

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

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

FOR LINE NUMBER: PAGE 11 OF 26

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

A. Dunne, Thomas, , ,

Mailing Address 155 Grand Ave

City
OaklandState
CAZip Code
94612FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
National Nurses UnitedOccupation (for Individual)
Labor Rep

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2019

Transaction ID : A2019-1696429

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Emmick, Matthew, , ,

Mailing Address 155 Grand Ave

City
OaklandState
CAZip Code
94612FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
National Nurses UnitedOccupation (for Individual)
Collective Bargaining

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2019

Transaction ID : A2019-1696431

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

C. Frum, Stephen, , ,

Mailing Address 155 Grand Ave

City
OaklandState
CAZip Code
94612FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
National Nurses UnitedOccupation (for Individual)
Labor Rep

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2019

Transaction ID : A2019-1696435

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

90.00

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