transaction ID : C8274817

Amount of Each Receipt this Period
 25.00

Full Name (Last, First, Middle Initial)
C. Mohammad Kashmiri

Mailing Address 3726 Fruitvale Ave

City State Zip Code
 Oakland CA 94611

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

Name of Employer Occupation
 Information Requested Labor Rep

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013

Transaction ID : C8410412

Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

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 61 OF 117
	<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	<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. Mohammad Kashmiri		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 15 / 2013 Transaction ID : C8410449
Mailing Address 3726 Fruitvale Ave		Amount of Each Receipt this Period 25.00
City Oakland	State CA	Zip Code 94611
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 275.00
Name of Employer Information Requested	Occupation Labor Rep	Aggregate Year-to-Date ▼
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	275.00	

Full Name (Last, First, Middle Initial) B. Mohammad Kashmiri		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2013 Transaction ID : C8317888
Mailing Address 3726 Fruitvale Ave		Amount of Each Receipt this Period 25.00
City Oakland	State CA	Zip Code 94611
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 275.00
Name of Employer Information Requested	Occupation Labor Rep	Aggregate Year-to-Date ▼
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	275.00	

Full Name (Last, First, Middle Initial) C. Mohammad Kashmiri		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 15 / 2013 Transaction ID : C8317925
Mailing Address 3726 Fruitvale Ave		Amount of Each Receipt this Period 25.00
City Oakland	State CA	Zip Code 94611
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 275.00
Name of Employer Information Requested	Occupation Labor Rep	Aggregate Year-to-Date ▼
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	275.00	

SUBTOTAL of Receipts This Page (optional).....▶	75.00
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 62 OF 117
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Mohammad Kashmiri
 Full Name (Last, First, Middle Initial)
 Mailing Address 3726 Fruitvale Ave
 City Oakland State CA Zip Code 94611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation Information Requested Labor Rep
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2013
Transaction ID : C8317963
 Amount of Each Receipt this Period
 25.00

B. Mohammad Kashmiri
 Full Name (Last, First, Middle Initial)
 Mailing Address 3726 Fruitvale Ave
 City Oakland State CA Zip Code 94611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation Information Requested Labor Rep
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 15 / 2013
Transaction ID : C8408657
 Amount of Each Receipt this Period
 25.00

C. Mohammad Kashmiri
 Full Name (Last, First, Middle Initial)
 Mailing Address 3726 Fruitvale Ave
 City Oakland State CA Zip Code 94611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation Information Requested Labor Rep
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2013
Transaction ID : C8412573
 Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00
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 63 OF 117
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Kathleen A Keith
 Full Name (Last, First, Middle Initial)
 Mailing Address 5895 97 Circle North
 City Pinellas Park State FL Zip Code 33782
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northside Occupation RN Progressive Care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 05 / 2013
Transaction ID : C8148986
 Amount of Each Receipt this Period
 10.00

B. Kathleen A Keith
 Full Name (Last, First, Middle Initial)
 Mailing Address 5895 97 Circle North
 City Pinellas Park State FL Zip Code 33782
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northside Occupation RN Progressive Care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 19 / 2013
Transaction ID : C8148629
 Amount of Each Receipt this Period
 10.00

C. Kathleen A Keith
 Full Name (Last, First, Middle Initial)
 Mailing Address 5895 97 Circle North
 City Pinellas Park State FL Zip Code 33782
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northside Occupation RN Progressive Care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 03 / 2013
Transaction ID : C8275104
 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 64 OF 117
	<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	<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. Kathleen A Keith		Date of Receipt MM / DD / YYYY 09 / 10 / 2013 Transaction ID : C8275170
Mailing Address 5895 97 Circle North		Amount of Each Receipt this Period 10.00
City Pinellas Park	State FL	Zip Code 33782
FEC ID number of contributing federal political committee. C	Name of Employer Northside	Occupation RN Progressive Care
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	

Full Name (Last, First, Middle Initial) B. Kathleen A Keith		Date of Receipt MM / DD / YYYY 09 / 19 / 2013 Transaction ID : C8276091
Mailing Address 5895 97 Circle North		Amount of Each Receipt this Period 10.00
City Pinellas Park	State FL	Zip Code 33782
FEC ID number of contributing federal political committee. C	Name of Employer Northside	Occupation RN Progressive Care
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	

Full Name (Last, First, Middle Initial) C. Kathleen A Keith		Date of Receipt MM / DD / YYYY 10 / 08 / 2013 Transaction ID : C8408987
Mailing Address 5895 97 Circle North		Amount of Each Receipt this Period 10.00
City Pinellas Park	State FL	Zip Code 33782
FEC ID number of contributing federal political committee. C	Name of Employer Northside	Occupation RN Progressive Care
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 65 OF 117
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Kathleen A Keith
 Full Name (Last, First, Middle Initial)
 Mailing Address 5895 97 Circle North
 City Pinellas Park State FL Zip Code 33782
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northside Occupation RN Progressive Care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 15 / 2013
Transaction ID : C8409294
 Amount of Each Receipt this Period
 10.00

B. Kathleen A Keith
 Full Name (Last, First, Middle Initial)
 Mailing Address 5895 97 Circle North
 City Pinellas Park State FL Zip Code 33782
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northside Occupation RN Progressive Care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 15 / 2013
Transaction ID : C8409609
 Amount of Each Receipt this Period
 10.00

