

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 National Nurses United PAC - A Fund for a Healthy America

ADDRESS (number and street) 8630 Fenton Street, Suite 1100 Silver Spring MD 20910

2. FEC IDENTIFICATION NUMBER C C00446237 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report (selected), Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 01 / 01 / 2015 through 06 / 30 / 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Carolyn Hietamaki

Signature of Treasurer Carolyn Hietamaki [Electronically Filed] Date 07 / 31 / 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

National Nurses United PAC - A Fund for a Healthy America

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		<input type="text" value="36714.60"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="36714.60"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="11272.75"/>	<input type="text" value="11272.75"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="47987.35"/>	<input type="text" value="47987.35"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="3136.50"/>	<input type="text" value="3136.50"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="44850.85"/>	<input type="text" value="44850.85"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

National Nurses United PAC - A Fund for a Healthy America

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	600.00	600.00
(ii) Unitemized	10672.75	10672.75
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	11272.75	11272.75
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	11272.75	11272.75
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	11272.75	11272.75
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	11272.75	11272.75

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	1136.50	1136.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1136.50	1136.50
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000.00	2000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	3136.50	3136.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3136.50	3136.50

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	11272.75	11272.75
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11272.75	11272.75
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	1136.50	1136.50
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	1136.50	1136.50

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 18
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Nurses United PAC - A Fund for a Healthy America

Full Name (Last, First, Middle Initial)
A. Carolyn Bowden

Mailing Address 858 56th Street

City State Zip Code
 Oakland CA 94605

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 CA Nurses Asso Labor Rep

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 15 / 2015

Transaction ID : C9402085

Amount of Each Receipt this Period
 50.00

Full Name (Last, First, Middle Initial)
B. Carolyn Bowden

Mailing Address 858 56th Street

City State Zip Code
 Oakland CA 94605

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 CA Nurses Asso Labor Rep

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2015

Transaction ID : C9402109

Amount of Each Receipt this Period
 50.00

Full Name (Last, First, Middle Initial)
C. Carolyn Bowden

Mailing Address 858 56th Street

City State Zip Code
 Oakland CA 94605

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 CA Nurses Asso Labor Rep

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2015

Transaction ID : C9402129

Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 18
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Nurses United PAC - A Fund for a Healthy America

Full Name (Last, First, Middle Initial)
A. Carolyn Bowden

Mailing Address 858 56th Street

City State Zip Code
 Oakland CA 94605

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 CA Nurses Asso Labor Rep

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2015
Transaction ID : C9402184

Amount of Each Receipt this Period
 50.00

Full Name (Last, First, Middle Initial)
B. Carolyn Bowden

Mailing Address 858 56th Street

City State Zip Code
 Oakland CA 94605

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 CA Nurses Asso Labor Rep

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 15 / 2015
Transaction ID : C9402185

Amount of Each Receipt this Period
 50.00

Full Name (Last, First, Middle Initial)
C. Carolyn Bowden

Mailing Address 858 56th Street

City State Zip Code
 Oakland CA 94605

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 CA Nurses Asso Labor Rep

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2015
Transaction ID : C9402227

Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 18
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Nurses United PAC - A Fund for a Healthy America

Full Name (Last, First, Middle Initial)
A. Thomas Dunne

Mailing Address PO Box 4737

City State Zip Code
 Berkeley CA 91222

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 California Nurses Asso Labor Rep

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 15 / 2015

Transaction ID : C9402096

Amount of Each Receipt this Period
 50.00

Full Name (Last, First, Middle Initial)
B. Thomas Dunne

Mailing Address PO Box 4737

City State Zip Code
 Berkeley CA 91222

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 California Nurses Asso Labor Rep

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2015

Transaction ID : C9402144

Amount of Each Receipt this Period
 50.00

Full Name (Last, First, Middle Initial)
C. Thomas Dunne

Mailing Address PO Box 4737

City State Zip Code
 Berkeley CA 91222

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 California Nurses Asso Labor Rep

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2015

Transaction ID : C9402143

Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 18
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Nurses United PAC - A Fund for a Healthy America

Full Name (Last, First, Middle Initial)
A. Thomas Dunne

Mailing Address PO Box 4737

City State Zip Code
 Berkeley CA 91222

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 California Nurses Asso Labor Rep

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2015

Transaction ID : C9402207

Amount of Each Receipt this Period
 50.00

Full Name (Last, First, Middle Initial)
B. Thomas Dunne

Mailing Address PO Box 4737

City State Zip Code
 Berkeley CA 91222

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 California Nurses Asso Labor Rep

