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 / 27 / 2010
THROUGH
10 / 27 / 2010

6. TOTAL CONTRIBUTIONS 0.00

7. TOTAL INDEPENDENT EXPENDITURES 2,458.39

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: Alice

DATE: 10-28-2010

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

6P2021

FEC Schedule 5 (REV. 09/2005)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 1 OF 4
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	Date	Purpose of Expenditure	Category/Type	Office Sought	Name of Federal Candidate Supported or Opposed by Expenditure	Check One	Calendar Year-To-Date Per Election for Office Sought	Disbursement For	Amount
Balboa Travel 5414 Oberlin Drive, Suite 200 San Diego, CA 92121	10 27 2010	Bus Tour - Member Travel	002	House / Senate (X) / President; State: CA; District:	Carly Fiorina	Support / Oppose (X)	18,245.97	Primary / General 10 (X) / Other (specify)	5.55
Burbank 200 West Adams, Suite 1100 Chicago, IL 60606	10 27 2010	Bus Tour - Bus Wrap & Bus Rental	002	House / Senate (X) / President; State: CA; District:	Carly Fiorina	Support / Oppose (X)	18,245.97	Primary / General 10 (X) / Other (specify)	673.27
California Nurses Association / National Nurses Organizing Committee - AFL-CIO 2000 Franklin Oakland, CA 94612	10 27 2010	Bus Tour - Princess Carly Per Diem	004	House / Senate (X) / President; State: CA; District:	Carly Fiorina	Support / Oppose (X)	18,245.97	Primary / General 10 (X) / Other (specify)	500.00

(a) SUBTOTAL of Itemized Independent Expenditures 1,178.62

(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

PAGE 2 OF 4
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 / 27 / 2010
Amount: 406.87
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: 18,245.97
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 / 27 / 2010
Amount: 347.10
Purpose of Expenditure: Bus Tour - Expenses
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: 18,248.97
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 / 27 / 2010
Amount: 9.88
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: 18,245.97
Disbursement For: [ ] Primary [x] General 10 [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 763.65

(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 3 OF 4
FOR LINE 7 OF FORM 6

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

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 27 2010
Amount: 313.06
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: 18,245.97
Disbursement For: [ ] Primary [x] General 10 [ ] Other (specify)

Full Name (Last, First, Middle Initial) of Payee: Miranda Mar
Mailing Address: 1037 1/2 N. Sweetzer Ave.
City: West Hollywood State: CA Zip Code: 90069
Date: 10 27 2010
Amount: 76.00
Purpose of Expenditure: Bus Tour - Videographer
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: 18,245.97
Disbursement For: [ ] Primary [x] General 10 [ ] Other (specify)

Full Name (Last, First, Middle Initial) of Payee: Panera
Mailing Address: 300 N Brand Blvd.
City: Glendale State: CA Zip Code: 91203
Date: 10 27 2010
Amount: 75.75
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: 18,245.97
Disbursement For: [ ] Primary [x] General 10 [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 463.81

(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

PAGE 4 OF 4
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: Southwest Airlines
Date: 10 27 2010
Mailing Address: P.O. Box 36647-1CR
Amount: 82.11
City: Dallas State: TX Zip Code: 75235
Purpose of Expenditure: Bus Tour - 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: 18,245.97
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 82.11

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

(c) TOTAL Independent Expenditures 2,458.39
(carry total from last page forward to Line 7)

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Federal Election Commission

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N/A PREPARER	N/A DATE PREPARED

(5/2004)