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

(b) Address (number and street) ☐ check if different than previously reported
2000 Franklin Street

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

3. FEC Identification Number
C

2. Corporate filers only
Is the filer a qualified nonprofit corporation? ☐ Yes ☐ 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
M M / D D / Y Y Y Y
10 20 2010
THROUGH
M M / D D / Y Y Y Y
10 21 2010

6. TOTAL CONTRIBUTIONS 0.00

7. TOTAL INDEPENDENT EXPENDITURES 6,869.38

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: Alice Grubb

SIGNATURE: [signature]

DATE: 10-22-10

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

SPG021

FEC Schedule 5 (REV. 09/2005)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 1 OF 6
FOR LINE 7 OF FORM 5

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
Mailing Address: 2000 Franklin
City: Oakland State: CA Zip Code: 94612
Date: 10 20 2010
Amount: 31.59
Purpose of Expenditure: Bus Tour - Staff Reimbursement
Category/Type: 004
Office Sought: [ ] House [x] Senate [ ] President State: CA District:
Name of Federal Candidate Supported or Opposed by Expenditure: Carly Fiorina
Check One: [ ] Support [x] Oppose
Calendar Year-To-Date Per Election for Office Sought: 5,998.02
Disbursement For: [ ] Primary [x] General 10 [ ] Other (specify)

Full Name (Last, First, Middle Initial) of Payee: Enterprise Rent-a-car
Mailing Address: 1620 South Brand Blvd.
City: Glendale State: CA Zip Code: 91204
Date: 10 20 2010
Amount: 16.85
Purpose of Expenditure: Bus Tour - Van Rental
Category/Type: 004
Office Sought: [ ] House [x] Senate [ ] President State: CA District: 6
Name of Federal Candidate Supported or Opposed by Expenditure: Carly Fiorina
Check One: [ ] Support [x] Oppose
Calendar Year-To-Date Per Election for Office Sought: 5,998.02
Disbursement For: [ ] Primary [x] General 10 [ ] Other (specify)

Full Name (Last, First, Middle Initial) of Payee: Alaska Airlines Corporate Office
Mailing Address: P.O. Box 68900
City: Seattle State: WA Zip Code: 98168
Date: 10 21 2010
Amount: 65.36
Purpose of Expenditure: Bus Tour - Staff and Member Travel
Category/Type: 002
Office Sought: [ ] House [x] Senate [ ] President State: CA District: 6
Name of Federal Candidate Supported or Opposed by Expenditure: Carly Fiorina
Check One: [ ] Support [x] Oppose
Calendar Year-To-Date Per Election for Office Sought: 5,998.02
Disbursement For: [ ] Primary [x] General 10 [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 113.79

(b) SUBTOTAL of Unitemized Independent Expenditures .....

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

FE5AN043.PDF FEC Schedule 5-E

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

FOR LINE 7 OF FORM 5

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

Full Name (Last, First, Middle Initial) of Payee: Atomic Outdoor Media
Mailing Address: 14252 Culver Drive, Suite A-287
City: Irvine State: CA Zip Code: 92604
Date: 10 21 2010
Amount: 4,800.00
Purpose of Expenditure: Mobile Billboard
Category/Type: 004
Office Sought: [ ] House [x] Senate [ ] President State: CA District: 6
Name of Federal Candidate Supported or Opposed by Expenditure: Barbara Boxer
Check One: [x] Support [ ] Oppose
Calendar Year-To-Date Per Election for Office Sought: 24,401.51
Disbursement For: [ ] Primary [x] General 10 [ ] Other (specify)

Full Name (Last, First, Middle Initial) of Payee: Balboa Travel
Mailing Address: 5414 Oberlin Drive, Suite 300
City: San Diego State: CA Zip Code: 92121
Date: 10 21 2010
Amount: 33.30
Purpose of Expenditure: Bus Tour - Staff and Member Travel
Category/Type: 002
Office Sought: [ ] House [x] Senate [ ] President State: CA District: 6
Name of Federal Candidate Supported or Opposed by Expenditure: Carly Fiorina
Check One: [ ] Support [x] Oppose
Calendar Year-To-Date Per Election for Office Sought: 5,998.02
Disbursement For: [ ] Primary [x] General 10 [ ] Other (specify)

