

SECRETARY OF THE SENATE
10 OCT 20 AM 10:37

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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

1. (a) Name of Individual, Organization or Corporation California Nurses Association / National Nurses Organizing Committee - AFL-CIO		3. FEC Identification Number C90011768
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported. 2000 Franklin Street		
(c) City, State and ZIP Code Oakland, CA 94612		
2. Corporate filers only	Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Individual filers only	Name of Employer	Occupation

4. TYPE OF REPORT (check appropriate boxes):

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

24-Hour Report
 48-Hour Report

b) Is this Report an amendment? Yes No

5. COVERING PERIOD: FROM

OCT 07 2010
THROUGH
OCT 30 2010

6. TOTAL CONTRIBUTIONS 0.00

7. TOTAL INDEPENDENT EXPENDITURES 23,530.15

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM	SIGNATURE	DATE
Alice Grubb	<i>[Signature]</i>	10/14/2010

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

For further information, contact:
Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

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

Full Name (Last, First, Middle Initial) of Payee Alliance Graphics		Date MM DD YY 07 08 2010
Mailing Address 1101 8th Street		Amount \$ 1,448.86
City	State Zip Code Berkeley CA 94710	
Purpose of Expenditure Printing	Category/Type 004	Office Sought: <input type="checkbox"/> House State: CA <input checked="" type="checkbox"/> Senate District: 6 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barbara Boxer		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought \$ 19,601.51		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 10 <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee Anai Ibarra		Date MM DD YY 08 27 2010
Mailing Address 9533 Geyser Avenue		Amount \$ 120.00
City	State Zip Code Northridge CA 91324	
Purpose of Expenditure Media	Category/Type 004	Office Sought: <input type="checkbox"/> House State: CA <input checked="" type="checkbox"/> Senate District: 6 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Carly Fiorina		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought \$ 3,928.64		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 10 <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee Autumn Press, Inc.		Date MM DD YY 09 01 2010
Mailing Address 945 Camelia Street		Amount \$ 252.50
City	State Zip Code Berkeley CA 94710	
Purpose of Expenditure Signs	Category/Type 004	Office Sought: <input type="checkbox"/> House State: CA <input checked="" type="checkbox"/> Senate District: 6 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barbara Boxer		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought \$ 19,601.51		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 10 <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures	\$ 1,821.36
(b) SUBTOTAL of Unitemized Independent Expenditures	\$.00
(c) TOTAL Independent Expenditures (carry total from last page forward to Line 7)	\$ 1,821.36

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

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

Full Name (Last, First, Middle Initial) of Payee Autumn Press, Inc.		Date MM / DD / YYYY 09 / 01 / 2010
Mailing Address 945 Camelia Street		Amount 186.28
City	State Zip Code Berkeley, CA 94710	
Purpose of Expenditure Signa	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: CA <input checked="" type="checkbox"/> Senate District: 6 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Carly Fiorina		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3,928.64		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 10 <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee Autumn Press, Inc.		Date MM / DD / YYYY 09 / 01 / 2010
Mailing Address 945 Camelia Street		Amount 560.44
City	State Zip Code Berkeley, CA 94710	
Purpose of Expenditure Signa	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: CA <input checked="" type="checkbox"/> Senate District: 6 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Carly Fiorina		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3,928.64		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 10 <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee Balboa Travel		Date MM / DD / YYYY 09 / 01 / 2010
Mailing Address 5414 Oberlin Drive, Suite 300		Amount 37.00
City	State Zip Code San Diego, CA 92121	
Purpose of Expenditure Ticket Fee	Category/ Type 002	Office Sought: <input type="checkbox"/> House State: CA <input checked="" type="checkbox"/> Senate District: 6 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Carly Fiorina		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3,928.64		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 10 <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures	783.72
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
(carry total from last page forward to Line 7)	