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 15 / 2015

Transaction ID : C9402208

Amount of Each Receipt this Period
 50.00

Full Name (Last, First, Middle Initial)
C. Thomas Dunne

Mailing Address PO Box 4737

City State Zip Code
 Berkeley CA 91222

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 California Nurses Asso Labor Rep

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2015

Transaction ID : C9402238

Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	600.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
National Nurses United PAC - A Fund for a Healthy America

Full Name (Last, First, Middle Initial)

A. Chase Bank

Mailing Address 350 20th Street

City State Zip Code
Oakland CA 94612

Purpose of Disbursement
Bank fee for PAC

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 16 / 2015

Transaction ID : D673123

Amount of Each Disbursement this Period

30.00

Full Name (Last, First, Middle Initial)

B. Chase Bank

Mailing Address 350 20th Street

City State Zip Code
Oakland CA 94612

Purpose of Disbursement
Bank fee for PAC

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 03 / 2015

Transaction ID : D673124

Amount of Each Disbursement this Period

30.00

Full Name (Last, First, Middle Initial)

C. Chase Bank

Mailing Address 350 20th Street

City State Zip Code
Oakland CA 94612

Purpose of Disbursement
Bank fee for PAC

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 12 / 2015

Transaction ID : D673125

Amount of Each Disbursement this Period

30.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

90.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
National Nurses United PAC - A Fund for a Healthy America

Full Name (Last, First, Middle Initial)

A. Chase Bank

Mailing Address 350 20th Street

City State Zip Code
Oakland CA 94612

Purpose of Disbursement
Bank fee for PAC

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		27		2015

Transaction ID : D673127

Amount of Each Disbursement this Period

30.00

Full Name (Last, First, Middle Initial)

B. Chase Bank

Mailing Address 350 20th Street

City State Zip Code
Oakland CA 94612

Purpose of Disbursement
Bank fee for PAC

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		16		2015

Transaction ID : D673128

Amount of Each Disbursement this Period

30.00

Full Name (Last, First, Middle Initial)

C. Chase Bank

Mailing Address 350 20th Street

City State Zip Code
Oakland CA 94612

Purpose of Disbursement
Bank fee for PAC

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		30		2015

Transaction ID : D673129

Amount of Each Disbursement this Period

30.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

90.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
National Nurses United PAC - A Fund for a Healthy America

Full Name (Last, First, Middle Initial)

A. Chase Bank

Mailing Address 350 20th Street

City State Zip Code
Oakland CA 94612

Purpose of Disbursement
Bank fee for PAC

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	15	/	2015

Transaction ID : D673130

Amount of Each Disbursement this Period

30.00

Full Name (Last, First, Middle Initial)

B. Chase Bank

Mailing Address 350 20th Street

City State Zip Code
Oakland CA 94612

Purpose of Disbursement
Bank fee for PAC

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2015

Transaction ID : D673131

Amount of Each Disbursement this Period

30.00

Full Name (Last, First, Middle Initial)

C. Chase Bank

Mailing Address 350 20th Street

City State Zip Code
Oakland CA 94612

Purpose of Disbursement
Bank fee for PAC

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	15	/	2015

Transaction ID : D673132

Amount of Each Disbursement this Period

30.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

90.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
National Nurses United PAC - A Fund for a Healthy America

Full Name (Last, First, Middle Initial)

A. Chase Bank

Mailing Address 350 20th Street

City State Zip Code
Oakland CA 94612

Purpose of Disbursement
Bank fee for PAC

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	28	/	2015

Transaction ID : D673133

Amount of Each Disbursement this Period

30.00

Full Name (Last, First, Middle Initial)

B. Chase Bank

Mailing Address 350 20th Street

City State Zip Code
Oakland CA 94612

Purpose of Disbursement
Bank fee for PAC

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2015

Transaction ID : D673134

Amount of Each Disbursement this Period

30.00

Full Name (Last, First, Middle Initial)

C. Chase Bank

Mailing Address 350 20th Street

City State Zip Code
Oakland CA 94612

Purpose of Disbursement
Bank fee for PAC

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2015

Transaction ID : D673135

Amount of Each Disbursement this Period

30.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

90.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Nurses United PAC - A Fund for a Healthy America

Full Name (Last, First, Middle Initial)

A. First Data Merchant Services

Mailing Address 5565 Glenridge Connector NE, Suite

City Atlanta State GA Zip Code 30342

Purpose of Disbursement
Credit Card Processing Fee for PAC

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 05 / 2015

Transaction ID : D673117

Amount of Each Disbursement this Period

107.96

Full Name (Last, First, Middle Initial)

