

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

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="2018"/>	<input type="text" value="10066.76"/>	<input type="text" value="10066.76"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="2640.87"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="14624.00"/>	<input type="text" value="44045.47"/>
(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="17264.87"/>	<input type="text" value="54112.23"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="12465.24"/>	<input type="text" value="49312.60"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="4799.63"/>	<input type="text" value="4799.63"/>
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

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).....	4705.00	8135.00
(ii) Unitemized	9919.00	35910.47
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	14624.00	44045.47
(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)	14624.00	44045.47
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)).....▶	14624.00	44045.47
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	14624.00	44045.47

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	215.24	3432.13
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	215.24	3432.13
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	11500.00	33000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	12130.47
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 (Including Non-Federal Donations).....	750.00	750.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	12465.24	49312.60
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12465.24	49312.60

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	14624.00	44045.47
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	14624.00	44045.47
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	215.24	3432.13
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	215.24	3432.13

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 80
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<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)
National Nurses United PAC - A Fund for a Healthy America

A. Allen, Pamela, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1901 Wrenn Street
 City Oakland State CA Zip Code 94602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) California Nurses Association Occupation (for Individual) Information Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt **07 / 15 / 2018**
Transaction ID : A2018-2334535
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Allen, Pamela, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1901 Wrenn Street
 City Oakland State CA Zip Code 94602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) California Nurses Association Occupation (for Individual) Information Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt **07 / 30 / 2018**
Transaction ID : A2018-2334640
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Allen, Pamela, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1901 Wrenn Street
 City Oakland State CA Zip Code 94602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) California Nurses Association Occupation (for Individual) Information Requested
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt **08 / 15 / 2018**
Transaction ID : A2018-2334955
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`ZG7 <98I @ `CF`-H9A-N5HCB

Form/Schedule: SA11AI
Transaction ID :

Please note that the PAC is aware that we follow an alternate method of itemizing payroll receipts rather than the suggested manner of disclosing a single total for the reporting period along with the amount deducted per pay period. Because the amounts collected per pay period may change often during the time covered by a single report we find that reporting individual deductions separately more accurately discloses how the receipts are collected.

Form/Schedule: SA11AI
Transaction ID:

Please note that our committee follows all federal regulations including those found at 11 CFR 104.7(a) governing the solicitation of contributors. This committee specifically requests all pertinent information from contributors including employer and occupation; informs contributors that the committee is required by law to report the same; and makes a follow-up request for omitted information when necessary. The committee thus complies with the best efforts rules.

: 97 `A -G7 9 @ @ B9 CI G`H9 LH`F9 @ H98 `HC `5 `F9 DCFH`G7 <98 I @ `CF `H9 A -N5 H-CB

Form/Schedule: SA11AI
Transaction ID :

This amendment removes unitemized receipts (those less than \$200 in the aggregate year-to-date from any one individual) collected from our donors from Schedule A and includes them solely in the unitemized totals disclosed on Line 11(a)(ii) Columns A and B. This amendment should adequately respond to the Request for Additional Information dated October 29 2018.

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 80
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Allen, Pamela, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1901 Wrenn Street
 City Oakland State CA Zip Code 94602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) California Nurses Association Occupation (for Individual) Information Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 08 / 31 / 2018
Transaction ID : A2018-2334850
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Allen, Pamela, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1901 Wrenn Street
 City Oakland State CA Zip Code 94602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) California Nurses Association Occupation (for Individual) Information Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt
 09 / 15 / 2018
Transaction ID : A2018-2335060
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Allen, Pamela, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1901 Wrenn Street
 City Oakland State CA Zip Code 94602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) California Nurses Association Occupation (for Individual) Information Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 09 / 30 / 2018
Transaction ID : A2018-2334745
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	75.00
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: (check only one)	PAGE 10 OF 80
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Bantayan, Omar, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6336 Cromwell Ave
 City Las Vegas State NV Zip Code 89107
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Nurses United Occupation (for Individual) Information Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2018
Transaction ID : A2018-2334539
 Amount of Each Receipt this Period
 20.00
 Memo Item

B. Bantayan, Omar, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6336 Cromwell Ave
 City Las Vegas State NV Zip Code 89107
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Nurses United Occupation (for Individual) Information Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 30 / 2018
Transaction ID : A2018-2334644
 Amount of Each Receipt this Period
 20.00
 Memo Item

C. Bantayan, Omar, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6336 Cromwell Ave
 City Las Vegas State NV Zip Code 89107
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Nurses United Occupation (for Individual) Information Requested
 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
 08 / 15 / 2018
Transaction ID : A2018-2334959
 Amount of Each Receipt this Period
 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	60.00
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: (check only one)	PAGE 11 OF 80
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Bantayan, Omar, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6336 Cromwell Ave
 City Las Vegas State NV Zip Code 89107
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Nurses United Occupation (for Individual) Information Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt **08 / 31 / 2018**
Transaction ID : A2018-2334854
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Bantayan, Omar, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6336 Cromwell Ave
 City Las Vegas State NV Zip Code 89107
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Nurses United Occupation (for Individual) Information Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt **09 / 15 / 2018**
Transaction ID : A2018-2335064
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Bantayan, Omar, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6336 Cromwell Ave
 City Las Vegas State NV Zip Code 89107
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Nurses United Occupation (for Individual) Information Requested
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt **09 / 30 / 2018**
Transaction ID : A2018-2334749
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	60.00
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: (check only one)	PAGE 12 OF 80
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Barrios, Jose, H, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 850 W. Jackson Ave

City Chicago	State IL	Zip Code 60607
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) National Nurses United	Occupation (for Individual) Information Requested
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		15		2018

Transaction ID : A2018-2334540

Amount of Each Receipt this Period
25.00

Memo Item

B. Barrios, Jose, H, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 850 W. Jackson Ave

City Chicago	State IL	Zip Code 60607
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) National Nurses United	Occupation (for Individual) Information Requested
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		30		2018

Transaction ID : A2018-2334645

Amount of Each Receipt this Period
25.00

Memo Item

C. Barrios, Jose, H, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 850 W. Jackson Ave

City Chicago	State IL	Zip Code 60607
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) National Nurses United	Occupation (for Individual) Information Requested
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		15		2018

