

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
CA Nurses Assoc./Nat'l. Nurses Organizing Committee (CNA/NNOC) Fund for a Healthy Americ

ADDRESS (number and street) 555 Capitol Mall, Suite 1425  
 Check if different than previously reported. (ACC)  
Sacramento CA 95814

2. **FEC IDENTIFICATION NUMBER** C00360438  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on 11 04 2008 in the State of CA

5. Covering Period 10 16 2008 through 11 24 2008

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 Malinda Markowitz

Signature of Treasurer Electronically Filed by Malinda Markowitz Date 01 21 2009

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

CA Nurses Assoc./Nat'l. Nurses Organizing Committee (CNA/NNOC) Fund for a Healthy Americ

Report Covering the Period: From: 

M	M
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		1290.90
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	10294.55									
(c) Total Receipts (from Line 19) .....	64193.00	85141.10								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	74487.55	86432.00								
7. Total Disbursements (from Line 31) .....	51850.00	63794.45								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	22637.55	22637.55								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	60000.00									

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**

Write or Type Committee Name

CA Nurses Assoc./Nat'l. Nurses Organizing Committee (CNA/NNOC) Fund for a Healthy  
Americ

Report Covering the Period: From: 

M	M
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

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	250.00	250.00
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	3943.00	24891.10
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	4193.00	25141.10
(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) .....	4193.00	25141.10
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	60000.00	60000.00
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 Transfer (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)) .....	64193.00	85141.10
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	64193.00	85141.10

**DETAILED SUMMARY PAGE**

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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.....	350.00	2524.45
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	350.00	2524.45
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	51500.00	61270.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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) Shared 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))..	51850.00	63794.45
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	51850.00	63794.45

**DETAILED SUMMARY PAGE**  
of Disbursements

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) .....	4193.00	25141.10
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	4193.00	25141.10
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	350.00	2524.45
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	350.00	2524.45

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 6 / 16	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 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)  
CA Nurses Assoc./Nat'l. Nurses Organizing Committee (CNA/NNOC) Fund for a Healthy Americ

<b>A.</b>	Full Name (Last, First, Middle Initial) Charles Idelson		Date of Receipt		
	Mailing Address 3068 Richmond Boulevard		M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 8		
	City	State	Zip Code	<b>Transaction ID:</b> INC.A.392	
	Oakland	CA	94611		
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period		
	C		250.00		
Name of Employer CA Nurses Association		Occupation Communications Director			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	250.00

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

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

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

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NAME OF COMMITTEE (In Full)  
 CA Nurses Assoc./Nat'l. Nurses Organizing Committee (CNA/NNOC) Fund for a Healthy Americ

**A.**

Full Name (Last, First, Middle Initial)  
 Amalgamated Bank of Chicago

Mailing Address One West Monroe

City State Zip Code  
 Chicago IL 60603

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 60000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 0 / 2 9 / 2 0 0 8

Transaction ID: PAY.A.373

Amount of Each Receipt this Period  
 60000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	60000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	60000.00

**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)

PAGE 8 / 16

<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)

CA Nurses Assoc./Nat'l. Nurses Organizing Committee (CNA/NNOC) Fund for a Healthy Americ

A.

Full Name (Last, First, Middle Initial)

Amalgamated Bank of Chicago

Mailing Address One West Monroe

City Chicago State IL Zip Code 60603

Purpose of Disbursement  
Bank Fee

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Transaction ID: EXP.B.402

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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



**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)

CA Nurses Assoc./Nat'l. Nurses Organizing Committee (CNA/NNOC) Fund for a Healthy Americ

<b>A.</b>	Full Name (Last, First, Middle Initial) Andrea Miller for Congress	Transaction ID: EXP.B.386 Date of Disbursement 10 / 31 / 2008
	Mailing Address 14004 Summeredge Terrace	Amount of Each Disbursement this Period 3000.00
	City Chesterfield State VA Zip Code 23832	011 Category/ Type
	Purpose of Disbursement Contribution Candidate Name Andrea Miller for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 04 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b>	Full Name (Last, First, Middle Initial) Barbara Lee for Congress	Transaction ID: EXP.B.380 Date of Disbursement 10 / 31 / 2008
	Mailing Address 1736 Franklin Street, Suite 400	Amount of Each Disbursement this Period 1000.00
	City Oakland State CA Zip Code 94612	011 Category/ Type
	Purpose of Disbursement Contribution Candidate Name Barbara Lee for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 09 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b>	Full Name (Last, First, Middle Initial) Charlie Brown for Congress	Transaction ID: EXP.B.219 Date of Disbursement 10 / 17 / 2008
	Mailing Address P. O. Box 368	Amount of Each Disbursement this Period 1000.00
	City Roseville State CA Zip Code 95661	011 Category/ Type
	Purpose of Disbursement Contribution Candidate Name Charlie Brown for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 04 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