C. Kathleen A Keith
 Full Name (Last, First, Middle Initial)
 Mailing Address 5895 97 Circle North
 City Pinellas Park State FL Zip Code 33782
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northside Occupation RN Progressive Care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 14 / 2013
Transaction ID : C8412611
 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 66 OF 117
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Kathleen A Keith
 Full Name (Last, First, Middle Initial)
 Mailing Address 5895 97 Circle North
 City Pinellas Park State FL Zip Code 33782
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northside Occupation RN Progressive Care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 19 / 2013
Transaction ID : C8410260
 Amount of Each Receipt this Period
 10.00

B. Kathleen A Keith
 Full Name (Last, First, Middle Initial)
 Mailing Address 5895 97 Circle North
 City Pinellas Park State FL Zip Code 33782
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northside Occupation RN Progressive Care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 21 / 2013
Transaction ID : C8412924
 Amount of Each Receipt this Period
 10.00

C. Kathleen A Keith
 Full Name (Last, First, Middle Initial)
 Mailing Address 5895 97 Circle North
 City Pinellas Park State FL Zip Code 33782
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northside Occupation RN Progressive Care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 28 / 2013
Transaction ID : C8413095
 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 67 OF 117
	<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	<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. 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 ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : C8148608

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 ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 15 / 2013
Transaction ID : C8148569

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 ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 31 / 2013
Transaction ID : C8273487

Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional).....▶	75.00
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 68 OF 117
<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

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

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 ▼ **600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 15 / 2013

Transaction ID : C8274806

Amount of Each Receipt this Period
 25.00

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

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 ▼ **600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 30 / 2013

Transaction ID : C8410411

Amount of Each Receipt this Period
 25.00

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

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 ▼ **600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 15 / 2013

Transaction ID : C8410448

Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **75.00**

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 69 OF 117
<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 ▼ **600.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2013

Transaction ID : C8317864

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 ▼ **600.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2013

Transaction ID : C8317901

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 ▼ **600.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2013

Transaction ID : C8317939

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional).....▶	75.00
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 70 OF 117
	<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. 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 ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2013

Transaction ID : C8408656

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 ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2013

Transaction ID : C8412572

Amount of Each Receipt this Period
25.00

C. Shelly-Ann A Lynch-Small
Full Name (Last, First, Middle Initial)

Mailing Address 3050 52nd Ave S

City St Petersburg	State FL	Zip Code 33713
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FEC ID number of contributing federal political committee. **C**

Name of Employer Northside	Occupation RN Critical Care
-------------------------------	--------------------------------

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
08	/	05	/	2013

Transaction ID : C8148987

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: PAGE 71 OF 117
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Shelly-Ann A Lynch-Small
 Full Name (Last, First, Middle Initial)
 Mailing Address 3050 52nd Ave S
 City St Petersburg State FL Zip Code 33713
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northside Occupation RN Critical Care
 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
 08 / 19 / 2013
Transaction ID : C8148630
 Amount of Each Receipt this Period
 10.00

B. Shelly-Ann A Lynch-Small
 Full Name (Last, First, Middle Initial)
 Mailing Address 3050 52nd Ave S
 City St Petersburg State FL Zip Code 33713
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northside Occupation RN Critical Care
 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
 09 / 03 / 2013
Transaction ID : C8275105
 Amount of Each Receipt this Period
 10.00

C. Shelly-Ann A Lynch-Small
 Full Name (Last, First, Middle Initial)
 Mailing Address 3050 52nd Ave S
 City St Petersburg State FL Zip Code 33713
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northside Occupation RN Critical Care
 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
 09 / 10 / 2013
Transaction ID : C8275171
 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 72 OF 117
	<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	<input type="checkbox"/> 17

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

A. Shelly-Ann A Lynch-Small
 Full Name (Last, First, Middle Initial)
 Mailing Address 3050 52nd Ave S
 City St Petersburg State FL Zip Code 33713
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northside Occupation RN Critical Care
 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
 09 / 19 / 2013
Transaction ID : C8276092
 Amount of Each Receipt this Period
 10.00

B. Shelly-Ann A Lynch-Small
 Full Name (Last, First, Middle Initial)
 Mailing Address 3050 52nd Ave S
 City St Petersburg State FL Zip Code 33713
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northside Occupation RN Critical Care
 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
 10 / 08 / 2013
Transaction ID : C8408988
 Amount of Each Receipt this Period
 10.00

C. Shelly-Ann A Lynch-Small
 Full Name (Last, First, Middle Initial)
 Mailing Address 3050 52nd Ave S
 City St Petersburg State FL Zip Code 33713
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northside Occupation RN Critical Care
 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 / 15 / 2013
Transaction ID : C8409295
 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 73 OF 117
	<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. Shelly-Ann A Lynch-Small			Date of Receipt
Mailing Address 3050 52nd Ave S			<input type="text" value="11"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>
City	State	Zip Code	Transaction ID : C8409610
St Petersburg	FL	33713	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="10.00"/>
Name of Employer	Occupation		
Northside	RN Critical Care		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="255.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Shelly-Ann A Lynch-Small			Date of Receipt
Mailing Address 3050 52nd Ave S			<input type="text" value="12"/> / <input type="text" value="14"/> / <input type="text" value="2013"/>
City	State	Zip Code	Transaction ID : C8412612
St Petersburg	FL	33713	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="10.00"/>
Name of Employer	Occupation		
Northside	RN Critical Care		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="255.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Shelly-Ann A Lynch-Small			Date of Receipt
Mailing Address 3050 52nd Ave S			<input type="text" value="12"/> / <input type="text" value="19"/> / <input type="text" value="2013"/>
City	State	Zip Code	Transaction ID : C8410289
St Petersburg	FL	33713	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="10.00"/>
Name of Employer	Occupation		
Northside	RN Critical Care		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="255.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="30.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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 74 OF 117
	<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. Shelly-Ann A Lynch-Small		Date of Receipt
Mailing Address 3050 52nd Ave S		<input type="text" value="12"/> / <input type="text" value="21"/> / <input type="text" value="2013"/>
City State Zip Code St Petersburg FL 33713		Transaction ID : C8412928
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation Northside RN Critical Care		<input type="text" value="10.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="255.00"/>	