B. First Data Merchant Services

Mailing Address 5565 Glenridge Connector NE, Suite

City Atlanta State GA Zip Code 30342

Purpose of Disbursement
Credit Card Processing Fee for PAC

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 03 / 2015

Transaction ID : D673118

Amount of Each Disbursement this Period

59.90

Full Name (Last, First, Middle Initial)

C. First Data Merchant Services

Mailing Address 5565 Glenridge Connector NE, Suite

City Atlanta State GA Zip Code 30342

Purpose of Disbursement
Credit Card Processing Fee for PAC

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 03 / 2015

Transaction ID : D673119

Amount of Each Disbursement this Period

59.90

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

227.76

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
National Nurses United PAC - A Fund for a Healthy America

Full Name (Last, First, Middle Initial)

A. First Data Merchant Services

Mailing Address 5565 Glenridge Connector NE, Suite

City Atlanta State GA Zip Code 30342

Purpose of Disbursement
Credit Card Processing Fee for PAC

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 03 / 2015

Transaction ID : D673120

Amount of Each Disbursement this Period

59.90

Full Name (Last, First, Middle Initial)

B. First Data Merchant Services

Mailing Address 5565 Glenridge Connector NE, Suite

City Atlanta State GA Zip Code 30342

Purpose of Disbursement
Credit Card Processing Fee for PAC

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 04 / 2015

Transaction ID : D673121

Amount of Each Disbursement this Period

59.90

Full Name (Last, First, Middle Initial)

C. SunTrust

Mailing Address PO Box 62227

City Orlando State FL Zip Code 32862-2227

Purpose of Disbursement
Credit card processing fee for PAC

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 13 / 2015

Transaction ID : D673136

Amount of Each Disbursement this Period

104.44

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

224.24

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
National Nurses United PAC - A Fund for a Healthy America

Full Name (Last, First, Middle Initial)

A. SunTrust

Mailing Address PO Box 62227

City Orlando State FL Zip Code 32862-2227

Purpose of Disbursement
Credit card processing fee for PAC

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 11 / 2015

Transaction ID : D673137

Amount of Each Disbursement this Period

64.90

Full Name (Last, First, Middle Initial)

B. SunTrust

Mailing Address PO Box 62227

City Orlando State FL Zip Code 32862-2227

Purpose of Disbursement
Credit card processing fee for PAC

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 11 / 2015

Transaction ID : D673138

Amount of Each Disbursement this Period

64.90

Full Name (Last, First, Middle Initial)

C. SunTrust

Mailing Address PO Box 62227

City Orlando State FL Zip Code 32862-2227

Purpose of Disbursement
Credit card processing fee for PAC

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 13 / 2015

Transaction ID : D673139

Amount of Each Disbursement this Period

64.90

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

194.70

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Nurses United PAC - A Fund for a Healthy America

Full Name (Last, First, Middle Initial)

A. SunTrust

Mailing Address PO Box 62227

City Orlando State FL Zip Code 32862-2227

Purpose of Disbursement
Credit card processing fee for PAC

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5	/	1	2	/	2	0	1	5		

Transaction ID : D673140

Amount of Each Disbursement this Period

6	.	4	.	9	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. SunTrust

Mailing Address PO Box 62227

City Orlando State FL Zip Code 32862-2227

Purpose of Disbursement
Credit card processing fee for PAC

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6	/	1	1	/	2	0	1	5		

Transaction ID : D673141

Amount of Each Disbursement this Period

6	.	4	.	9	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
		/			/						

Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

1	2	9	.	8	0
---	---	---	---	---	---

1	1	3	.	6	5	0
---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
National Nurses United PAC - A Fund for a Healthy America

Full Name (Last, First, Middle Initial)

A. Friends of Bernie Sanders

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		20		2015

Mailing Address PO Box 391

Transaction ID : D655255

City Burlington State VT Zip Code 05402-0391

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Contribution

Category/ Type

Candidate Name

Bernard Sanders

Office Sought: House
 Senate
 President
State: VT District: 00

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. Judy Chu for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		29		2015

Mailing Address 777 S Figueroa St
Ste 4050

Transaction ID : D679351

City Los Angeles State CA Zip Code 90017-5864

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Contribution

Category/ Type

Candidate Name

Judy Chu

Office Sought: House
 Senate
 President
State: CA District: 32

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Mailing Address

Amount of Each Disbursement this Period

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City State Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

2000.00

2000.00
