Image# 11931518000

STATEMENT OF

FORM 1	ORGANIZA (See instruction			Office use only
NAME OF COMMITTEE (in f	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5	
CA Nurses Ass	soc./Nat'l. Nurses Organizing Co	ommittee (CNA/NNOC) Fu	und for	
ADDRESS (number and s	treet) 555 Capitol Mall, Su	ite 1425		11111111
(Check if address is changed)				
	Sacramento		CA L	95814 _ [
		CITY	STATE▲	ZIP CODE 📥
COMMITTEE'S E-MAI	L ADDRESS (Please provide only one e-	-mail address)		
(Check if address is changed)				
COMMITTEE'S WEB I	PAGE ADDRESS (URL)			
(Check if address			11111	
is changed)				
2. DATE 0.5	/ D D / Y Y Y Y Y Z 0 1 1			
3. FEC IDENTIFICATION	TION NUMBER	C C00360438		
4. IS THIS STATEM	ENT NEW (N) OR	X AMENDED (A)		
I certify that I have examin	ned this Statement and to the best of my kno	owledge and belief it is true, correc	ct and complete	
Type or Print Name of ⁻	Freasurer Malinda Markow	vitz		
Signature of Treasurer	Electronically Filed by Malinda M	<i>l</i> larkowitz	Date 0,5	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of fals	se, erroneous, or incomplete information ma	y subject the person signing this	•	
Office Use Only		For further informati Federal Election Com Toll Free 800-424-95	mission	FEC FORM 1 (Revised 02/2009)

FEC	Form 1 (Revised 02/2009)	Page 2				
	COMMITTEE (Check One) Committee:					
(a)	This committee is a principal campaign committee. (Complete the candidate information below.)					
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)					
Name of Candidate						
Candidate Party Affilia	Office Sought: House Senate President	State District				
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Name of Candidate		1 1 1 1 1 1 1				
Party Com						
(d)	This committee is a (National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Party.				
Political A	Political Action Committee (PAC):					
(e) X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ed organization is a:				
	Corporation Corporation w/o Capital Stock X La	bor Organization				
	Membership Organization Trade Association C	ooperative				
(0	χ In addition, this committee is a Lobbyist/Registrant PAC.					
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee)	d fund or party				
	In addition, this committee is a Lobbyist/Registrant PAC.					
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)					
laint Frank						
	raising Representative:					
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two o committees/organizations, at least one of which is an authorized committee of a federal candidate.	r more political				
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	r more political				
Cor	mmittees Participating in Joint Fundraiser					
	1. FEC ID number					
	2. FEC ID number					
	3. FEC ID number					
	4 FEC ID number					

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W	rite or Type Committee Name					
	CA Nurses Assoc./Nat'l.	Nurses Organizing Commi	ttee (CNA/NNOC) Fund	d for a Healthy	America	
6.	Name of Any Connected Org	ganization, Affiliated Committee,	Joint Fundraising Repres	sentative, or Lead	ership PAC Sponsor	
	California Nurses Associ	ation dba National Nurses (Organizing Committee			
1				<u> </u>		
	Mailing Address	2000 Franklin S	Street	1 1 1 1 1 1		
	. 3	I				
		Oakland		[ÇA]	94612	
		CITY		STATE A	ZIP CODE	
	Relationship:					
	X Connected Organization	Affiliated Committee	Joint Fundraising R	epresentative	Leadership PAC Sponsor	
7.	Custodian of Records: Ide possession of Committee	entify by name, address, (phor	ne number optional), a	and position of t	he person in	
Lance H. Olson						
	Full Name	full Name				
Mailing Address 555 Capitol Mall, Suite 1425						
		Sacramento		CA	95814 _	
	Title or Position ♥	CITY A		STATE A	ZIP CODE A - 442 - 2952	
	Custodian	of Records	Telephone n	umber 916	_	
8.		and address (phone number - designated agent (e.g., assis		rer of the comm	ittee; and the	
			,			
	Full Name of Treasurer Malind	a Markowitz				
		5899 Paddon O	·irolo			
	Mailing Address	5699 Paddoll C	ircie			
		San Jose		_CA	<u>95123</u>	
	Title or Position ♥	CITY A		STATE.	ZIP CODE A	
	THE OF FOSITION T	CIT I		JIAIE A	ZIF GODE 4	
	Treasurer		Telephone n	408	_ 224 _ 1274	
			i elebi iolile II			

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Full Name of Designated Agent	Michael Lighty				
Mailing Address	2000 Franklin Street	2000 Franklin Street			
	Oakland	CA	94612 –		
Title or Position ▼	CITY A	STATE ▲	ZIP CODE A		
As	ssistant Treasurer	Telephone number 510	2732200		
Name of Bank, Dep	us or maintains funds. Dository, etc. U.S. Bank 621 Capitol Mall, Suite 800				
Mailing Address					
	Sacramento	ÇA L	95814		
	CITY 🙇	STATE △	ZIP CODE 🛕		
Name of Bank, Dep	pository, etc.				
Mailing Address					
	CITY 🙇	STATE.▲	ZIP CODE 🛕		

Banks or Other Depositories: safety deposit boxes or maintains	List all banks or other depositories in which the committee	ee deposits funds, ho	olds accounts, rents
Name of Bank, Depository, etc.	, rando.		[ADDITIONAL]
Mailing Address			
	CITY 🛕	STATE ⊿	ZIP CODE 🛕
	nization, Affiliated Committee, Joint Fundraising Repr AC - A Fund for a Healthy America	esentative, or Leade	[ADDITIONAL] ership PAC Sponsor
	1 999 16th Street NIW Suite 640		
Mailing Address	888 16th Street, NW, Suite 640		
	Washington	, DC, ,	20006
		ا لننا ا	
Relationship:	CITY▲	STATE A	ZIP CODE
Connected Organization	X Affiliated Committee Joint Fundraising Repr	esentative Le	adership PAC Sponsor
Designated Agent			[ADDITIONAL]
Full Name			
Mailing Address			
•			
			_
Title or Position ▼	CITY &	STATE.	ZIP CODE A
	Telephor	ne number	
Joint Fundraiser Participant			[ADDITIONAL]
L	FEC	C ID number C	