Full Name (Last, First, Middle Initial) B. Shelly-Ann A Lynch-Small		Date of Receipt
Mailing Address 3050 52nd Ave S		<input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2013"/>
City State Zip Code St Petersburg FL 33713		Transaction ID : C8413123
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation Northside RN Critical Care		<input type="text" value="10.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="255.00"/>	

Full Name (Last, First, Middle Initial) C. Yakini Martin		Date of Receipt
Mailing Address 3541 37th Street		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City State Zip Code Sacramento CA 95817		Transaction ID : C8148610
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation CA Nurses Asso. Organizer		<input type="text" value="10.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="240.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="30.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 75 OF 117
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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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 ▼
240.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 15 / 2013
Transaction ID : C8148571

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 ▼
240.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 31 / 2013
Transaction ID : C8273489

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 ▼
240.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 15 / 2013
Transaction ID : C8274808

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 76 OF 117
	<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	<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 ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

Transaction ID : C8410425

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 ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2013

Transaction ID : C8410462

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 ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2013

Transaction ID : C8317866

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 77 OF 117
	<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	<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 ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2013

Transaction ID : C8317903

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 ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2013

Transaction ID : C8317941

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 ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2013

Transaction ID : C8408670

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 78 OF 117
	<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	<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 ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2013

Transaction ID : C8412586

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 ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2013

Transaction ID : C8148613

Amount of Each Receipt this Period

10.00

C. 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 ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2013

Transaction ID : C8148574

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 79 OF 117
<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. Melissa Montenegro		Date of Receipt MM / DD / YYYY 08 / 31 / 2013 Transaction ID : C8273492
Mailing Address 1062 El Paso Dr.		Amount of Each Receipt this Period 10.00
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: <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. Melissa Montenegro		Date of Receipt MM / DD / YYYY 09 / 15 / 2013 Transaction ID : C8274811
Mailing Address 1062 El Paso Dr.		Amount of Each Receipt this Period 10.00
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: <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) C. Melissa Montenegro		Date of Receipt MM / DD / YYYY 09 / 30 / 2013 Transaction ID : C8410426
Mailing Address 1062 El Paso Dr.		Amount of Each Receipt this Period 10.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

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 80 OF 117
<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. 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 ▼ 240.00

Date of Receipt
10 / 15 / 2013
Transaction ID : C8410463
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 ▼ 240.00

Date of Receipt
10 / 31 / 2013
Transaction ID : C8317869
Amount of Each Receipt this Period
10.00

C. 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 ▼ 240.00

Date of Receipt
11 / 15 / 2013
Transaction ID : C8317906
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 81 OF 117
	<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	<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 ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2013
Transaction ID : C8317944
 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 ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2013
Transaction ID : C8408671
 Amount of Each Receipt this Period
 10.00

C. 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 ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2013
Transaction ID : C8412587
 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 82 OF 117
	<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	<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 ▼ 240.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : C8148614

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 ▼ 240.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 15 / 2013
Transaction ID : C8148575

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 ▼ 240.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 31 / 2013
Transaction ID : C8273493

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 83 OF 117
	<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. Julie Travis Rogers		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 15 / 2013 Transaction ID : C8274819
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		
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 ▼ 240.00	

Full Name (Last, First, Middle Initial) B. Julie Travis Rogers		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2013 Transaction ID : C8410427
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		
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 ▼ 240.00	

Full Name (Last, First, Middle Initial) C. Julie Travis Rogers		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 15 / 2013 Transaction ID : C8410464
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		
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 ▼ 240.00	

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 84 OF 117
<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. Julie Travis Rogers		Date of Receipt M M / D D / Y Y Y Y Y 10 / 31 / 2013 Transaction ID : C8317870
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		
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 ▼ 240.00	

Full Name (Last, First, Middle Initial) B. Julie Travis Rogers		Date of Receipt M M / D D / Y Y Y Y Y 11 / 15 / 2013 Transaction ID : C8317907
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		
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 ▼ 240.00	

Full Name (Last, First, Middle Initial) C. Julie Travis Rogers		Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2013 Transaction ID : C8317945
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		
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 ▼ 240.00	

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 85 OF 117
	<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. Julie Travis Rogers		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 15 / 2013 Transaction ID : C8408672
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	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 ▼ 240.00	

Full Name (Last, First, Middle Initial) B. Julie Travis Rogers		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2013 Transaction ID : C8412588
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	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 ▼ 240.00	

Full Name (Last, First, Middle Initial) C. Raquel Ruiz		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2013 Transaction ID : C8148615
Mailing Address 34518 Venturi Ave		Amount of Each Receipt this Period 10.00
City Beaumont	State CA	Zip Code 92223
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	

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 86 OF 117
<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. Raquel Ruiz
Full Name (Last, First, Middle Initial)
Mailing Address 34518 Venturi Ave

