555 Capitol Mall, Suite 1425
Sacramento, California 95814

Phone: (916) 442-2952
Fax: (916) 442-1280
info@olsonhagel.com
www.olsonhagel.com

Olson Hagel & Fishburn LLP

Fax

To:	Patricia Young	**From:**	Michelle Wixom
Fax:	202 219 0174	**Date:**	October 25, 2010
Phone:		**Pages:**	5 (Including Cover Page)
Re:	CNA FEC Form 5	**CC:**	

☒ **Urgent** ☐ **For Review** ☐ **Please Comment** ☐ **Please Reply** ☐ **Please Recycle**

Comments:

Patricia: As per your request, here is another copy of the previously fax-filed FEC form 5 for CNA. Thank you.

WARNING TO RECIPIENT

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Operator:	Sheryl Geimke	Time:	1:39 PM
Client Name:	CNA	Client Number:	91217.05

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 MM 10 DD 23 YYYY 2010
THROUGH MM 10 DD 23 YYYY 2010

6. TOTAL CONTRIBUTIONS 0.00

7. TOTAL INDEPENDENT EXPENDITURES 2,073.50

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		10-24-2010

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

SP0021

FEC Schedule 5 (REV. 09/2005)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 1 OF 3
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: Boston Market
Mailing Address: 5502 Balboa Avenue
City: San Diego State: CA Zip Code: 92111
Date: 10 / 22 / 2010
Amount: 181.93
Purpose of Expenditure: Bus Tour - Catering
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: 9,778.57
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 / 23 / 2010
Amount: 671.27
Purpose of Expenditure: Bus Tour - Bus Wrap & Bus Rental
Category/Type: 002
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: 9,778.57
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 / 23 / 2010
Amount: 406.67
Purpose of Expenditure: Bus Tour - Staff Payroll
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: 9,778.57
Disbursement For: [ ] Primary [x] General 10 [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 1,261.89
(b) SUBTOTAL of Unitemized Independent Expenditures:
(c) TOTAL Independent Expenditures (carry total from last page forward to Line 7):

FESAN042.PDF FEC Schedule 5-E

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 2 OF 3
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 State Zip Code
Oakland , CA 94612
Date 10 / 23 / 2010
Amount 500.00
Purpose of Expenditure
Bus Tour - Princess Carly Rez Diem
Category/Type 004
Office Sought: House [ ] Senate [x] President [ ] State: CA District:
Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina
Check One: Support [ ] Oppose [x]
Calendar Year-To-Date Per Election for Office Sought 9,778.57
Disbursement For: Primary [ ] General 10 [x] Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Enterprise Rent-a-car
Mailing Address
1620 South Brand Blvd.
City State Zip Code
Glendale , CA 91204
Date 10 / 23 / 2010
Amount 16.85
Purpose of Expenditure
Bus Tour - Van Rental
Category/Type 002
Office Sought: House [ ] Senate [x] President [ ] State: CA District:
Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina
Check One: Support [ ] Oppose [x]
Calendar Year-To-Date Per Election for Office Sought 9,778.57
Disbursement For: Primary [ ] General 10 [x] Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Glendale Hilton
Mailing Address
100 West Glenoaks Blvd.
City State Zip Code
Glendale , CA 91202
Date 10 / 23 / 2010
Amount 250.75
Purpose of Expenditure
Bus Tour - Hotel Rooms
Category/Type 002
Office Sought: House [ ] Senate [x] President [ ] State: CA District:
Name of Federal Candidate Supported or Opposed by Expenditure:
Carly Fiorina
Check One: Support [ ] Oppose [x]
Calendar Year-To-Date Per Election for Office Sought 9,778.57
Disbursement For: Primary [ ] General 10 [x] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 767.60
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures ..... (carry total from last page forward to Line 7)

FE3AN043.PDF FEC Schedule 5-E

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 3 OF 3
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: The Cornex Bakery
Date: 10 / 23 / 2010
Mailing Address: 800 North Fernando Avenue
Amount: 44.01
City: Burbank State: CA Zip Code: 91502
Purpose of Expenditure: Bus Tour - Catering
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: 9,778.57
Disbursement For: [ ] Primary [x] General 10 [ ] Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Date
Mailing Address
Amount
City State Zip Code
Purpose of Expenditure
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President State: District:
Name of Federal Candidate Supported or Opposed by Expenditure:
Check One: [ ] Support [ ] Oppose
Calendar Year-To-Date Per Election for Office Sought
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Date
Mailing Address
Amount
City State Zip Code
Purpose of Expenditure
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President State: District:
Name of Federal Candidate Supported or Opposed by Expenditure:
Check One: [ ] Support [ ] Oppose
Calendar Year-To-Date Per Election for Office Sought
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 44.01
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures 2,073.50
(carry total from last page forward to Line 7)

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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☐ Postmark Illegible	
☐ No Postmark	
☐ Overnight Delivery Service (Specify):	Shipping Date
☐ Received from House Records & Registration Office	Date of Receipt
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N/A PREPARER	N/A DATE PREPARED

(5/2004)