Full Name (Last, First, Middle Initial) of Payee: Busbank
Mailing Address: 200 West Adams, Suite 1100
City: Chicago State: IL Zip Code: 60606
Date: 10 21 2010
Amount: 673.27
Purpose of Expenditure: Bus Tour - Bus Wrap and Bus Rental
Category/Type: 004
Office Sought: [ ] House [x] Senate [ ] President State: CA District: 6
Name of Federal Candidate Supported or Opposed by Expenditure: Carly Fiorina
Check One: [ ] Support [x] Oppose
Calendar Year-To-Date Per Election for Office Sought: 5,998.02
Disbursement For: [ ] Primary [x] General 10 [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 5,506.57

(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

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FOR LINE 7 OF FORM 5

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
Mailing Address: 2000 Franklin
City: Oakland State: CA Zip Code: 94612
Date: 10 21 2010
Amount: 16.46
Purpose of Expenditure: Bus Tour - Webcam
Category/Type: 004
Office Sought: [ ] House [x] Senate [ ] President State: CA District: 6
Name of Federal Candidate Supported or Opposed by Expenditure: Carly Fiorina
Check One: [ ] Support [x] Oppose
Calendar Year-To-Date Per Election for Office Sought: 5,998.02
Disbursement For: [ ] Primary [x] General 10 [ ] Other (specify)

Full Name (Last, First, Middle Initial) of Payee: California Nurses Association / National Nurses Organizing Committee - AFL-CIO
Mailing Address: 2000 Franklin
City: Oakland State: CA Zip Code: 94612
Date: 10 21 2010
Amount: 10.75
Purpose of Expenditure: Bus Tour - Tapes and Batteries
Category/Type: 004
Office Sought: [ ] House [x] Senate [ ] President State: CA District: 6
Name of Federal Candidate Supported or Opposed by Expenditure: Carly Fiorina
Check One: [ ] Support [x] Oppose
Calendar Year-To-Date Per Election for Office Sought: 5,998.02
Disbursement For: [ ] Primary [x] General 10 [ ] Other (specify)

Full Name (Last, First, Middle Initial) of Payee: California Nurses Association / National Nurses Organizing Committee - AFL-CIO
Mailing Address: 2000 Franklin
City: Oakland State: CA Zip Code: 94612
Date: 10 21 2010
Amount: 406.67
Purpose of Expenditure: Bus Tour - Staff Payroll
Category/Type:
Office Sought: [ ] House [x] Senate [ ] President State: CA District: 6
Name of Federal Candidate Supported or Opposed by Expenditure: Carly Fiorina
Check One: [ ] Support [x] Oppose
Calendar Year-To-Date Per Election for Office Sought: 5,998.02
Disbursement For: [ ] Primary [x] General 10 [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 441.88

(b) SUBTOTAL of Unitemized Independent Expenditures .....

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

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FEC Schedule 5-E

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

FOR LINE 7 OF FORM 5

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
Mailing Address: 2000 Franklin
City: Oakland State: CA Zip Code: 94612
Date: 10 / 21 / 2010
Amount: 9.90
Purpose of Expenditure: Bus Tour - Expense Reimbursement
Category/Type: 004
Office Sought: [ ] House [x] Senate [ ] President State: CA District: 6
Name of Federal Candidate Supported or Opposed by Expenditure: Carly Fiorina
Check One: [ ] Support [x] Oppose
Calendar Year-To-Date Per Election for Office Sought: 5,998.02
Disbursement For: [ ] Primary [x] General 10 [ ] Other (specify)

Full Name (Last, First, Middle Initial) of Payee: California Nurses Association / National Nurses Organizing Committee - AFL-CIO
Mailing Address: 2000 Franklin
City: Oakland State: CA Zip Code: 94612
Date: 10 / 21 / 2010
Amount: 217.50
Purpose of Expenditure: Bus Tour - Expense Reimbursement
Category/Type: 004
Office Sought: [ ] House [x] Senate [ ] President State: CA District: 6
Name of Federal Candidate Supported or Opposed by Expenditure: Carly Fiorina
Check One: [ ] Support [x] Oppose
Calendar Year-To-Date Per Election for Office Sought: 5,998.02
Disbursement For: [ ] Primary [x] General 10 [ ] Other (specify)

Full Name (Last, First, Middle Initial) of Payee: California Nurses Association / National Nurses Organizing Committee - AFL-CIO
Mailing Address: 2000 Franklin
City: Oakland State: CA Zip Code: 94612
Date: 10 / 21 / 2010
Amount: 23.71
Purpose of Expenditure: Bus Tour - Expense Reimbursement
Category/Type: 004
Office Sought: [ ] House [x] Senate [ ] President State: CA District: 6
Name of Federal Candidate Supported or Opposed by Expenditure: Carly Fiorina
Check One: [ ] Support [x] Oppose
Calendar Year-To-Date Per Election for Office Sought: 5,998.02
Disbursement For: [ ] Primary [x] General 10 [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 251.11