City Beaumont	State CA	Zip Code 92223
------------------	-------------	-------------------

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 ▼ **240.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2013

Transaction ID : C8148576

Amount of Each Receipt this Period

10.00

B. Raquel Ruiz
Full Name (Last, First, Middle Initial)
Mailing Address 34518 Venturi Ave

City Beaumont	State CA	Zip Code 92223
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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 ▼ **240.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2013

Transaction ID : C8273494

Amount of Each Receipt this Period

10.00

C. Raquel Ruiz
Full Name (Last, First, Middle Initial)
Mailing Address 34518 Venturi Ave

City Beaumont	State CA	Zip Code 92223
------------------	-------------	-------------------

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 ▼ **240.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2013

Transaction ID : C8274820

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 87 OF 117
	<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	<input type="checkbox"/> 17

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

A. Raquel Ruiz
Full Name (Last, First, Middle Initial)
Mailing Address 34518 Venturi Ave

City Beaumont	State CA	Zip Code 92223
------------------	-------------	-------------------

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 ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

Transaction ID : C8410428

Amount of Each Receipt this Period

10.00

B. Raquel Ruiz
Full Name (Last, First, Middle Initial)
Mailing Address 34518 Venturi Ave

City Beaumont	State CA	Zip Code 92223
------------------	-------------	-------------------

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 ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2013

Transaction ID : C8410465

Amount of Each Receipt this Period

10.00

C. Raquel Ruiz
Full Name (Last, First, Middle Initial)
Mailing Address 34518 Venturi Ave

City Beaumont	State CA	Zip Code 92223
------------------	-------------	-------------------

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 ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2013

Transaction ID : C8317871

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 88 OF 117
<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. Raquel Ruiz		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 15 / 2013 Transaction ID : C8317908
Mailing Address 34518 Venturi Ave		Amount of Each Receipt this Period 10.00
City Beaumont	State CA	Zip Code 92223
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. Raquel Ruiz		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2013 Transaction ID : C8317946
Mailing Address 34518 Venturi Ave		Amount of Each Receipt this Period 10.00
City Beaumont	State CA	Zip Code 92223
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) C. Raquel Ruiz		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 15 / 2013 Transaction ID : C8408673
Mailing Address 34518 Venturi Ave		Amount of Each Receipt this Period 10.00
City Beaumont	State CA	Zip Code 92223
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	

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 89 OF 117
	<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	<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. Raquel Ruiz		Date of Receipt
Mailing Address 34518 Venturi Ave		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City	State	Zip Code
Beaumont	CA	92223
FEC ID number of contributing federal political committee.		Transaction ID : C8412589
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="10.00"/>
Name of Employer	Occupation	
CA Nurses Asso.	Labor Rep	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="240.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Teodolinda Sekins		Date of Receipt
Mailing Address 2911 Walton Ct		<input type="text" value="07"/> / <input type="text" value="26"/> / <input type="text" value="2013"/>
City	State	Zip Code
Pinole	CA	94564-1030
FEC ID number of contributing federal political committee.		Transaction ID : C8149271
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="10.00"/>
Name of Employer	Occupation	
Kaiser Walnut Creek	Staff Nurse li	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="265.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Teodolinda Sekins		Date of Receipt
Mailing Address 2911 Walton Ct		<input type="text" value="08"/> / <input type="text" value="12"/> / <input type="text" value="2013"/>
City	State	Zip Code
Pinole	CA	94564-1030
FEC ID number of contributing federal political committee.		Transaction ID : C8273508
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="20.00"/>
Name of Employer	Occupation	
Kaiser Walnut Creek	Staff Nurse li	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="265.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="40.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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 90 OF 117
	<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. Teodolinda Sekins
Full Name (Last, First, Middle Initial)

Mailing Address 2911 Walton Ct

City Pinole	State CA	Zip Code 94564-1030
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FEC ID number of contributing federal political committee. **C**

Name of Employer Kaiser Walnut Creek	Occupation Staff Nurse li
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
265.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	12	/	2013

Transaction ID : C8274284

Amount of Each Receipt this Period

10.00

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

Mailing Address 2911 Walton Ct

City Pinole	State CA	Zip Code 94564-1030
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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 ▼
265.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	16	/	2013

Transaction ID : C8274025

Amount of Each Receipt this Period

10.00

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

Mailing Address 2911 Walton Ct

City Pinole	State CA	Zip Code 94564-1030
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FEC ID number of contributing federal political committee. **C**

Name of Employer Kaiser Walnut Creek	Occupation Staff Nurse li
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
265.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2013

Transaction ID : C8275058

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 91 OF 117
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Teodolinda Sekins
Full Name (Last, First, Middle Initial)
Mailing Address 2911 Walton Ct

City Pinole	State CA	Zip Code 94564-1030
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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 ▼
265.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	19	/	2013

Transaction ID : C8276010

Amount of Each Receipt this Period

10.00

B. Teodolinda Sekins
Full Name (Last, First, Middle Initial)
Mailing Address 2911 Walton Ct

City Pinole	State CA	Zip Code 94564-1030
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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 ▼
265.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	08	/	2013

Transaction ID : C8408907

Amount of Each Receipt this Period

10.00

C. Teodolinda Sekins
Full Name (Last, First, Middle Initial)
Mailing Address 2911 Walton Ct

City Pinole	State CA	Zip Code 94564-1030
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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 ▼
265.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2013

