

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		3. FEC Identification Number C
(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	30	2010
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THROUGH

10	30	2010
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6. TOTAL CONTRIBUTIONS 0.00

7. TOTAL INDEPENDENT EXPENDITURES 2,116.54

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: *[Signature]*

DATE: 10-31-2010

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 5437g. 10/31/2010

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 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 AMPCO System Parking		Date MM / DD / YYYY 10 / 30 / 2010
Mailing Address 425 West Broadway City State Zip Code Glendale CA 91204		Amount 2.16
Purpose of Expenditure Bus Tour - Parking	Category/Type 002	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 25,021.75		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 Burbank Marriott		Date MM / DD / YYYY 10 / 30 / 2010
Mailing Address 2500 Hollywood Way City State Zip Code Burbank CA 91505		Amount 52.50
Purpose of Expenditure Bus Tour - Hotel Rooms	Category/Type 002	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 25,021.75		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 Busbank		Date MM / DD / YYYY 10 / 30 / 2010
Mailing Address 200 West Adams, Suite 1100 City State Zip Code Chicago IL 60606		Amount 673.27
Purpose of Expenditure Bus Tour - Bus Wrap & Bus Rental	Category/Type 002	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 25,021.75		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 10 <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures	727.93
(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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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	Date MM / DD / YYYY 10 / 30 / 2010
Mailing Address 2000 Franklin	Amount 406.67
City State Zip Code Oakland, CA 94612	

Purpose of Expenditure Bus Tour - Staff Payroll	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	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 10 <input type="checkbox"/> Other (specify)
Calendar Year-To-Date Per Election for Office Sought 25,021.75		

Full Name (Last, First, Middle Initial) of Payee California Nurses Association / National Nurses Organizing Committee - AFL-CIO	Date MM / DD / YYYY 10 / 30 / 2010
Mailing Address 2000 Franklin	Amount 35.20
City State Zip Code Oakland, CA 94612	

Purpose of Expenditure Bus Tour - Expenses	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	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 10 <input type="checkbox"/> Other (specify)
Calendar Year-To-Date Per Election for Office Sought 25,021.75		

Full Name (Last, First, Middle Initial) of Payee Christina Conte	Date MM / DD / YYYY 10 / 30 / 2010
Mailing Address 316 West California Blvd. Suite A	Amount 500.00
City State Zip Code Pasadena, CA 91105	

Purpose of Expenditure Bus Tour - Princess Carly Per Diem	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	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 10 <input type="checkbox"/> Other (specify)
Calendar Year-To-Date Per Election for Office Sought 25,021.75		

(a) SUBTOTAL of Itemized Independent Expenditures	941.87
(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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NAME OF FILER (In Full)
California Nurses Association / National Nurses Organizing Committee - AFL-CIO

Full Name (Last, First, Middle Initial) of Payee Deb Ridpath		Date MM / DD / YYYY 10 / 30 / 2010
Mailing Address 1032 N. Hudson Ave City: Los Angeles, CA 90038		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 25,021.75		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 Enterprise Rent-a-car		Date MM / DD / YYYY 10 / 30 / 2010
Mailing Address 1620 South Brand Blvd. City: Glendale, CA 91204		Amount 9.87
Purpose of Expenditure Bus Tour - Van Rental	Category/Type 002	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 25,021.75		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 Glendale Hilton		Date MM / DD / YYYY 10 / 30 / 2010
Mailing Address 100 West Glenoaks Blvd. City: Glendale, CA 91202		Amount 313.06
Purpose of Expenditure Bus Tour - Hotel Rooms	Category/Type 002	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 25,021.75		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 10 <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures	397.93
(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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NAME OF FILER (In Full)
California Nurses Association / National Nurses Organizing Committee - AFL-CIO

Full Name (Last, First, Middle Initial) of Payee Paopera		Date 10 / 30 / 2010
Mailing Address 300 N Brand Blvd.		Amount 48.81
City Glendale, CA	State CA	
Purpose of Expenditure Bus Tour - Catering	Category/Type 004	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 25,021.75		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
Mailing Address		Amount
City	State	
Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____
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) _____

Full Name (Last, First, Middle Initial) of Payee		Date
Mailing Address		Amount
City	State	
Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____
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	48.81
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	2,116.54

(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**

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

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<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

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N/A
 PREPARER

N/A
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