5000.00

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

**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)

CA Nurses Assoc./Nat'l. Nurses Organizing Committee (CNA/NNOC) Fund for a Healthy Americ

<b>A.</b>	Full Name (Last, First, Middle Initial) Charlie Brown for Congress <hr/> Mailing Address P. O. Box 368 <hr/> City Roseville State CA Zip Code 95661 <hr/> Purpose of Disbursement Contribution Contribution <input type="text" value="011"/> Category/Type Candidate Name Charlie Brown for Congress <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 04	Transaction ID: EXP.B.368 Date of Disbursement <input type="text" value="10"/> <input type="text" value="30"/> / <input type="text" value="2008"/> <hr/> Amount of Each Disbursement this Period <input type="text" value="4000.00"/>
<b>B.</b>	Full Name (Last, First, Middle Initial) Citizens for Waters <hr/> Mailing Address 555 South Flower Street, Suite 421 <hr/> City Los Angeles State CA Zip Code 90071 <hr/> Purpose of Disbursement Contribution Contribution <input type="text" value="011"/> Category/Type Candidate Name Citizens for Waters <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 35	Transaction ID: EXP.B.376 Date of Disbursement <input type="text" value="10"/> <input type="text" value="31"/> / <input type="text" value="2008"/> <hr/> Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
<b>C.</b>	Full Name (Last, First, Middle Initial) Committee to Elect Steve O'Donnell <hr/> Mailing Address P. O. Box 722 <hr/> City Monroeville State PA Zip Code 15146 <hr/> Purpose of Disbursement Contribution Contribution <input type="text" value="011"/> Category/Type Candidate Name Committee to Elect Steve O'Donnell <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 18	Transaction ID: EXP.B.370 Date of Disbursement <input type="text" value="10"/> <input type="text" value="30"/> / <input type="text" value="2008"/> <hr/> Amount of Each Disbursement this Period <input type="text" value="5000.00"/>

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<input type="text" value="10000.00"/>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<input type="text"/>

# 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)

CA Nurses Assoc./Nat'l. Nurses Organizing Committee (CNA/NNOC) Fund for a Healthy Americ

**A.** Full Name (Last, First, Middle Initial)  
Committee to Re-Elect John Conyers Jr.

Mailing Address 231 West Lafayette, #669

City Detroit State MI Zip Code 48226

Purpose of Disbursement  
Contribution

011  
Category/  
Type

Candidate Name  
Committee to Re-Elect John Conyers Jr.

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

State: MI District: 14

Transaction ID: EXP.B.379  
Date of Disbursement

10 / 31 / 2008

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
Committee to Re-Elect Loretta Sanchez

Mailing Address 604 South Harbor Blvd.

City Santa Ana State CA Zip Code 92704

Purpose of Disbursement  
Contribution

011  
Category/  
Type

Candidate Name  
Committee to Re-Elect Loretta Sanchez

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

State: CA District: 47

Transaction ID: EXP.B.387  
Date of Disbursement

10 / 31 / 2008

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
Debbie Cook for Congress

Mailing Address 17308 Beach Blvd.

City Huntington Beach State CA Zip Code 92647

Purpose of Disbursement  
Contribution

011  
Category/  
Type

Candidate Name  
Debbie Cook for Congress

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

State: CA District: 46

Transaction ID: EXP.B.388  
Date of Disbursement

11 / 03 / 2008

Amount of Each Disbursement this Period

5000.00

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

7000.00

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

# 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)

CA Nurses Assoc./Nat'l. Nurses Organizing Committee (CNA/NNOC) Fund for a Healthy Americ

<b>A.</b> Full Name (Last, First, Middle Initial) Eric Massa For Congress <hr/> Mailing Address 60 East Market Street, Suite 244 <hr/> City Corning State NY Zip Code 14830 <hr/> Purpose of Disbursement Contribution Candidate Name Eric Massa For Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 29 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.381 Date of Disbursement 10 / 31 / 2008
	Amount of Each Disbursement this Period 5000.00
	011 Category/Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Jeff Merkley for Oregon <hr/> Mailing Address P. O. Box 29136 <hr/> City Portland State OR Zip Code 97296 <hr/> Purpose of Disbursement Contribution Candidate Name Jeff Merkley for Oregon Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.371 Date of Disbursement 10 / 30 / 2008
	Amount of Each Disbursement this Period 5000.00
	011 Category/Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Kucinich for Congress <hr/> Mailing Address 11730 Loraine Avenue <hr/> City Cleveland State OH Zip Code 44111 <hr/> Purpose of Disbursement Contribution Candidate Name Kucinich for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 10 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.378 Date of Disbursement 10 / 31 / 2008
	Amount of Each Disbursement this Period 1000.00
	011 Category/Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

11000.00

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

# 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)

CA Nurses Assoc./Nat'l. Nurses Organizing Committee (CNA/NNOC) Fund for a Healthy Americ

A.