Transaction ID : C8409215

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 92 OF 117
	<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"/>	<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. Teodolinda Sekins		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 15 / 2013 Transaction ID : C8409528
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		
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) ▼	Aggregate Year-to-Date ▼ 265.00	

Full Name (Last, First, Middle Initial) B. Teodolinda Sekins		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 14 / 2013 Transaction ID : C8412609
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		
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) ▼	Aggregate Year-to-Date ▼ 265.00	

Full Name (Last, First, Middle Initial) C. Teodolinda Sekins		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 19 / 2013 Transaction ID : C8409849
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		
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) ▼	Aggregate Year-to-Date ▼ 265.00	

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 93 OF 117
	<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. Teodolinda Sekins
Full Name (Last, First, Middle Initial)

Mailing Address 2911 Walton Ct

City Pinole	State CA	Zip Code 94564-1030
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FEC ID number of contributing federal political committee. **C**

Name of Employer Kaiser Walnut Creek	Occupation Staff Nurse li
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
265.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2013

Transaction ID : C8410365

Amount of Each Receipt this Period

10.00

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

Mailing Address 2911 Walton Ct

City Pinole	State CA	Zip Code 94564-1030
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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 ▼
265.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2013

Transaction ID : C8413194

Amount of Each Receipt this Period

10.00

C. Brandie A Stewart
Full Name (Last, First, Middle Initial)

Mailing Address 6705 34th Ave W

City Bradenton	State FL	Zip Code 34209
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FEC ID number of contributing federal political committee. **C**

Name of Employer Blake	Occupation RN Specialty
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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
08	/	05	/	2013

Transaction ID : C8148983

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 94 OF 117
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Brandie A Stewart
 Full Name (Last, First, Middle Initial)
 Mailing Address 6705 34th Ave W
 City Bradenton State FL Zip Code 34209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Blake RN Specialty
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 255.00

Date of Receipt
 08 / 19 / 2013
Transaction ID : C8148626
 Amount of Each Receipt this Period
 10.00

B. Brandie A Stewart
 Full Name (Last, First, Middle Initial)
 Mailing Address 6705 34th Ave W
 City Bradenton State FL Zip Code 34209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Blake RN Specialty
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 255.00

Date of Receipt
 09 / 03 / 2013
Transaction ID : C8275101
 Amount of Each Receipt this Period
 10.00

C. Brandie A Stewart
 Full Name (Last, First, Middle Initial)
 Mailing Address 6705 34th Ave W
 City Bradenton State FL Zip Code 34209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Blake RN Specialty
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 255.00

Date of Receipt
 09 / 10 / 2013
Transaction ID : C8275167
 Amount of Each Receipt this Period
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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 95 OF 117
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Brandie A Stewart
 Full Name (Last, First, Middle Initial)
 Mailing Address 6705 34th Ave W
 City Bradenton State FL Zip Code 34209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Blake RN Specialty
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 255.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 19 / 2013
Transaction ID : C8276087
 Amount of Each Receipt this Period
 10.00

B. Brandie A Stewart
 Full Name (Last, First, Middle Initial)
 Mailing Address 6705 34th Ave W
 City Bradenton State FL Zip Code 34209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Blake RN Specialty
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 255.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 08 / 2013
Transaction ID : C8408983
 Amount of Each Receipt this Period
 10.00

C. Brandie A Stewart
 Full Name (Last, First, Middle Initial)
 Mailing Address 6705 34th Ave W
 City Bradenton State FL Zip Code 34209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Blake RN Specialty
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 255.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 15 / 2013
Transaction ID : C8409290
 Amount of Each Receipt this Period
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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 96 OF 117
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	<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. Brandie A Stewart		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 15 / 2013 Transaction ID : C8409605
Mailing Address 6705 34th Ave W		Amount of Each Receipt this Period 10.00
City Bradenton	State FL	Zip Code 34209
FEC ID number of contributing federal political committee. C		
Name of Employer Blake	Occupation RN Specialty	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	

Full Name (Last, First, Middle Initial) B. Brandie A Stewart		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 14 / 2013 Transaction ID : C8412610
Mailing Address 6705 34th Ave W		Amount of Each Receipt this Period 10.00
City Bradenton	State FL	Zip Code 34209
FEC ID number of contributing federal political committee. C		
Name of Employer Blake	Occupation RN Specialty	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	

Full Name (Last, First, Middle Initial) C. Brandie A Stewart		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 19 / 2013 Transaction ID : C8410372
Mailing Address 6705 34th Ave W		Amount of Each Receipt this Period 10.00
City Bradenton	State FL	Zip Code 34209
FEC ID number of contributing federal political committee. C		
Name of Employer Blake	Occupation RN Specialty	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	

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 97 OF 117
	<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. Brandie A Stewart
Full Name (Last, First, Middle Initial)
Mailing Address 6705 34th Ave W

City Bradenton	State FL	Zip Code 34209
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FEC ID number of contributing federal political committee. **C**

Name of Employer Blake	Occupation RN Specialty
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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	/	21	/	2013

Transaction ID : C8412923

Amount of Each Receipt this Period

10.00

B. Brandie A Stewart
Full Name (Last, First, Middle Initial)
Mailing Address 6705 34th Ave W

City Bradenton	State FL	Zip Code 34209
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FEC ID number of contributing federal political committee. **C**

Name of Employer Blake	Occupation RN Specialty
---------------------------	----------------------------