Transaction ID : A2018-2334960

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	75.00
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: (check only one)	PAGE 13 OF 80
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 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. Barrios, Jose, H, ,		Date of Receipt
Mailing Address 850 W. Jackson Ave		<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2018"/>
City Chicago	State IL	Zip Code 60607
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : A2018-2334855
Name of Employer (for Individual) National Nurses United		Amount of Each Receipt this Period <input type="text" value="25.00"/>
Occupation (for Individual) Information Requested		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="400.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Barrios, Jose, H, ,		Date of Receipt
Mailing Address 850 W. Jackson Ave		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2018"/>
City Chicago	State IL	Zip Code 60607
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : A2018-2335065
Name of Employer (for Individual) National Nurses United		Amount of Each Receipt this Period <input type="text" value="25.00"/>
Occupation (for Individual) Information Requested		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="425.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Barrios, Jose, H, ,		Date of Receipt
Mailing Address 850 W. Jackson Ave		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2018"/>
City Chicago	State IL	Zip Code 60607
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : A2018-2334750
Name of Employer (for Individual) National Nurses United		Amount of Each Receipt this Period <input type="text" value="25.00"/>
Occupation (for Individual) Information Requested		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="450.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="75.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 80
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Bell, Maria, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5716 S. Dorchester
 City Chicago State IL Zip Code 60637
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Chicago Medicine Occupation (for Individual) RN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 07 / 09 / 2018
Transaction ID : A2018-2211690
 Amount of Each Receipt this Period 50.00
 Memo Item

B. ActBlue
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 382110
 City Cambridge State MA Zip Code 02238-2110
 FEC ID number of contributing federal political committee. **C** C00401224
 Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 6513.00

Date of Receipt 07 / 15 / 2018
Transaction ID : A2018-2211690A
 Amount of Each Receipt this Period 50.00
 Memo Item
 Note: Above Contribution earmarked through this organization.

C. Bell, Maria, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5716 S. Dorchester
 City Chicago State IL Zip Code 60637
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Chicago Medicine Occupation (for Individual) RN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 08 / 09 / 2018
Transaction ID : A2018-2335332
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	100.00
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: (check only one)	PAGE 15 OF 80
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. ActBlue

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

Mailing Address PO Box 382110

City Cambridge	State MA	Zip Code 02238-2110
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer (for Individual) Occupation (for Individual)
Conduit total listed in Agg. field

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
6513.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		12		2018

Transaction ID : A2018-2335332A

Amount of Each Receipt this Period
50.00

Memo Item

Note: Above Contribution earmarked through this organization.

B. Bell, Maria, , ,

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

Mailing Address 5716 S. Dorchester

City Chicago	State IL	Zip Code 60637
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Occupation (for Individual)
University of Chicago Medicine RN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		09		2018

Transaction ID : A2018-2335333

Amount of Each Receipt this Period
50.00

Memo Item

C. ActBlue

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

Mailing Address PO Box 382110

City Cambridge	State MA	Zip Code 02238-2110
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FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer (for Individual) Occupation (for Individual)
Conduit total listed in Agg. field

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
6513.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		09		2018

Transaction ID : A2018-2335333A

Amount of Each Receipt this Period
50.00

Memo Item

Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional).....	50.00
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: (check only one)	PAGE 16 OF 80
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Berul, Micah, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6410 Schmidt Ln. Apt C203
 City El Cerrito State CA Zip Code 94530
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) California Nurses Association Occupation (for Individual) Information Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt **07 / 15 / 2018**
Transaction ID : A2018-2334544
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Berul, Micah, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6410 Schmidt Ln. Apt C203
 City El Cerrito State CA Zip Code 94530
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) California Nurses Association Occupation (for Individual) Information Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt **07 / 30 / 2018**
Transaction ID : A2018-2334649
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Berul, Micah, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6410 Schmidt Ln. Apt C203
 City El Cerrito State CA Zip Code 94530
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) California Nurses Association Occupation (for Individual) Information Requested
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **08 / 15 / 2018**
Transaction ID : A2018-2334964
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
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: (check only one)	PAGE 17 OF 80
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Berul, Micah, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6410 Schmidt Ln. Apt C203
 City El Cerrito State CA Zip Code 94530
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) California Nurses Association Occupation (for Individual) Information Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt **08 / 31 / 2018**
Transaction ID : A2018-2334859
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Berul, Micah, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6410 Schmidt Ln. Apt C203
 City El Cerrito State CA Zip Code 94530
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) California Nurses Association Occupation (for Individual) Information Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt **09 / 15 / 2018**
Transaction ID : A2018-2335069
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Berul, Micah, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6410 Schmidt Ln. Apt C203
 City El Cerrito State CA Zip Code 94530
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) California Nurses Association Occupation (for Individual) Information Requested
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt **09 / 30 / 2018**
Transaction ID : A2018-2334754
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
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: (check only one)	PAGE 18 OF 80
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Bowden, Carolyn, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 858 56th Street

City Oakland	State CA	Zip Code 94605
-----------------	-------------	-------------------

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 ▼
650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		15		2018

Transaction ID : A2018-2334545

Amount of Each Receipt this Period
50.00

Memo Item

B. Bowden, Carolyn, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 858 56th Street

City Oakland	State CA	Zip Code 94605
-----------------	-------------	-------------------

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 ▼
700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		30		2018

Transaction ID : A2018-2334650

Amount of Each Receipt this Period
50.00

Memo Item

C. Bowden, Carolyn, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 858 56th Street

City Oakland	State CA	Zip Code 94605
-----------------	-------------	-------------------

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 ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		15		2018

Transaction ID : A2018-2334965

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).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 80
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Bowden, Carolyn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 858 56th Street
 City Oakland State CA Zip Code 94605
 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 ▼ 800.00

Date of Receipt 08 / 31 / 2018
Transaction ID : A2018-2334860
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Bowden, Carolyn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 858 56th Street
 City Oakland State CA Zip Code 94605
 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 ▼ 850.00

