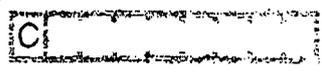




# FEC FORM 5

## 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 - APL-CIO		3. FEC Identification Number
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 2000 Franklin Street		
(c) City, State and ZIP Code Oakland, CA 94612		
2. Corporate filers only Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input type="checkbox"/> 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

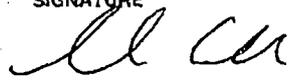
10	28	2010
THROUGH		
10	28	2010

6. TOTAL CONTRIBUTIONS ..... 0.00

7. TOTAL INDEPENDENT EXPENDITURES ..... 2,266.05

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: Alice Grubb

SIGNATURE: 

DATE: 10-29-2010

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  
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		Date 10 / 28 / 2010
Mailing Address 200 West Adams, Suite 1100		Amount 672.27
City Chicago	State IL	
Purpose of Expenditure Bus Tour - Bus Wrap & Bus Rental	Category/Type 002	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Carly Fiorina		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 20,512.02		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 10 <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee California Nurses Association / National Nurses Organizing Committee - AFL-CIO		Date 10 / 28 / 2010
Mailing Address 2000 Franklin		Amount 406.67
City Oakland	State CA	
Purpose of Expenditure Bus Tour - Staff Payroll	Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Carly Fiorina		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 20,512.02		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 10 <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee California Nurses Association / National Nurses Organizing Committee - AFL-CIO		Date 10 / 28 / 2010
Mailing Address 2000 Franklin		Amount 35.21
City Oakland	State CA	
Purpose of Expenditure Bus Tour - Expenses - Misc.	Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Carly Fiorina		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 20,512.02		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 10 <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures .....	1,115.15
(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

Form entry for Christina Conte: Full Name, Mailing Address (316 West California Blvd, White A, Pasadena, CA 91105), Date (10/28/2010), Amount (500.00), Purpose of Expenditure (Bus Tour - Princess Carly Per Diem), Category/Type (004), Office Sought (Senate), Check One (Oppose), Disbursement For (General 10), Calendar Year-To-Date Per Election for Office Sought (20,512.02).

Form entry for Enterprise Rent-a-car: Full Name, Mailing Address (1620 South Brand Blvd, Glendale, CA 91204), Date (10/28/2010), Amount (9.67), Purpose of Expenditure (Bus Tour - Van Rental), Category/Type (002), Office Sought (Senate), Check One (Oppose), Disbursement For (General 10), Calendar Year-To-Date Per Election for Office Sought (20,512.02).

Form entry for Glendale Hilton: Full Name, Mailing Address (100 West Glenoaks Blvd, Glendale, CA 91203), Date (10/28/2010), Amount (312.36), Purpose of Expenditure (Bus Tour - Hotel Rooms), Category/Type (002), Office Sought (Senate), Check One (Oppose), Disbursement For (General 10), Calendar Year-To-Date Per Election for Office Sought (20,512.02).

Summary table with 3 rows: (a) SUBTOTAL of Itemized Independent Expenditures (822.93), (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 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 Goldilocks		Date MM / DD / YYYY 10 / 29 / 2010
Mailing Address 2770 Colorado Blvd. City State Zip Code Los Angeles, CA 90041		Amount 252.97
Purpose of Expenditure Bus Tour - Catering	Category/Type 004	Office Sought: <input type="checkbox"/> House State: CA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Carly Fiorina		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 20,512.02		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 10 <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Miranda Mar		Date MM / DD / YYYY 10 / 29 / 2010
Mailing Address 1037 1/2 N. Sweetzer Ave. City State Zip Code West Hollywood, CA 90069		Amount 75.00
Purpose of Expenditure Bus Tour - Videographer	Category/Type 004	Office Sought: <input type="checkbox"/> House State: CA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Carly Fiorina		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 20,512.02		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 10 <input type="checkbox"/> Other (specify) _____

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

(a) SUBTOTAL of Itemized Independent Expenditures .....	327.97
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	2,266.05
(carry total from last page forward to Line 7)	

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE  
 FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked Delivery Confirmation™ Label <input type="checkbox"/>
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input checked="" type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

The document preceding this page was received by FAX at the FEC. The receiving FAX machine has printed at the bottom of each page the date and time of receipt, the phone number of the transmitting machine and the sequential page numbers.

N/A  
 PREPARER  
 (5/2004)

N/A  
 DATE PREPARED