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	/	28	/	2013

Transaction ID : C8413200

Amount of Each Receipt this Period

10.00

C. Roselily A Story
Full Name (Last, First, Middle Initial)
Mailing Address 1624 52nd Street S

City Gulfport	State FL	Zip Code 33707
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FEC ID number of contributing federal political committee. **C**

Name of Employer St. Petersburg	Occupation RN Med/Surg
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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
08	/	05	/	2013

Transaction ID : C8148985

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 98 OF 117
<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. Roselily A Story		Date of Receipt
Mailing Address 1624 52nd Street S		<input type="text" value="08"/> / <input type="text" value="19"/> / <input type="text" value="2013"/>
City State Zip Code Gulfport FL 33707		Transaction ID : C8148628
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="10.00"/>
Name of Employer St. Petersburg	Occupation RN Med/Surg	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="260.00"/>	

Full Name (Last, First, Middle Initial) B. Roselily A Story		Date of Receipt
Mailing Address 1624 52nd Street S		<input type="text" value="09"/> / <input type="text" value="03"/> / <input type="text" value="2013"/>
City State Zip Code Gulfport FL 33707		Transaction ID : C8275103
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="10.00"/>
Name of Employer St. Petersburg	Occupation RN Med/Surg	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="260.00"/>	

Full Name (Last, First, Middle Initial) C. Roselily A Story		Date of Receipt
Mailing Address 1624 52nd Street S		<input type="text" value="09"/> / <input type="text" value="10"/> / <input type="text" value="2013"/>
City State Zip Code Gulfport FL 33707		Transaction ID : C8275169
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="10.00"/>
Name of Employer St. Petersburg	Occupation RN Med/Surg	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="260.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="30.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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 99 OF 117
	<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	<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. Roselily A Story			Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 19 / 2013 Transaction ID : C8276074
Mailing Address 1624 52nd Street S			Amount of Each Receipt this Period 10.00
City Gulfport	State FL	Zip Code 33707	
FEC ID number of contributing federal political committee. C			
Name of Employer St. Petersburg	Occupation RN Med/Surg		
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. Roselily A Story			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 08 / 2013 Transaction ID : C8408970
Mailing Address 1624 52nd Street S			Amount of Each Receipt this Period 10.00
City Gulfport	State FL	Zip Code 33707	
FEC ID number of contributing federal political committee. C			
Name of Employer St. Petersburg	Occupation RN Med/Surg		
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) C. Roselily A Story			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 15 / 2013 Transaction ID : C8409278
Mailing Address 1624 52nd Street S			Amount of Each Receipt this Period 10.00
City Gulfport	State FL	Zip Code 33707	
FEC ID number of contributing federal political committee. C			
Name of Employer St. Petersburg	Occupation RN Med/Surg		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		

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 100 OF 117
	<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	<input type="checkbox"/> 17

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

A. Roselily A Story
Full Name (Last, First, Middle Initial)
Mailing Address 1624 52nd Street S

City Gulfport	State FL	Zip Code 33707
------------------	-------------	-------------------

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

Name of Employer St. Petersburg	Occupation RN Med/Surg
------------------------------------	---------------------------

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	/	15	/	2013

Transaction ID : C8409592

Amount of Each Receipt this Period

10.00

B. Roselily A Story
Full Name (Last, First, Middle Initial)
Mailing Address 1624 52nd Street S

City Gulfport	State FL	Zip Code 33707
------------------	-------------	-------------------

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

Name of Employer St. Petersburg	Occupation RN Med/Surg
------------------------------------	---------------------------

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	/	14	/	2013

Transaction ID : C8412613

Amount of Each Receipt this Period

10.00

C. Roselily A Story
Full Name (Last, First, Middle Initial)
Mailing Address 1624 52nd Street S

City Gulfport	State FL	Zip Code 33707
------------------	-------------	-------------------

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

Name of Employer St. Petersburg	Occupation RN Med/Surg
------------------------------------	---------------------------

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	/	19	/	2013

Transaction ID : C8410374

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 101 OF 117
	<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	<input type="checkbox"/> 17

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

A. Roselily A Story
Full Name (Last, First, Middle Initial)
Mailing Address 1624 52nd Street S

City Gulfport	State FL	Zip Code 33707
------------------	-------------	-------------------

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

Name of Employer St. Petersburg	Occupation RN Med/Surg
------------------------------------	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	21	/	2013

Transaction ID : C8412925

Amount of Each Receipt this Period

10.00

B. Roselily A Story
Full Name (Last, First, Middle Initial)
Mailing Address 1624 52nd Street S

City Gulfport	State FL	Zip Code 33707
------------------	-------------	-------------------

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

Name of Employer St. Petersburg	Occupation RN Med/Surg
------------------------------------	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	28	/	2013

Transaction ID : C8413202

Amount of Each Receipt this Period

10.00

C. Nicholas Wirz
Full Name (Last, First, Middle Initial)
Mailing Address 58 Diablo View Dr.

City Orinda	State CA	Zip Code 94563
----------------	-------------	-------------------

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 ▼
240.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07	/	31	/	2013

Transaction ID : C8148617

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 102 OF 117
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Nicholas Wirz
 Full Name (Last, First, Middle Initial)
 Mailing Address 58 Diablo View Dr.
 City Orinda State CA Zip Code 94563
 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 ▼ 240.00

Date of Receipt
 08 / 15 / 2013
Transaction ID : C8148578
 Amount of Each Receipt this Period
 10.00

B. Nicholas Wirz
 Full Name (Last, First, Middle Initial)
 Mailing Address 58 Diablo View Dr.
 City Orinda State CA Zip Code 94563
 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 ▼ 240.00

Date of Receipt
 08 / 31 / 2013
Transaction ID : C8273496
 Amount of Each Receipt this Period
 10.00

C. Nicholas Wirz
 Full Name (Last, First, Middle Initial)
 Mailing Address 58 Diablo View Dr.
 City Orinda State CA Zip Code 94563
 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 ▼ 240.00

Date of Receipt
 09 / 15 / 2013
Transaction ID : C8274822
 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 103 OF 117
<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. Nicholas Wirz
Full Name (Last, First, Middle Initial)

Mailing Address 58 Diablo View Dr.

