

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) [] (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

Vote Nurses Values Political Action Committee: California Nurses Association

ADDRESS (number and street) 155 Grand Avenue
[] (Check if address is changed)
Oakland CA 94612
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS
[] (Check if address is changed) fecinfo@pass1.com
Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)
[] (Check if address is changed) www.nationalnursesunited.org

2. DATE 04 / 05 / 2022

3. FEC IDENTIFICATION NUMBER C C00731372

4. IS THIS STATEMENT [] NEW (N) OR [x] AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Miller, Holly, , ,

Signature of Treasurer Miller, Holly, , , [Electronically Filed] Date 04 / 05 / 2022

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

5. TYPE OF COMMITTEE

Candidate 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 Affiliation Office Sought: House Senate President State
 District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
 - Corporation Corporation w/o Capital Stock Labor Organization
 - Membership Organization Trade Association Cooperative
 - In addition, this committee is a Lobbyist/Registrant PAC.
- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
 - In addition, this committee is a Lobbyist/Registrant PAC.
 - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number C _____
2. _____ FEC ID number C _____
3. _____ FEC ID number C _____
4. _____ FEC ID number C _____

Write or Type Committee Name

Vote Nurses Values Political Action Committee: California Nurses Association

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

California Nurses Association

Mailing Address 155 Grand Avenue

Oakland

CA

94612

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name Public Affairs Support Svcs, PAC Agent, , ,

Mailing Address 1950 Roland Clarke Place Ste 300

Reston

VA

20191

Title or Position

CITY

STATE

ZIP CODE

Custodian of Records

Telephone number 703 - 476 - 3070

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Miller, Holly, , ,

Mailing Address 155 Grand Avenue

Oakland

CA

94612

CITY

STATE

ZIP CODE

Title or Position Treasurer

Telephone number 510 - 273 - 2200

Full Name of Designated Agent

Nielsen, Donald, W, ,

Mailing Address

155 Grand Avenue

Oakland

CA

94612

CITY

STATE

ZIP CODE

Title or Position

COO

Telephone number

510

273

2205

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Amalgamated Bank

Mailing Address

1825 K Street, NW

Washington

DC

20006

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`-H9A-N5HCB

Form/Schedule: F1A
Transaction ID :

This registration is being amended to report new address, officer and bank information for the PAC. Please update your records accordingly.

Form/Schedule: F1A
Transaction ID:

This committee continues to intend only to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in *SpeechNow v. FEC*, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.