

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

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

FOR LINE NUMBER: PAGE 45 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 ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 15 / 2019

Transaction ID : A2019-3324824

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 ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 30 / 2019

Transaction ID : A2019-3324912

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 ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 15 / 2019

Transaction ID : A2019-3324998

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

150.00

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