City Orinda	State CA	Zip Code 94563
----------------	-------------	-------------------

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 ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

Transaction ID : C8410429

Amount of Each Receipt this Period

10.00

B. Nicholas Wirz
Full Name (Last, First, Middle Initial)

Mailing Address 58 Diablo View Dr.

City Orinda	State CA	Zip Code 94563
----------------	-------------	-------------------

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 ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2013

Transaction ID : C8410466

Amount of Each Receipt this Period

10.00

C. Nicholas Wirz
Full Name (Last, First, Middle Initial)

Mailing Address 58 Diablo View Dr.

City Orinda	State CA	Zip Code 94563
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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 ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2013

Transaction ID : C8317873

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 104 OF 117
	<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. Nicholas Wirz
Full Name (Last, First, Middle Initial)

Mailing Address 58 Diablo View Dr.

City Orinda	State CA	Zip Code 94563
----------------	-------------	-------------------

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 ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2013

Transaction ID : C8317910

Amount of Each Receipt this Period

10.00

B. Nicholas Wirz
Full Name (Last, First, Middle Initial)

Mailing Address 58 Diablo View Dr.

City Orinda	State CA	Zip Code 94563
----------------	-------------	-------------------

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 ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2013

Transaction ID : C8317948

Amount of Each Receipt this Period

10.00

C. Nicholas Wirz
Full Name (Last, First, Middle Initial)

Mailing Address 58 Diablo View Dr.

City Orinda	State CA	Zip Code 94563
----------------	-------------	-------------------

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 ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2013

Transaction ID : C8408674

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 105 OF 117
	<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. Nicholas Wirz
Full Name (Last, First, Middle Initial)

Mailing Address 58 Diablo View Dr.

City Orinda	State CA	Zip Code 94563
----------------	-------------	-------------------

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 ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2013

Transaction ID : C8412590

Amount of Each Receipt this Period

10.00

B. Cindy Young
Full Name (Last, First, Middle Initial)

Mailing Address 3332 Seabright Ave

City Davis	State CA	Zip Code 95616
---------------	-------------	-------------------

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

Name of Employer CA Nurses Asso.	Occupation Special Projects Coordinator
-------------------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2013

Transaction ID : C8148618

Amount of Each Receipt this Period

10.00

C. Cindy Young
Full Name (Last, First, Middle Initial)

Mailing Address 3332 Seabright Ave

City Davis	State CA	Zip Code 95616
---------------	-------------	-------------------

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

Name of Employer CA Nurses Asso.	Occupation Special Projects Coordinator
-------------------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2013

Transaction ID : C8148579

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 106 OF 117
(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. Cindy Young

Mailing Address 3332 Seabright Ave

City Davis	State CA	Zip Code 95616
---------------	-------------	-------------------

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

Name of Employer CA Nurses Asso.	Occupation Special Projects Coordinator
-------------------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2013

Transaction ID : C8273497

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)
B. Cindy Young

Mailing Address 3332 Seabright Ave

City Davis	State CA	Zip Code 95616
---------------	-------------	-------------------

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

Name of Employer CA Nurses Asso.	Occupation Special Projects Coordinator
-------------------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2013

Transaction ID : C8274823

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)
C. Cindy Young

Mailing Address 3332 Seabright Ave

City Davis	State CA	Zip Code 95616
---------------	-------------	-------------------

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

Name of Employer CA Nurses Asso.	Occupation Special Projects Coordinator
-------------------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

Transaction ID : C8410430

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 107 OF 117
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. Cindy Young

Mailing Address 3332 Seabright Ave

City State Zip Code
 Davis CA 95616

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

Name of Employer Occupation
 CA Nurses Asso. Special Projects Coordinator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2013

Transaction ID : C8410467

Amount of Each Receipt this Period
 10.00

Full Name (Last, First, Middle Initial)
B. Cindy Young

Mailing Address 3332 Seabright Ave

City State Zip Code
 Davis CA 95616

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

Name of Employer Occupation
 CA Nurses Asso. Special Projects Coordinator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2013

Transaction ID : C8317874

Amount of Each Receipt this Period
 10.00

Full Name (Last, First, Middle Initial)
C. Cindy Young

Mailing Address 3332 Seabright Ave

City State Zip Code
 Davis CA 95616

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

Name of Employer Occupation
 CA Nurses Asso. Special Projects Coordinator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2013