Full Name (Last, First, Middle Initial)

Mike Lumpkin for Congress

Mailing Address 10769 Woodside Avenue, Suite 208

City State Zip Code  
Santee CA 92071

Purpose of Disbursement  
Contribution

011  
Category/  
Type

Candidate Name  
Mike Lumpkin for Congress

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

State: CA District: 52

Transaction ID: EXP.B.384

Date of Disbursement

10 / 31 / 2008

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

O'Neill for Congress

Mailing Address 29348 Euclid Avenue

City State Zip Code  
Wickliffe OH 44092

Purpose of Disbursement  
Contribution

011  
Category/  
Type

Candidate Name  
O'Neill for Congress

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

State: OH District: 14

Transaction ID: EXP.B.382

Date of Disbursement

10 / 31 / 2008

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Pete Stark Re-Election Committee

Mailing Address P. O. Box 8331

City State Zip Code  
Fremont CA 94537

Purpose of Disbursement  
Contribution

011  
Category/  
Type

Candidate Name  
Pete Stark Re-Election Committee

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

State: CA District: 13

Transaction ID: EXP.B.385

Date of Disbursement

10 / 31 / 2008

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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

**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)

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<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)

CA Nurses Assoc./Nat'l. Nurses Organizing Committee (CNA/NNOC) Fund for a Healthy Americ

<b>A.</b> Full Name (Last, First, Middle Initial) Pingree for Congress <hr/> Mailing Address 567 Congress Street <hr/> City Portland State ME Zip Code 04101 <hr/> Purpose of Disbursement Contribution Candidate Name Pingree for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 01 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.369 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 8
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Richardson for Congress <hr/> Mailing Address 20715 Avalon Blvd., Suite 365 <hr/> City Carson State CA Zip Code 90746 <hr/> Purpose of Disbursement Contribution Candidate Name Richardson for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 37 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.377 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Tom Allen for Senate <hr/> Mailing Address 550 Forest Avenue, Suite 101 <hr/> City Portland State CA Zip Code 04101 <hr/> Purpose of Disbursement Contribution Candidate Name Tom Allen for Senate Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.374 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

7000.00

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

**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)

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<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)

CA Nurses Assoc./Nat'l. Nurses Organizing Committee (CNA/NNOC) Fund for a Healthy Americ

A.

Full Name (Last, First, Middle Initial)

Udall for Us All

Mailing Address P. O. Box 25766

City Albuquerque State NM Zip Code 87125

Purpose of Disbursement Contribution

Candidate Name Udall for Us All

Office Sought:  House  Senate  President

State: NM District:

Disbursement For: 2008  Primary  General  Other (specify) ▼

Transaction ID: EXP.B.383

Date of Disbursement

10 / 31 / 2008

Amount of Each Disbursement this Period

4000.00

B.

Full Name (Last, First, Middle Initial)

Yarmuth for Congress

Mailing Address 1819 Brownsboro Road

City Louisville State KY Zip Code 40206

Purpose of Disbursement Contribution

Candidate Name Yarmuth for Congress

Office Sought:  House  Senate  President

State: KY District: 03

Disbursement For: 2008  Primary  General  Other (specify) ▼

Transaction ID: EXP.B.375

Date of Disbursement

10 / 31 / 2008

Amount of Each Disbursement this Period

3000.00

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

7000.00

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

51500.00

**SCHEDULE C (FEC Form 3X)**

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

**LOANS**

NAME OF COMMITTEE (In Full)  
CA Nurses Assoc./Nat'l. Nurses Organizing Committee (CNA/NNOC) Fund for a Healthy  
Americ **Transaction ID: PAY:C:373**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Amalgamated Bank of Chicago	Election: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address One West Monroe	
City Chicago State IL ZIP Code 60603	

Original Amount of Loan 60000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 60000.00
-------------------------------------	------------------------------------	---

**TERMS**

Date Incurred M M D D Y Y Y Y 1 0 2 9 2 0 0 8	Date Due 20091030	Interest Rate 400.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	----------------------	---------------------------------	---

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<input style="width: 100%;" type="text" value="60000.00"/>
<b>TOTALS</b> This Period (last page in this line only) .....	<input style="width: 100%;" type="text" value="60000.00"/>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.