Date of Receipt 09 / 15 / 2018
Transaction ID : A2018-2335070
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Bowden, Carolyn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 858 56th Street
 City Oakland State CA Zip Code 94605
 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 09 / 30 / 2018
Transaction ID : A2018-2334755
 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).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 80
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Brogan, Gerard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 924 Sybil Avenue
 City San Leandro State CA Zip Code 94577
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) California Nurses Association Occupation (for Individual) Information Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2018
Transaction ID : A2018-2334548
 Amount of Each Receipt this Period
 20.00
 Memo Item

B. Brogan, Gerard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 924 Sybil Avenue
 City San Leandro State CA Zip Code 94577
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) California Nurses Association Occupation (for Individual) Information Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 30 / 2018
Transaction ID : A2018-2334653
 Amount of Each Receipt this Period
 20.00
 Memo Item

C. Brogan, Gerard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 924 Sybil Avenue
 City San Leandro State CA Zip Code 94577
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) California Nurses Association Occupation (for Individual) Information Requested
 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
 08 / 15 / 2018
Transaction ID : A2018-2334968
 Amount of Each Receipt this Period
 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	60.00
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: (check only one)	PAGE 21 OF 80
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Brogan, Gerard, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 924 Sybil Avenue

City San Leandro	State CA	Zip Code 94577
---------------------	-------------	-------------------

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

Name of Employer (for Individual) California Nurses Association	Occupation (for Individual) Information Requested
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
320.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2018

Transaction ID : A2018-2334863

Amount of Each Receipt this Period
20.00

Memo Item

B. Brogan, Gerard, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 924 Sybil Avenue

City San Leandro	State CA	Zip Code 94577
---------------------	-------------	-------------------

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

Name of Employer (for Individual) California Nurses Association	Occupation (for Individual) Information Requested
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
340.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2018

Transaction ID : A2018-2335073

Amount of Each Receipt this Period
20.00

Memo Item

C. Brogan, Gerard, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 924 Sybil Avenue

City San Leandro	State CA	Zip Code 94577
---------------------	-------------	-------------------

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

Name of Employer (for Individual) California Nurses Association	Occupation (for Individual) Information Requested
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2018

Transaction ID : A2018-2334758

Amount of Each Receipt this Period
20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	60.00
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: (check only one)	PAGE 22 OF 80
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Chen, Limon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 30 Cattleya Ct
 City San Ramon State CA Zip Code 94582
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) California Nurses Association Occupation (for Individual) Information Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt **07 / 15 / 2018**
Transaction ID : A2018-2334552
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Chen, Limon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 30 Cattleya Ct
 City San Ramon State CA Zip Code 94582
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) California Nurses Association Occupation (for Individual) Information Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **07 / 30 / 2018**
Transaction ID : A2018-2334657
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Chen, Limon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 30 Cattleya Ct
 City San Ramon State CA Zip Code 94582
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) California Nurses Association Occupation (for Individual) Information Requested
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt **08 / 15 / 2018**
Transaction ID : A2018-2334972
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	60.00
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: (check only one)	PAGE 23 OF 80
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Chen, Limon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 30 Cattleya Ct
 City San Ramon State CA Zip Code 94582
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) California Nurses Association Occupation (for Individual) Information Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt **08 / 31 / 2018**
Transaction ID : A2018-2334867
 Amount of Each Receipt this Period 5.00
 Memo Item

B. Chen, Limon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 30 Cattleya Ct
 City San Ramon State CA Zip Code 94582
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) California Nurses Association Occupation (for Individual) Information Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt **09 / 15 / 2018**
Transaction ID : A2018-2335077
 Amount of Each Receipt this Period 5.00
 Memo Item

C. Chen, Limon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 30 Cattleya Ct
 City San Ramon State CA Zip Code 94582
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) California Nurses Association Occupation (for Individual) Information Requested
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt **09 / 30 / 2018**
Transaction ID : A2018-2334762
 Amount of Each Receipt this Period 5.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	15.00
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: (check only one)	PAGE 24 OF 80
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Cook, Samuel, A, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2507 N Glenoaks Blvd

City Burbank	State CA	Zip Code 91504
-----------------	-------------	-------------------

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

Name of Employer (for Individual) California Nurses Association	Occupation (for Individual) Information Requested
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2018

Transaction ID : A2018-2334553

Amount of Each Receipt this Period
20.00

Memo Item

B. Cook, Samuel, A, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2507 N Glenoaks Blvd

City Burbank	State CA	Zip Code 91504
-----------------	-------------	-------------------

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

Name of Employer (for Individual) California Nurses Association	Occupation (for Individual) Information Requested
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	30	/	2018

Transaction ID : A2018-2334658

Amount of Each Receipt this Period
20.00

Memo Item

C. Cook, Samuel, A, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2507 N Glenoaks Blvd

City Burbank	State CA	Zip Code 91504
-----------------	-------------	-------------------

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

Name of Employer (for Individual) California Nurses Association	Occupation (for Individual) Information Requested
--	--

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
08	/	15	/	2018

Transaction ID : A2018-2334973

Amount of Each Receipt this Period
20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
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: (check only one)	PAGE 25 OF 80
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Cook, Samuel, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2507 N Glenoaks Blvd
 City Burbank State CA Zip Code 91504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) California Nurses Association Occupation (for Individual) Information Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt **08 / 31 / 2018**
Transaction ID : A2018-2334868
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Cook, Samuel, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2507 N Glenoaks Blvd
 City Burbank State CA Zip Code 91504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) California Nurses Association Occupation (for Individual) Information Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt **09 / 15 / 2018**
Transaction ID : A2018-2335078
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Cook, Samuel, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2507 N Glenoaks Blvd
 City Burbank State CA Zip Code 91504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) California Nurses Association Occupation (for Individual) Information Requested
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt **09 / 30 / 2018**
Transaction ID : A2018-2334763
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
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: (check only one)	PAGE 26 OF 80
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Devlin, Elizabeth, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 506 S Melville Avenue

City Tampa	State FL	Zip Code 33606
---------------	-------------	-------------------

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

Name of Employer (for Individual) National Nurses United	Occupation (for Individual) Information Requested
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2018