(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
Mailing Address: 2000 Franklin
City: Oakland State: CA Zip Code: 94612
Date: 10 21 2010
Amount: 17.65
Purpose of Expenditure: Bus Tour - Expense Reimbursement
Category/Type: 004
Office Sought: [ ] House [x] Senate [ ] President State: CA District: 6
Name of Federal Candidate Supported or Opposed by Expenditure: Carly Fiorina
Check One: [ ] Support [x] Oppose
Calendar Year-To-Date Per Election for Office Sought: 5,998.02
Disbursement For: [ ] Primary [x] General 10 [ ] Other (specify)

Full Name (Last, First, Middle Initial) of Payee: Enterprise Rent-a-car
Mailing Address: 1620 South Brand Blvd.
City: Glendale State: CA Zip Code: 91204
Date: 10 22 2010
Amount: 16.85
Purpose of Expenditure: Bus Tour - Van Rental
Category/Type:
Office Sought: [ ] House [x] Senate [ ] President State: CA District: 6
Name of Federal Candidate Supported or Opposed by Expenditure: Carly Fiorina
Check One: [ ] Support [x] Oppose
Calendar Year-To-Date Per Election for Office Sought: 5,998.02
Disbursement For: [ ] Primary [x] General 10 [ ] Other (specify)

Full Name (Last, First, Middle Initial) of Payee: Glendale Hilton
Mailing Address: 100 West Glenoaks Blvd.
City: Glendale State: CA Zip Code: 91202
Date: 10 21 2010
Amount: 250.75
Purpose of Expenditure: Bus Tour - Hotel Rooms
Category/Type: 004
Office Sought: [ ] House [x] Senate [ ] President State: CA District: 6
Name of Federal Candidate Supported or Opposed by Expenditure: Carly Fiorina
Check One: [ ] Support [x] Oppose
Calendar Year-To-Date Per Election for Office Sought: 5,998.02
Disbursement For: [ ] Primary [x] General 10 [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 285.25

(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

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FOR LINE 7 OF FORM 5

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

Full Name (Last, First, Middle Initial) of Payee: Los Angeles Audio Rental.com
Mailing Address: P.O. Box 2385
City: Culver City State: CA Zip Code: 90231
Date: 10 21 2010
Amount: 111.75
Purpose of Expenditure: Bus Tour - Sound System
Category/Type: 004
Office Sought: [ ] House [x] Senate [ ] President State: CA District: 6
Name of Federal Candidate Supported or Opposed by Expenditure: Carly Fiorina
Check One: [ ] Support [x] Oppose
Calendar Year-To-Date Per Election for Office Sought: 5,998.02
Disbursement For: [ ] Primary [x] General 10 [ ] Other (specify)

Full Name (Last, First, Middle Initial) of Payee: Southwest Airlines
Mailing Address: P.O. Box 36647-1CR
City: Dallas State: TX Zip Code: 75235
Date: 10 21 2010
Amount: 127.36
Purpose of Expenditure: Bus Tour - Staff and Member Travel
Category/Type: 002
Office Sought: [ ] House [x] Senate [ ] President State: CA District: 6
Name of Federal Candidate Supported or Opposed by Expenditure: Carly Fiorina
Check One: [ ] Support [x] Oppose
Calendar Year-To-Date Per Election for Office Sought: 5,998.02
Disbursement For: [ ] Primary [x] General 10 [ ] Other (specify)

Full Name (Last, First, Middle Initial) of Payee: The Corner Bakery
Mailing Address: 600 North Fernando Avenue
City: Burbank State: CA Zip Code: 91502
Date: 10 21 2010
Amount: 31.69
Purpose of Expenditure: Bus Tour - Catering
Category/Type: 004
Office Sought: [ ] House [x] Senate [ ] President State: CA District: 6
Name of Federal Candidate Supported or Opposed by Expenditure: Carly Fiorina
Check One: [ ] Support [x] Oppose
Calendar Year-To-Date Per Election for Office Sought: 5,998.02
Disbursement For: [ ] Primary [x] General 10 [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 270.78

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures 6,869.38
(carry total from last page forward to Line 7)

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Federal Election Commission

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