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name (Last, First, Middle Initial) of Payee Balboa Travel		Date MM / DD / YYYY 09 / 01 / 2010
Mailing Address 5414 Oberlin Drive, Suite 300		Amount \$ 37.00
City San Diego	State CA	
Zip Code 92121		
Purpose of Expenditure Ticket Fee	Category/ Type 002	Office Sought: <input type="checkbox"/> House State: CA <input checked="" type="checkbox"/> Senate District: 6 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barbara Boxer		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 19,601.51		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 10 <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee California Nurses Association / National Nurses Organizing Committee - AFL-CIO		Date MM / DD / YYYY 09 / 01 / 2010
Mailing Address 2000 Franklin		Amount \$ 60.95
City Oakland	State CA	
Zip Code 94612		
Purpose of Expenditure Misc.	Category/ Type 007	Office Sought: <input type="checkbox"/> House State: CA <input checked="" type="checkbox"/> Senate District: 6 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barbara Boxer		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 19,601.51		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 10 <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee California Nurses Association / National Nurses Organizing Committee - AFL-CIO		Date MM / DD / YYYY 09 / 01 / 2010
Mailing Address 2000 Franklin		Amount \$ 60.95
City Oakland	State CA	
Zip Code 94612		
Purpose of Expenditure Misc.	Category/ Type 007	Office Sought: <input type="checkbox"/> House State: CA <input checked="" type="checkbox"/> Senate District: 6 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Carly Fiorina		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3,928.64		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 10 <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures	\$ 158.90
(b) SUBTOTAL of Unitemized Independent Expenditures	\$.00
(c) TOTAL Independent Expenditures	\$ 158.90
(carry total from last page forward to Line 7)	

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name (Last, First, Middle Initial) of Payee Southwest Airlines		Date MM . DD . Y Y Y Y 09 . 01 . 2010
Mailing Address P.O. Box 36647-1CR		Amount \$ 313.40
City Dallas , TX 75235	State Zip Code	
Purpose of Expenditure Airfare	Category/ Type 002	Office Sought: <input type="checkbox"/> House State: CA <input checked="" type="checkbox"/> Senate District: 6 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barbara Boxer		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought \$ 19,601.51		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 10 <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee Southwest Airlines		Date MM . DD . Y Y Y Y 09 . 01 . 2010
Mailing Address P.O. Box 36647-1CR		Amount \$ 313.40
City Dallas , TX 75235	State Zip Code	
Purpose of Expenditure Airfare	Category/ Type 002	Office Sought: <input type="checkbox"/> House State: CA <input checked="" type="checkbox"/> Senate District: 6 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Carly Fiorina		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought \$ 3,928.64		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 10 <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee California Nurses Association / National Nurses Organizing Committee - AFL-CIO		Date MM . DD . Y Y Y Y 09 . 06 . 2010
Mailing Address 2000 Franklin		Amount \$ 480.85
City Oakland , CA 94612	State Zip Code	
Purpose of Expenditure Costume Reimbursement	Category/ Type 007	Office Sought: <input type="checkbox"/> House State: CA <input checked="" type="checkbox"/> Senate District: 6 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Carly Fiorina		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought \$ 3,928.64		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 10 <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures	\$ 1,107.65
(b) SUBTOTAL of Unitemized Independent Expenditures	\$
(c) TOTAL Independent Expenditures	\$
(carry total from last page forward to Line 7)	\$

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

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

Full Name (Last, First, Middle Initial) of Payee G & F Trailers		Date MM / DD / YYYY 09 / 06 / 2010
Mailing Address 2175 South Willow Avenue		Amount \$ 500.00
City Bloomington, CA	State Zip Code 92316	
Purpose of Expenditure Horse & Carriage	Category/Type 007	Office Sought: <input type="checkbox"/> House State: CA <input checked="" type="checkbox"/> Senate District: 6 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Carly Fiorina		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought \$ 3,928.64		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 10 <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee FirstMark		Date MM / DD / YYYY 09 / 20 / 2010
Mailing Address 25 Vittner Road, P.O. Box 1270		Amount \$ 11,613.63
City Campton, NH	State Zip Code 03223	
Purpose of Expenditure Phone Banking	Category/Type 004	Office Sought: <input type="checkbox"/> House State: CA <input checked="" type="checkbox"/> Senate District: 6 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barbara Boxer		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought \$ 19,601.51		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 10 <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee Grand Communications		Date MM / DD / YYYY 09 / 20 / 2010
Mailing Address 3219 Grand Avenue		Amount \$ 2,684.44
City Oakland, CA	State Zip Code 94610	
Purpose of Expenditure Phone Banking	Category/Type 004	Office Sought: <input type="checkbox"/> House State: CA <input checked="" type="checkbox"/> Senate District: 6 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barbara Boxer		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought \$ 19,601.51		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 10 <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures	\$ 14,798.07
(b) SUBTOTAL of Unitemized Independent Expenditures	\$
(c) TOTAL Independent Expenditures (carry total from last page forward to Line 7)	\$