Transaction ID : A2018-2334555

Amount of Each Receipt this Period
20.00

Memo Item

B. Devlin, Elizabeth, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 506 S Melville Avenue

City Tampa	State FL	Zip Code 33606
---------------	-------------	-------------------

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

Name of Employer (for Individual) National Nurses United	Occupation (for Individual) Information Requested
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	30	/	2018

Transaction ID : A2018-2334660

Amount of Each Receipt this Period
20.00

Memo Item

C. Devlin, Elizabeth, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 506 S Melville Avenue

City Tampa	State FL	Zip Code 33606
---------------	-------------	-------------------

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

Name of Employer (for Individual) National Nurses United	Occupation (for Individual) Information Requested
---	--

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
08	/	15	/	2018

Transaction ID : A2018-2334975

Amount of Each Receipt this Period
20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
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: (check only one)	PAGE 27 OF 80
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Devlin, Elizabeth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 506 S Melville Avenue
 City Tampa State FL Zip Code 33606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Nurses United Occupation (for Individual) Information Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 08 / 31 / 2018
Transaction ID : A2018-2334870
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Devlin, Elizabeth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 506 S Melville Avenue
 City Tampa State FL Zip Code 33606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Nurses United Occupation (for Individual) Information Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 09 / 15 / 2018
Transaction ID : A2018-2335080
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Devlin, Elizabeth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 506 S Melville Avenue
 City Tampa State FL Zip Code 33606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Nurses United Occupation (for Individual) Information Requested
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 30 / 2018
Transaction ID : A2018-2334765
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	60.00
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: (check only one)	PAGE 28 OF 80
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Dunne, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 650.00

Date of Receipt 07 / 15 / 2018
Transaction ID : A2018-2334557
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Dunne, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 700.00

Date of Receipt 07 / 30 / 2018
Transaction ID : A2018-2334662
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Dunne, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 750.00

Date of Receipt 08 / 15 / 2018
Transaction ID : A2018-2334977
 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).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 29 OF 80
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
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<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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

A. Dunne, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 800.00

Date of Receipt 08 / 31 / 2018
Transaction ID : A2018-2334872
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Dunne, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 850.00

Date of Receipt 09 / 15 / 2018
Transaction ID : A2018-2335082
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Dunne, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 09 / 30 / 2018
Transaction ID : A2018-2334767
 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).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 80
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Emmick, Matthew, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4960 N Marine Dr Unit 610
 City Chicago State IL Zip Code 60640
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Nurses United Occupation (for Individual) Information Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt **07 / 15 / 2018**
Transaction ID : A2018-2334560
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Emmick, Matthew, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4960 N Marine Dr Unit 610
 City Chicago State IL Zip Code 60640
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Nurses United Occupation (for Individual) Information Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt **07 / 30 / 2018**
Transaction ID : A2018-2334665
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Emmick, Matthew, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4960 N Marine Dr Unit 610
 City Chicago State IL Zip Code 60640
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Nurses United Occupation (for Individual) Information Requested
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **08 / 15 / 2018**
Transaction ID : A2018-2334980
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
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: (check only one)	PAGE 31 OF 80
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Emmick, Matthew, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4960 N Marine Dr Unit 610
 City Chicago State IL Zip Code 60640
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Nurses United Occupation (for Individual) Information Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 08 / 31 / 2018
Transaction ID : A2018-2334875
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Emmick, Matthew, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4960 N Marine Dr Unit 610
 City Chicago State IL Zip Code 60640
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Nurses United Occupation (for Individual) Information Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 09 / 15 / 2018
Transaction ID : A2018-2335085
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Emmick, Matthew, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4960 N Marine Dr Unit 610
 City Chicago State IL Zip Code 60640
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Nurses United Occupation (for Individual) Information Requested
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 30 / 2018
Transaction ID : A2018-2334770
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
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: (check only one)	PAGE 32 OF 80
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Frum, Stephen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2118 Huidekoper PI NW
 City Washington State DC Zip Code 20007
 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 ▼ 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2018
Transaction ID : A2018-2334564
 Amount of Each Receipt this Period
 20.00
 Memo Item

B. Frum, Stephen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2118 Huidekoper PI NW
 City Washington State DC Zip Code 20007
 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 ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 30 / 2018
Transaction ID : A2018-2334669
 Amount of Each Receipt this Period
 20.00
 Memo Item

C. Frum, Stephen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2118 Huidekoper PI NW
 City Washington State DC Zip Code 20007
 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 ▼ 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2018
Transaction ID : A2018-2334984
 Amount of Each Receipt this Period
 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
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: (check only one)	PAGE 33 OF 80
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Frum, Stephen, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2118 Huidekoper PI NW

City Washington	State DC	Zip Code 20007
--------------------	-------------	-------------------

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 ▼
340.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2018

Transaction ID : A2018-2334879

Amount of Each Receipt this Period
20.00

Memo Item

B. Frum, Stephen, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2118 Huidekoper PI NW

City Washington	State DC	Zip Code 20007
--------------------	-------------	-------------------

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 ▼
360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2018

Transaction ID : A2018-2335089

Amount of Each Receipt this Period
20.00

Memo Item

C. Frum, Stephen, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2118 Huidekoper PI NW

City Washington	State DC	Zip Code 20007
--------------------	-------------	-------------------

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 ▼
380.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2018

