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:		**From:**	Michelle Wixom
Fax:	202 219 0174	**Date:**	October 27, 2010
Phone:		**Pages:**	5 (Including Cover Page)
Re:	CNA FEC Form 5	**CC:**	

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Operator:	Sheryl Geimke	Time:	6:12 PM
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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 26 2010
THROUGH
MM / DD / YYYY
10 26 2010

6. TOTAL CONTRIBUTIONS 0.00

7. TOTAL INDEPENDENT EXPENDITURES 2,019.05

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	[signature]	10-27-2010

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 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: Balboa Travel
Mailing Address: 5414 Oberlin Drive, Suite 300
City: San Diego State: CA Zip Code: 92121
Date: 10 / 26 / 2010
Amount: 11.10
Purpose of Expenditure: Bus Tour - Staff & Member 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: 15,787.58
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 / 26 / 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: 15,787.58
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 / 26 / 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: 15,787.58
Disbursement For: [ ] Primary [x] General 10 [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1,184.37

(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

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 26 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: 15,787.58

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 State Zip Code
Glendale , CA 91204

Date: 10 26 2010

Amount: 16.85

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: 15,787.58

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 State Zip Code
Glendale , CA 91202

Date: 10 26 2010

Amount: 250.75

Purpose of Expenditure
Bus Tour - Motel 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: 15,787.58

Disbursement For: [ ] Primary [x] General 10 [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 674.27

(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

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: JetBlue
Mailing Address: 118-29 Queens Blvd.
City: Forest Hills State: NY Zip Code: 11375
Date: 10 26 2010
Amount: 23.91
Purpose of Expenditure: Bus Tour - Staff & Member Flights
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: 15,787.58
Disbursement For: [ ] Primary [x] General 10 [ ] Other (specify)

Full Name (Last, First, Middle Initial) of Payee: Togos
Mailing Address: 1889 E. Willow Street
City: Signal Hill State: CA Zip Code: 90755
Date: 10 26 2010
Amount: 136.50
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: 15,787.58
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)

(a) SUBTOTAL of Itemized Independent Expenditures 160.41

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

(c) TOTAL Independent Expenditures 2,019.05
(carry total from last page forward to Line 7)

FE3AN043.PDF FEC Schedule 3-E

Federal Election Commission

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N/A PREPARER	N/A DATE PREPARED

(5/2004)