Transaction ID : C8317911

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 108 OF 117
<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. Cindy Young		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2013 Transaction ID : C8317949
Mailing Address 3332 Seabright Ave		Amount of Each Receipt this Period 10.00
City Davis State CA Zip Code 95616	FEC ID number of contributing federal political committee. C	
Name of Employer CA Nurses Asso. Occupation Special Projects Coordinator	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. Cindy Young		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 15 / 2013 Transaction ID : C8408675
Mailing Address 3332 Seabright Ave		Amount of Each Receipt this Period 10.00
City Davis State CA Zip Code 95616	FEC ID number of contributing federal political committee. C	
Name of Employer CA Nurses Asso. Occupation Special Projects Coordinator	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) C. Cindy Young		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2013 Transaction ID : C8412591
Mailing Address 3332 Seabright Ave		Amount of Each Receipt this Period 10.00
City Davis State CA Zip Code 95616	FEC ID number of contributing federal political committee. C	
Name of Employer CA Nurses Asso. Occupation Special Projects Coordinator	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	5170.00

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

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

FOR LINE NUMBER: PAGE 109 OF 117
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. National Nurses United
 Full Name (Last, First, Middle Initial)
 Mailing Address 2000 Franklin Street
 City Oakland State CA Zip Code 94612
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.55

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 26 / 2013
Transaction ID : C8248056
 Amount of Each Receipt this Period
 108.89
 Reimbursement for administrative and overhead expenses

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

SUBTOTAL of Receipts This Page (optional).....▶	108.89
TOTAL This Period (last page this line number only).....▶	108.89

**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 fees 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 Y
07	/	31	/	2013

Transaction ID : D579703

Amount of Each Disbursement this Period

15.00

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 fees 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 Y
09	/	17	/	2013

Transaction ID : D579704

Amount of Each Disbursement this Period

15.00

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 fees 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 Y
10	/	01	/	2013

Transaction ID : D579705

Amount of Each Disbursement this Period

15.00

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

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

45.00

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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. Chase Bank

Mailing Address 350 20th Street

City State Zip Code
Oakland CA 94612

Purpose of Disbursement
Bank fees 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 Y
10		29		2013

Transaction ID : D579706

Amount of Each Disbursement this Period

15.00

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 fees 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 Y
11		15		2013

Transaction ID : D579707

Amount of Each Disbursement this Period

15.00

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 fees 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 Y
11		26		2013

Transaction ID : D579708

Amount of Each Disbursement this Period

15.00

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

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

45.00

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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. Chase Bank

Mailing Address 350 20th Street

City State Zip Code
Oakland CA 94612

Purpose of Disbursement
Bank fees 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 Y
12 / 12 / 2013

Transaction ID : D579709

Amount of Each Disbursement this Period

15.00

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 fees 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 Y
12 / 27 / 2013

Transaction ID : D579710

Amount of Each Disbursement this Period

15.00

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 fees 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 Y
08 / 15 / 2013

Transaction ID : D555140

Amount of Each Disbursement this Period

15.00

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

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

45.00

**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
Bank fees 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 Y
08	/	30	/	2013

Transaction ID : D555141

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

B. First Data Merchant Services

Mailing Address 5565 Glenridge Connector NE, Suite

City State Zip Code
Atlanta GA 30342

Purpose of Disbursement
Merchant fees 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 Y
08	/	05	/	2013

Transaction ID : D555142

Amount of Each Disbursement this Period

33.94

Full Name (Last, First, Middle Initial)

C. First Data Merchant Services

Mailing Address 5565 Glenridge Connector NE, Suite

City State Zip Code
Atlanta GA 30342

Purpose of Disbursement
Merchant fees 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 Y
08	/	13	/	2013

Transaction ID : D555143

Amount of Each Disbursement this Period

44.95

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

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

93.89

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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
Merchant fees for PAC

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 30 / 2013

Transaction ID : D555144

Amount of Each Disbursement this Period

40.62

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
Merchant fees for PAC

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 03 / 2013

Transaction ID : D579711

Amount of Each Disbursement this Period

3.27

Full Name (Last, First, Middle Initial)

C. First Data Merchant Services

Mailing Address 5565 Glenridge Connector NE, Suite

City Atlanta State GA Zip Code 30342

Purpose of Disbursement
Merchant fees for PAC

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2013

Transaction ID : D579712

Amount of Each Disbursement this Period

44.95

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

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

88.84

**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
Merchant fees for PAC

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 01 / 2013

Transaction ID : D579713

Amount of Each Disbursement this Period

43.89

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
Merchant fees for PAC

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 11 / 2013

Transaction ID : D579714

Amount of Each Disbursement this Period

92.40

Full Name (Last, First, Middle Initial)

C. First Data Merchant Services

Mailing Address 5565 Glenridge Connector NE, Suite

City Atlanta State GA Zip Code 30342

Purpose of Disbursement
Merchant fees for PAC

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 04 / 2013

Transaction ID : D579715

Amount of Each Disbursement this Period

138.64

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

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

274.93

**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
Merchant fees 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
11 / 13 / 2013

Transaction ID : D579716

Amount of Each Disbursement this Period

92.40

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
Merchant fees 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 / 2013

Transaction ID : D579717

Amount of Each Disbursement this Period

42.91

Full Name (Last, First, Middle Initial)

C. First Data Merchant Services

Mailing Address 5565 Glenridge Connector NE, Suite

City Atlanta State GA Zip Code 30342

Purpose of Disbursement
Merchant fees 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 / 2013

Transaction ID : D579718

Amount of Each Disbursement this Period

92.40

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

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

227.71

820.37

**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. 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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MN District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	23	/	2013

Transaction ID : D579721

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Katherine Clark for Congress

Mailing Address PO Box 361

City Malden State MA Zip Code 02148-0004

Purpose of Disbursement
Contribution

Candidate Name

Katherine Clark

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MA District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2013

Transaction ID : D579720

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

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

3500.00

3500.00