Transaction ID : A2018-2334774

Amount of Each Receipt this Period
20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
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: (check only one)	PAGE 34 OF 80
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Garland-Olaniran, Sheilah, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3012 W. Addison St. Unit 4S
 City Chicago State IL Zip Code 60618
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) California Nurses Association Occupation (for Individual) Organizer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 07 / 15 / 2018
Transaction ID : A2018-2334567
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Garland-Olaniran, Sheilah, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3012 W. Addison St. Unit 4S
 City Chicago State IL Zip Code 60618
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) California Nurses Association Occupation (for Individual) Organizer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 07 / 30 / 2018
Transaction ID : A2018-2334672
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Garland-Olaniran, Sheilah, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3012 W. Addison St. Unit 4S
 City Chicago State IL Zip Code 60618
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) California Nurses Association Occupation (for Individual) Organizer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 08 / 15 / 2018
Transaction ID : A2018-2334987
 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).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 80
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Garland-Olaniran, Sheilah, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3012 W. Addison St. Unit 4S
 City Chicago State IL Zip Code 60618
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) California Nurses Association Occupation (for Individual) Organizer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 08 / 31 / 2018
Transaction ID : A2018-2334882
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Garland-Olaniran, Sheilah, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3012 W. Addison St. Unit 4S
 City Chicago State IL Zip Code 60618
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) California Nurses Association Occupation (for Individual) Organizer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 09 / 15 / 2018
Transaction ID : A2018-2335092
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Garland-Olaniran, Sheilah, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3012 W. Addison St. Unit 4S
 City Chicago State IL Zip Code 60618
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) California Nurses Association Occupation (for Individual) Organizer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 30 / 2018
Transaction ID : A2018-2334777
 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).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 36 OF 80
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Griffing, Conor, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 432 Lincoln Ave.
 City Alameda State CA Zip Code 94501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) California Nurses Association Occupation (for Individual) Information Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 07 / 15 / 2018
Transaction ID : A2018-2334571
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Griffing, Conor, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 432 Lincoln Ave.
 City Alameda State CA Zip Code 94501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) California Nurses Association Occupation (for Individual) Information Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 07 / 30 / 2018
Transaction ID : A2018-2334676
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Griffing, Conor, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 432 Lincoln Ave.
 City Alameda State CA Zip Code 94501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) California Nurses Association Occupation (for Individual) Information Requested
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 15 / 2018
Transaction ID : A2018-2334991
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	60.00
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: (check only one)	PAGE 37 OF 80
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <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)
National Nurses United PAC - A Fund for a Healthy America

A. Griffing, Conor, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 432 Lincoln Ave.

City Alameda	State CA	Zip Code 94501
-----------------	-------------	-------------------

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

Name of Employer (for Individual) California Nurses Association	Occupation (for Individual) Information Requested
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
320.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2018

Transaction ID : A2018-2334886

Amount of Each Receipt this Period
20.00

Memo Item

B. Griffing, Conor, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 432 Lincoln Ave.

City Alameda	State CA	Zip Code 94501
-----------------	-------------	-------------------

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

Name of Employer (for Individual) California Nurses Association	Occupation (for Individual) Information Requested
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
340.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2018

Transaction ID : A2018-2335096

Amount of Each Receipt this Period
20.00

Memo Item

C. Griffing, Conor, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 432 Lincoln Ave.

City Alameda	State CA	Zip Code 94501
-----------------	-------------	-------------------

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

Name of Employer (for Individual) California Nurses Association	Occupation (for Individual) Information Requested
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2018

Transaction ID : A2018-2334781

Amount of Each Receipt this Period
20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
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: (check only one)	PAGE 38 OF 80
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Grisat, Michelle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Landers St
 City San Francisco State CA Zip Code 94114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) California Nurses Association Occupation (for Individual) Educator/Researcher
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 07 / 15 / 2018
Transaction ID : A2018-2334572
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Grisat, Michelle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Landers St
 City San Francisco State CA Zip Code 94114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) California Nurses Association Occupation (for Individual) Educator/Researcher
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 30 / 2018
Transaction ID : A2018-2334677
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Grisat, Michelle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Landers St
 City San Francisco State CA Zip Code 94114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) California Nurses Association Occupation (for Individual) Educator/Researcher
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 08 / 15 / 2018
Transaction ID : A2018-2334992
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	75.00
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: (check only one)	PAGE 39 OF 80
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Grisat, Michelle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Landers St
 City San Francisco State CA Zip Code 94114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) California Nurses Association Occupation (for Individual) Educator/Researcher
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 31 / 2018
Transaction ID : A2018-2334887
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Grisat, Michelle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Landers St
 City San Francisco State CA Zip Code 94114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) California Nurses Association Occupation (for Individual) Educator/Researcher
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 09 / 15 / 2018
Transaction ID : A2018-2335097
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Grisat, Michelle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Landers St
 City San Francisco State CA Zip Code 94114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) California Nurses Association Occupation (for Individual) Educator/Researcher
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 30 / 2018
Transaction ID : A2018-2334782
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	75.00
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: (check only one)	PAGE 40 OF 80
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Gurling, Sara, , ,

Mailing Address 3643 37th St

City San Diego	State CA	Zip Code 92105
-------------------	-------------	-------------------

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

Name of Employer (for Individual) California Nurses Association	Occupation (for Individual) Information Requested
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2018

Transaction ID : A2018-2334574

Amount of Each Receipt this Period
20.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Gurling, Sara, , ,

Mailing Address 3643 37th St

City San Diego	State CA	Zip Code 92105
-------------------	-------------	-------------------

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

Name of Employer (for Individual) California Nurses Association	Occupation (for Individual) Information Requested
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	30	/	2018

Transaction ID : A2018-2334679

Amount of Each Receipt this Period
20.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Gurling, Sara, , ,

Mailing Address 3643 37th St

City San Diego	State CA	Zip Code 92105
-------------------	-------------	-------------------

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

Name of Employer (for Individual) California Nurses Association	Occupation (for Individual) Information Requested
--	--

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
08	/	15	/	2018

Transaction ID : A2018-2334994

Amount of Each Receipt this Period
20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
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: (check only one)	PAGE 41 OF 80
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Gurling, Sara, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3643 37th St

City San Diego	State CA	Zip Code 92105
-------------------	-------------	-------------------

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

Name of Employer (for Individual) California Nurses Association	Occupation (for Individual) Information Requested
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
320.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2018

Transaction ID : A2018-2334889

Amount of Each Receipt this Period
20.00

Memo Item

B. Gurling, Sara, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3643 37th St

City San Diego	State CA	Zip Code 92105
-------------------	-------------	-------------------

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

Name of Employer (for Individual) California Nurses Association	Occupation (for Individual) Information Requested
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
340.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2018

Transaction ID : A2018-2335099

Amount of Each Receipt this Period
20.00

Memo Item

C. Gurling, Sara, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3643 37th St

City San Diego	State CA	Zip Code 92105
-------------------	-------------	-------------------

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

Name of Employer (for Individual) California Nurses Association	Occupation (for Individual) Information Requested
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2018

