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 10 / 25 / 2010
THROUGH 10 / 25 / 2010

6. TOTAL CONTRIBUTIONS 0.00

7. TOTAL INDEPENDENT EXPENDITURES 2,567.33

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

DATE
10-26-2010

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

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FEC Schedule 5 (REV. 09/2005)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 1 OF 5
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: Autumn Press, Inc.
Mailing Address: 945 Camelia Street
City: Berkeley State: CA Zip Code: 94710
Date: 10 / 25 / 2010
Amount: 211.55
Purpose of Expenditure: Bus Tour - Poster
Category/Type:
Name of Federal Candidate Supported or Opposed by Expenditure: Barbara Boxer
Office Sought: [ ] House [x] Senate [ ] President State: CA District:
Check One: [x] Support [ ] Oppose
Calendar Year-To-Date Per Election for Office Sought: 24,613.06
Disbursement For: [ ] Primary [x] General 10 [ ] Other (specify)

Full Name (Last, First, Middle Initial) of Payee: Autumn Press, Inc.
Mailing Address: 945 Camelia Street
City: Berkeley State: CA Zip Code: 94710
Date: 10 / 25 / 2010
Amount: 211.55
Purpose of Expenditure: Bus Tour - Poster
Category/Type: 004
Name of Federal Candidate Supported or Opposed by Expenditure: Carly Fiorina
Office Sought: [ ] House [x] Senate [ ] President State: CA District:
Check One: [ ] Support [x] Oppose
Calendar Year-To-Date Per Election for Office Sought: 13,768.53
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 / 25 / 2010
Amount: 5.55
Purpose of Expenditure: Bus Tour - Staff Travel
Category/Type: 002
Name of Federal Candidate Supported or Opposed by Expenditure: Carly Fiorina
Office Sought: [ ] House [x] Senate [ ] President State: CA District:
Check One: [ ] Support [x] Oppose
Calendar Year-To-Date Per Election for Office Sought: 13,768.53
Disbursement For: [ ] Primary [x] General 10 [ ] Other (specify)

(a) **SUBTOTAL** of Itemized Independent Expenditures: 428.65
(b) **SUBTOTAL** of Unitemized Independent Expenditures:
(c) **TOTAL** Independent Expenditures (carry total from last page forward to Line 7):

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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: Busbank
Mailing Address: 200 West Adams, Suite 1100
City: Chicago State: IL Zip Code: 60606
Date: 10 / 25 / 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: 13,768.53
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 / 25 / 2010
Amount: 500.00
Purpose of Expenditure: Bus Tour - Princess Carly Per Diem
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: 13,768.53
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 / 25 / 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: 13,768.53
Disbursement For: [ ] Primary [x] General 10 [ ] Other (specify)

(a) **SUBTOTAL** of Itemized Independent Expenditures 1,579.94
(b) **SUBTOTAL** of Unitemized Independent Expenditures .....
(c) **TOTAL** Independent Expenditures ..... (carry total from last page forward to Line 7)

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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 / 25 / 2010
Amount: 60.08
Purpose of Expenditure: Bus Tour - Expense 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: 13,768.53
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 / 25 / 2010
Amount: 16.85
Purpose of Expenditure: Bus Tour - Van Rental
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: 13,768.53
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 / 25 / 2010
Amount: 250.75
Purpose of Expenditure: Bus Tour - Hotel Rooms
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: 13,768.53
Disbursement For: [ ] Primary [x] General 10 [ ] Other (specify)

(a) **SUBTOTAL** of Itemized Independent Expenditures 327.68

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

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

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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: Goldilocks
Mailing Address: 2770 Colorado Blvd.
City: Los Angeles State: CA Zip Code: 90041
Date: 10 / 25 / 2010
Amount: 151.75
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: 13,768.53
Disbursement For: [ ] Primary [x] General 10 [ ] Other (specify)

Full Name (Last, First, Middle Initial) of Payee: JetBlue
Mailing Address: 118-29 Queens Blvd.
City: Forest Hills State: NY Zip Code: 11375
Date: 10 / 25 / 2010
Amount: 40.56
Purpose of Expenditure: Bus Tour - Staff Travel
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: 13,768.53
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 / 25 / 2010
Amount: 14.67
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: 13,768.53
Disbursement For: [ ] Primary [x] General 10 [ ] Other (specify)

(a) **SUBTOTAL** of Itemized Independent Expenditures 206.98

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

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

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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: Travel Lodge Long Beach
Mailing Address: 60 Atlantic Avenue
City: Long Beach State: CA Zip Code: 90802
Date: 10 / 25 / 2010
Amount: 24.08
Purpose of Expenditure: Bus Tour - Staff Travel
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: 13,768.53
Disbursement For: [ ] Primary [x] General 10 [ ] Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Mailing Address
City State Zip Code
Date
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
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 24.08

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

(c) **TOTAL** Independent Expenditures 3,567.33
(carry total from last page forward to Line 7)

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FEC Schedule 5-E

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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N/A PREPARER	N/A DATE PREPARED

(5/2004)