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name (Last, First, Middle Initial) of Payee The Campaign Workshop		Date MM / DD / YYYY 09 / 20 / 2010
Mailing Address 1129 20th Street, NW, Suite 200		Amount \$ 1,818.75
City Washington, DC	State DC	
Purpose of Expenditure Phone Banking	Category/Type 004	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 6
Name of Federal Candidate Supported or Opposed by Expenditure: Barbara Boxer		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought \$ 19,601.51		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 10 <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee Balboa Travel		Date MM / DD / YYYY 09 / 21 / 2010
Mailing Address 5414 Oberlin Drive, Suite 300		Amount \$ 37.00
City San Diego, CA	State CA	
Purpose of Expenditure Ticket Fee	Category/Type 002	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 6
Name of Federal Candidate Supported or Opposed by Expenditure: Carly Fiorina		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought \$ 3,928.64		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 10 <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee California Nurses Association / National Nurses Organizing Committee - AFL-CIO		Date MM / DD / YYYY 09 / 21 / 2010
Mailing Address 2000 Franklin		Amount \$ 250.00
City Oakland, CA	State CA	
Purpose of Expenditure Princess Carly Par Diem	Category/Type 007	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 6
Name of Federal Candidate Supported or Opposed by Expenditure: Carly Fiorina		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought \$ 3,928.64		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 10 <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures	\$	2,105.75
(b) SUBTOTAL of Unitemized Independent Expenditures	\$	
(c) TOTAL Independent Expenditures (carry total from last page forward to Line 7)	\$	

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

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

Full Name (Last, First, Middle Initial) of Payee California Nurses Association / National Nurses Organizing Committee - AFL-CIO		Date MM / DD / YYYY 09 / 21 / 2010
Mailing Address 2000 Franklin		Amount \$ 410.89
City Oakland	State CA	
Purpose of Expenditure Misc.	Category/ Type 007	Office Sought: <input type="checkbox"/> House State: CA <input checked="" type="checkbox"/> Senate District: 6 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Carly Fiorina		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3,928.64		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 10 <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee California Nurses Association / National Nurses Organizing Committee - AFL-CIO		Date MM / DD / YYYY 09 / 21 / 2010
Mailing Address 2000 Franklin		Amount \$ 287.50
City Oakland	State CA	
Purpose of Expenditure Costumes	Category/ Type 007	Office Sought: <input type="checkbox"/> House State: CA <input checked="" type="checkbox"/> Senate District: 6 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Carly Fiorina		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3,928.64		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 10 <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee Southwest Airlines		Date MM / DD / YYYY 09 / 21 / 2010
Mailing Address P.O. Box 36647-1CR		Amount \$ 164.20
City Dallas	State TX	
Purpose of Expenditure Airfare	Category/ Type 002	Office Sought: <input type="checkbox"/> House State: CA <input checked="" type="checkbox"/> Senate District: 6 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Carly Fiorina		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3,928.64		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 10 <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures	\$ 862.59
(b) SUBTOTAL of Unitemized Independent Expenditures	\$.00
(c) TOTAL Independent Expenditures	\$ 862.59
(carry total from last page forward to Line 7)	

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

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

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date 09 24 2010
Mailing Address 815 16th Street NW		Amount 125.00
City Washington	State DC	
Purpose of Expenditure Phone Banking	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: CA <input checked="" type="checkbox"/> Senate District: 6 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barbara Boxer		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 19,601.51		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 10 <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee California Nurses Association / National Nurses Organizing Committee - AFL-CIO		Date 09 29 2010
Mailing Address 2000 Franklin		Amount 500.00
City Oakland	State CA	
Purpose of Expenditure Per Diem	Category/ Type 007	Office Sought: <input type="checkbox"/> House State: CA <input checked="" type="checkbox"/> Senate District: 6 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Carly Fiorina		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3,928.64		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 10 <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date 09 30 2010
Mailing Address 815 16th Street NW		Amount 125.00
City Washington	State DC	
Purpose of Expenditure Phone Banking	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: CA <input checked="" type="checkbox"/> Senate District: 6 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barbara Boxer		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 19,601.51		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 10 <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures	750.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
(carry total from last page forward to Line 7)	