Transaction ID : A2018-2334784

Amount of Each Receipt this Period
20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
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: (check only one)	PAGE 42 OF 80
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Hanna, Cynthia, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 873 South Lawry Street
 City Orange State CA Zip Code 92869
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) California Nurses Association Occupation (for Individual) Information Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 07 / 15 / 2018
Transaction ID : A2018-2334576
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Hanna, Cynthia, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 873 South Lawry Street
 City Orange State CA Zip Code 92869
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) California Nurses Association Occupation (for Individual) Information Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 07 / 30 / 2018
Transaction ID : A2018-2334681
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Hanna, Cynthia, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 873 South Lawry Street
 City Orange State CA Zip Code 92869
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) California Nurses Association Occupation (for Individual) Information Requested
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 15 / 2018
Transaction ID : A2018-2334996
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
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: (check only one)	PAGE 43 OF 80
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Hanna, Cynthia, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 873 South Lawry Street
 City Orange State CA Zip Code 92869
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) California Nurses Association Occupation (for Individual) Information Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 08 / 31 / 2018
Transaction ID : A2018-2334891
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Hanna, Cynthia, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 873 South Lawry Street
 City Orange State CA Zip Code 92869
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) California Nurses Association Occupation (for Individual) Information Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 09 / 15 / 2018
Transaction ID : A2018-2335101
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Hanna, Cynthia, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 873 South Lawry Street
 City Orange State CA Zip Code 92869
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) California Nurses Association Occupation (for Individual) Information Requested
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 30 / 2018
Transaction ID : A2018-2334786
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
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: (check only one)	PAGE 44 OF 80
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Indriolo, Christa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5400 The Toledo
 City Long Beach State CA Zip Code 90803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) California Nurses Association Occupation (for Individual) Information Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2018
Transaction ID : A2018-2334581
 Amount of Each Receipt this Period
 20.00
 Memo Item

B. Indriolo, Christa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5400 The Toledo
 City Long Beach State CA Zip Code 90803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) California Nurses Association Occupation (for Individual) Information Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 30 / 2018
Transaction ID : A2018-2334686
 Amount of Each Receipt this Period
 20.00
 Memo Item

C. Indriolo, Christa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5400 The Toledo
 City Long Beach State CA Zip Code 90803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) California Nurses Association Occupation (for Individual) Information Requested
 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
 08 / 15 / 2018
Transaction ID : A2018-2335001
 Amount of Each Receipt this Period
 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
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: (check only one)	PAGE 45 OF 80
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Indriolo, Christa, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5400 The Toledo

City Long Beach	State CA	Zip Code 90803
--------------------	-------------	-------------------

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

Name of Employer (for Individual) California Nurses Association	Occupation (for Individual) Information Requested
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
320.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2018

Transaction ID : A2018-2334896

Amount of Each Receipt this Period
20.00

Memo Item

B. Indriolo, Christa, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5400 The Toledo

City Long Beach	State CA	Zip Code 90803
--------------------	-------------	-------------------

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

Name of Employer (for Individual) California Nurses Association	Occupation (for Individual) Information Requested
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
340.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2018

Transaction ID : A2018-2335106

Amount of Each Receipt this Period
20.00

Memo Item

C. Indriolo, Christa, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5400 The Toledo

City Long Beach	State CA	Zip Code 90803
--------------------	-------------	-------------------

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

Name of Employer (for Individual) California Nurses Association	Occupation (for Individual) Information Requested
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2018

Transaction ID : A2018-2334791

Amount of Each Receipt this Period
20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	60.00
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: (check only one)	PAGE 46 OF 80
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Johnson, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 997 Athens Street
 City Altadena State CA Zip Code 91001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) California Nurses Association Occupation (for Individual) Information Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2018
Transaction ID : A2018-2334793
 Amount of Each Receipt this Period
 10.00
 Memo Item

B. Jung, Joanne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5264 Lawton Avenue
 City Oakland State CA Zip Code 94618
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) California Nurses Association Occupation (for Individual) Information Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2018
Transaction ID : A2018-2334588
 Amount of Each Receipt this Period
 25.00
 Memo Item

C. Jung, Joanne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5264 Lawton Avenue
 City Oakland State CA Zip Code 94618
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) California Nurses Association Occupation (for Individual) Information Requested
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 30 / 2018
Transaction ID : A2018-2334693
 Amount of Each Receipt this Period
 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	60.00
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: (check only one)	PAGE 47 OF 80
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<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)
National Nurses United PAC - A Fund for a Healthy America

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Jung, Joanne, , ,

Mailing Address 5264 Lawton Avenue

City Oakland	State CA	Zip Code 94618
-----------------	-------------	-------------------

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

Name of Employer (for Individual) California Nurses Association	Occupation (for Individual) Information Requested
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2018

Transaction ID : A2018-2335008

Amount of Each Receipt this Period
25.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Jung, Joanne, , ,

Mailing Address 5264 Lawton Avenue

City Oakland	State CA	Zip Code 94618
-----------------	-------------	-------------------

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

Name of Employer (for Individual) California Nurses Association	Occupation (for Individual) Information Requested
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2018

Transaction ID : A2018-2334903

Amount of Each Receipt this Period
25.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Jung, Joanne, , ,

Mailing Address 5264 Lawton Avenue

City Oakland	State CA	Zip Code 94618
-----------------	-------------	-------------------

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

Name of Employer (for Individual) California Nurses Association	Occupation (for Individual) Information Requested
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
425.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2018

