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 / DD / YYYY
10 24 2010
THROUGH
MM / DD / YYYY
10 24 2010

6. TOTAL CONTRIBUTIONS 0.00

7. TOTAL INDEPENDENT EXPENDITURES 1,634.18

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	Alice	10-25-2010

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

PAGE 1 OF 3
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NAME OF FILER (In Full)
California Nurses Association / National Nurses Organizing Committee - AFL-CIO

Full Name (Last, First, Middle Initial) of Payee: Busbank
Mailing Address: 200 West Adams, Suite 1200
City: Chicago State: IL Zip Code: 60606
Date: 10 24 2010
Amount: 673.27
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: 11,412.75
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 24 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: 11,412.75
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 24 2010
Amount: 162.81
Purpose of Expenditure: Bus Tour - Expense Reimbursements
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: 11,412.75
Disbursement For: [ ] Primary [x] General 10 [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1,242.75

(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

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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: Enterprise Rent-a-car
Date: 10 / 24 / 2010
Mailing Address: 1620 South Brand Blvd.
Amount: 16.85
City: Glendale State: CA Zip Code: 91204
Purpose of Expenditure: Bus Tour - Van 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: 11,412.75
Disbursement For: [ ] Primary [x] General 10 [ ] Other (specify)

Full Name (Last, First, Middle Initial) of Payee: Glendale Hilton
Date: 10 / 24 / 2010
Mailing Address: 100 West Glenoaks Blvd.
Amount: 250.75
City: Glendale State: CA Zip Code: 91202
Purpose of Expenditure: Bus Tour - Hotel Rooms
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: 11,412.75
Disbursement For: [ ] Primary [x] General 10 [ ] Other (specify)

Full Name (Last, First, Middle Initial) of Payee: Panera
Date: 10 / 24 / 2010
Mailing Address: 300 W Brand Blvd.
Amount: 73.97
City: Glendale State: CA Zip Code: 91203
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: 11,412.75
Disbursement For: [ ] Primary [x] General 10 [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 341.57

(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

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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: Salakot Sizzle & Grill
Mailing Address: 2122 Beverly Blvd.
City: Los Angeles State: CA Zip Code: 90057
Date: 10 / 24 / 2010
Amount: 49.86
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: 11,412.75
Disbursement For: [ ] Primary [x] General 10 [ ] Other (specify)

Full Name (Last, First, Middle Initial) of Payee:
Mailing Address:
City: State: Zip Code:
Date: M M / D D / Y Y Y Y
Amount:
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:
Mailing Address:
City: State: Zip Code:
Date: M M / D D / Y Y Y Y
Amount:
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 49.86
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures 1,634.18
(carry total from last page forward to Line 7)

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Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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N/A PREPARER	N/A DATE PREPARED

(5/2004)