SCHEDULE 5-E

ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name (Last, First, Middle Initial) of Payee Alliance Graphice		Date MM / DD / YYYY 09 / 30 / 2010
Mailing Address 1101 8th Street		Amount \$ 1,121.98
City Berkeley	State CA	
Purpose of Expenditure Bumper Stickers	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: CA <input checked="" type="checkbox"/> Senate District: 6 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barbara Boxer		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought \$ 19,601.51		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 10 <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee California Nurses Association / National Nurses Organizing Committee - AFL-CIO		Date MM / DD / YYYY 09 / 30 / 2010
Mailing Address 2000 Franklin		Amount \$ 20.13
City Oakland	State CA	
Purpose of Expenditure Mileage Reimbursement	Category/ Type 002	Office Sought: <input type="checkbox"/> House State: CA <input checked="" type="checkbox"/> Senate District: 6 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Carly Fiorina		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought \$ 3,928.64		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 10 <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee		Date MM / DD / YYYY
Mailing Address		Amount
City	State	
Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures	\$ 1,142.11
(b) SUBTOTAL of Unitemized Independent Expenditures	\$.
(c) TOTAL Independent Expenditures	\$ 23,530.15
(carry total from last page forward to Line 7)	

Post Office

United States Postal Service
Post Office

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Post Office

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Domestic Shipments

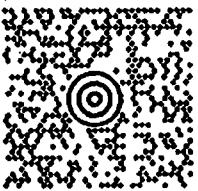
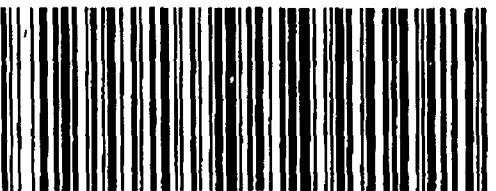
- To qualify for the Letter rate, UPS Express Envelopes may only contain correspondence, urgent documents, and/or electronic media, and must weigh 8 oz. or less. UPS Express Envelopes containing items other than those listed or well

International Shipments

- The UPS Express Envelope. Certain countries only. ups.com/importexl

- To qualify for the Letter rate, UPS Express Envelopes may only contain correspondence, urgent documents, and/or electronic media, and must weigh 8 oz. or less. UPS Express Envelopes containing items other than those listed or well

Note: Express Envelope containing sensitive or cash equivalent.

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SHIP TO: OFFICE OF PUBLIC RECORDS SECRETARY OF THE SENATE 232 HART SENATE OFFICE BUILDING WASHINGTON DC 20510-7116			
	MD 201 9-42 		
UPS NEXT DAY AIR		1 S	
TRACKING #: 1Z 3E2 E13 44 9845 4652			
			
BILLING: P/P			
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US 12.8.10. W07E70 06.0A 07/2010			

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Convention for the Unification of Certain Rules Relating to International Carriage of Goods by Air (the "Warsaw Convention"). There is...



SECRETARY OF SENATE
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NANCY ERICKSON
SECRETARY

DANA K. MCCALLUM
SUPERINTENDENT

HART SENATE OFFICE BUILDING
SUITE 232
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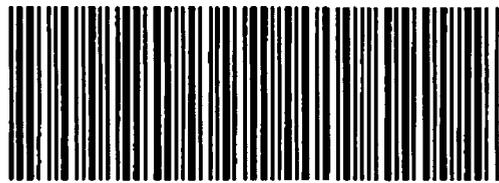
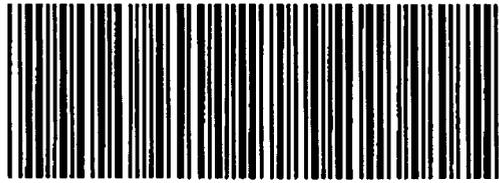
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