Transaction ID : A2018-2335113

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	75.00
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: (check only one)	PAGE 48 OF 80
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 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. Jung, Joanne, , ,			Date of Receipt
Mailing Address 5264 Lawton Avenue			<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2018"/>
City Oakland	State CA	Zip Code 94618	Transaction ID : A2018-2334798
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="25.00"/>
Name of Employer (for Individual) California Nurses Association		Occupation (for Individual) Information Requested	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="450.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Littles, Paula, , ,			Date of Receipt
Mailing Address 5712 Netleaf Rd			<input type="text" value="07"/> / <input type="text" value="15"/> / <input type="text" value="2018"/>
City Austin	State TX	Zip Code 78724	Transaction ID : A2018-2334591
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="25.00"/>
Name of Employer (for Individual) California Nurses Association		Occupation (for Individual) Organizer	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="325.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Littles, Paula, , ,			Date of Receipt
Mailing Address 5712 Netleaf Rd			<input type="text" value="07"/> / <input type="text" value="30"/> / <input type="text" value="2018"/>
City Austin	State TX	Zip Code 78724	Transaction ID : A2018-2334696
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="25.00"/>
Name of Employer (for Individual) California Nurses Association		Occupation (for Individual) Organizer	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="350.00"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="75.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 49 OF 80
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Little, Paula, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5712 Netleaf Rd

City Austin	State TX	Zip Code 78724
----------------	-------------	-------------------

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

Name of Employer (for Individual) California Nurses Association	Occupation (for Individual) Organizer
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2018

Transaction ID : A2018-2335011

Amount of Each Receipt this Period
25.00

Memo Item

B. Little, Paula, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5712 Netleaf Rd

City Austin	State TX	Zip Code 78724
----------------	-------------	-------------------

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

Name of Employer (for Individual) California Nurses Association	Occupation (for Individual) Organizer
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2018

Transaction ID : A2018-2334906

Amount of Each Receipt this Period
25.00

Memo Item

C. Little, Paula, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5712 Netleaf Rd

City Austin	State TX	Zip Code 78724
----------------	-------------	-------------------

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

Name of Employer (for Individual) California Nurses Association	Occupation (for Individual) Organizer
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
425.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2018

Transaction ID : A2018-2335116

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	75.00
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: (check only one)	PAGE 50 OF 80
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Littles, Paula, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5712 Netleaf Rd
 City Austin State TX Zip Code 78724
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) California Nurses Association Occupation (for Individual) Organizer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 30 / 2018
Transaction ID : A2018-2334801
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Maharaj, Puneet, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17 Winged Foot Ct
 City San Ramon State CA Zip Code 94583
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) California Nurses Association Occupation (for Individual) Information Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 07 / 15 / 2018
Transaction ID : A2018-2334597
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Maharaj, Puneet, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17 Winged Foot Ct
 City San Ramon State CA Zip Code 94583
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) California Nurses Association Occupation (for Individual) Information Requested
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 07 / 30 / 2018
Transaction ID : A2018-2334702
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	65.00
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: (check only one)	PAGE 51 OF 80
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Maharaj, Puneet, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17 Winged Foot Ct
 City San Ramon State CA Zip Code 94583
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) California Nurses Association Occupation (for Individual) Information Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 15 / 2018
Transaction ID : A2018-2335017
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Maharaj, Puneet, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17 Winged Foot Ct
 City San Ramon State CA Zip Code 94583
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) California Nurses Association Occupation (for Individual) Information Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 08 / 31 / 2018
Transaction ID : A2018-2334912
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Maharaj, Puneet, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17 Winged Foot Ct
 City San Ramon State CA Zip Code 94583
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) California Nurses Association Occupation (for Individual) Information Requested
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 09 / 15 / 2018
Transaction ID : A2018-2335122
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
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: (check only one)	PAGE 52 OF 80
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Maharaj, Puneet, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17 Winged Foot Ct
 City San Ramon State CA Zip Code 94583
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) California Nurses Association Occupation (for Individual) Information Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 30 / 2018
Transaction ID : A2018-2334807
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Nielsen, Christopher, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2330 McGee Ave.
 City Berkeley State CA Zip Code 94703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) California Nurses Association Occupation (for Individual) Organizer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 07 / 15 / 2018
Transaction ID : A2018-2334606
 Amount of Each Receipt this Period 40.00
 Memo Item

C. Nielsen, Christopher, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2330 McGee Ave.
 City Berkeley State CA Zip Code 94703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) California Nurses Association Occupation (for Individual) Organizer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 560.00

Date of Receipt 07 / 30 / 2018
Transaction ID : A2018-2334711
 Amount of Each Receipt this Period 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	100.00
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: (check only one)	PAGE 53 OF 80
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Nielsen, Christopher, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2330 McGee Ave.
 City Berkeley State CA Zip Code 94703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) California Nurses Association Occupation (for Individual) Organizer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 08 / 15 / 2018
Transaction ID : A2018-2335026
 Amount of Each Receipt this Period 40.00
 Memo Item

B. Nielsen, Christopher, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2330 McGee Ave.
 City Berkeley State CA Zip Code 94703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) California Nurses Association Occupation (for Individual) Organizer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 640.00

Date of Receipt 08 / 31 / 2018
Transaction ID : A2018-2334921
 Amount of Each Receipt this Period 40.00
 Memo Item

C. Nielsen, Christopher, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2330 McGee Ave.
 City Berkeley State CA Zip Code 94703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) California Nurses Association Occupation (for Individual) Organizer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 680.00

Date of Receipt 09 / 15 / 2018
Transaction ID : A2018-2335131
 Amount of Each Receipt this Period 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	120.00
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: (check only one)	PAGE 54 OF 80
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Nielsen, Christopher, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2330 McGee Ave.
 City Berkeley State CA Zip Code 94703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) California Nurses Association Occupation (for Individual) Organizer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt **09 / 30 / 2018**
Transaction ID : A2018-2334816
 Amount of Each Receipt this Period 40.00
 Memo Item

B. Nielsen, Donald, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 36354 Cloverleaf
 City Madera State CA Zip Code 93636
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) California Nurses Association Occupation (for Individual) Information Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt **07 / 15 / 2018**
Transaction ID : A2018-2334607
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Nielsen, Donald, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 36354 Cloverleaf
 City Madera State CA Zip Code 93636
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) California Nurses Association Occupation (for Individual) Information Requested
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt **07 / 30 / 2018**
Transaction ID : A2018-2334712
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	80.00
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: (check only one)	PAGE 55 OF 80
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Nielsen, Donald, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 36354 Cloverleaf
 City Madera State CA Zip Code 93636
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) California Nurses Association Occupation (for Individual) Information Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 15 / 2018
Transaction ID : A2018-2335027
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Nielsen, Donald, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 36354 Cloverleaf
 City Madera State CA Zip Code 93636
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) California Nurses Association Occupation (for Individual) Information Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 08 / 31 / 2018
Transaction ID : A2018-2334922
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Nielsen, Donald, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 36354 Cloverleaf
 City Madera State CA Zip Code 93636
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) California Nurses Association Occupation (for Individual) Information Requested
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 09 / 15 / 2018
Transaction ID : A2018-2335132
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
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: (check only one)	PAGE 56 OF 80
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Nielsen, Donald, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 36354 Cloverleaf
 City Madera State CA Zip Code 93636
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) California Nurses Association Occupation (for Individual) Information Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2018
Transaction ID : A2018-2334817
 Amount of Each Receipt this Period
 20.00
 Memo Item

