

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

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

FOR LINE NUMBER: PAGE 44 OF 197

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Dunne, Thomas, , ,**

Mailing Address P O Box 4737

City  
Berkeley

State  
CA

Zip Code  
91222

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
California Nurses Association

Occupation (for Individual)  
Labor Rep

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2019

**Transaction ID : A2019-3324559**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Dunne, Thomas, , ,**

Mailing Address P O Box 4737

City  
Berkeley

State  
CA

Zip Code  
91222

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
California Nurses Association

Occupation (for Individual)  
Labor Rep

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 15 / 2019

**Transaction ID : A2019-3324648**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Dunne, Thomas, , ,**

Mailing Address P O Box 4737

City  
Berkeley

State  
CA

Zip Code  
91222

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
California Nurses Association

Occupation (for Individual)  
Labor Rep

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2019

**Transaction ID : A2019-3324736**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

150.00