B. Pease, Elizabeth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24512 N Bass Blvd
 City Spring State TX Zip Code 77388
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Nurses United Occupation (for Individual) Organizer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2018
Transaction ID : A2018-2334611
 Amount of Each Receipt this Period
 20.00
 Memo Item

C. Pease, Elizabeth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24512 N Bass Blvd
 City Spring State TX Zip Code 77388
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Nurses United Occupation (for Individual) Organizer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 30 / 2018
Transaction ID : A2018-2334716
 Amount of Each Receipt this Period
 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	60.00
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: (check only one)	PAGE 57 OF 80
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<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)
National Nurses United PAC - A Fund for a Healthy America

A. Pease, Elizabeth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24512 N Bass Blvd
 City Spring State TX Zip Code 77388
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Nurses United Occupation (for Individual) Organizer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 15 / 2018
Transaction ID : A2018-2335031
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Pease, Elizabeth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24512 N Bass Blvd
 City Spring State TX Zip Code 77388
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Nurses United Occupation (for Individual) Organizer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 08 / 31 / 2018
Transaction ID : A2018-2334926
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Pease, Elizabeth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24512 N Bass Blvd
 City Spring State TX Zip Code 77388
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Nurses United Occupation (for Individual) Organizer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 09 / 15 / 2018
Transaction ID : A2018-2335136
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
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: (check only one)	PAGE 58 OF 80
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Pease, Elizabeth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24512 N Bass Blvd
 City Spring State TX Zip Code 77388
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Nurses United Occupation (for Individual) Organizer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 30 / 2018
Transaction ID : A2018-2334821
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Rodolfo, Jan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 613 N. Noble Street Unit 1
 City Chicago State IL Zip Code 60642
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Nurses United Occupation (for Individual) Organizer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 07 / 15 / 2018
Transaction ID : A2018-2334616
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Rodolfo, Jan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 613 N. Noble Street Unit 1
 City Chicago State IL Zip Code 60642
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Nurses United Occupation (for Individual) Organizer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 07 / 30 / 2018
Transaction ID : A2018-2334721
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	120.00
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: (check only one)	PAGE 59 OF 80
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Rodolfo, Jan, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 613 N. Noble Street Unit 1

City Chicago	State IL	Zip Code 60642
-----------------	-------------	-------------------

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

Name of Employer (for Individual) National Nurses United	Occupation (for Individual) Organizer
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2018

Transaction ID : A2018-2335036

Amount of Each Receipt this Period
50.00

Memo Item

B. Rodolfo, Jan, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 613 N. Noble Street Unit 1

City Chicago	State IL	Zip Code 60642
-----------------	-------------	-------------------

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

Name of Employer (for Individual) National Nurses United	Occupation (for Individual) Organizer
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2018

Transaction ID : A2018-2334931

Amount of Each Receipt this Period
50.00

Memo Item

C. Rodolfo, Jan, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 613 N. Noble Street Unit 1

City Chicago	State IL	Zip Code 60642
-----------------	-------------	-------------------

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

Name of Employer (for Individual) National Nurses United	Occupation (for Individual) Organizer
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
850.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2018

Transaction ID : A2018-2335141

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).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 60 OF 80
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Rodolfo, Jan, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 613 N. Noble Street Unit 1

City Chicago	State IL	Zip Code 60642
-----------------	-------------	-------------------

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

Name of Employer (for Individual) National Nurses United	Occupation (for Individual) Organizer
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2018

Transaction ID : A2018-2334826

Amount of Each Receipt this Period
50.00

Memo Item

B. Short, Stephanie, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9961 Frederick Circle

City Huntington Beach	State CA	Zip Code 92646
--------------------------	-------------	-------------------

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

Name of Employer (for Individual) California Nurses Association	Occupation (for Individual) Information Requested
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2018

Transaction ID : A2018-2334620

Amount of Each Receipt this Period
20.00

Memo Item

C. Short, Stephanie, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9961 Frederick Circle

City Huntington Beach	State CA	Zip Code 92646
--------------------------	-------------	-------------------

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

Name of Employer (for Individual) California Nurses Association	Occupation (for Individual) Information Requested
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	30	/	2018

Transaction ID : A2018-2334725

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).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 80
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Short, Stephanie, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9961 Frederick Circle

City Huntington Beach	State CA	Zip Code 92646
--------------------------	-------------	-------------------

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

Name of Employer (for Individual) California Nurses Association	Occupation (for Individual) Information Requested
--	--

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
08	/	15	/	2018

Transaction ID : A2018-2335040

Amount of Each Receipt this Period
20.00

Memo Item

B. Short, Stephanie, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9961 Frederick Circle

City Huntington Beach	State CA	Zip Code 92646
--------------------------	-------------	-------------------

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

Name of Employer (for Individual) California Nurses Association	Occupation (for Individual) Information Requested
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
320.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2018

Transaction ID : A2018-2334935

Amount of Each Receipt this Period
20.00

Memo Item

C. Short, Stephanie, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9961 Frederick Circle

City Huntington Beach	State CA	Zip Code 92646
--------------------------	-------------	-------------------

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

Name of Employer (for Individual) California Nurses Association	Occupation (for Individual) Information Requested
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
340.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2018

Transaction ID : A2018-2335145

Amount of Each Receipt this Period
20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	60.00
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: (check only one)	PAGE 62 OF 80
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Short, Stephanie, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9961 Frederick Circle

City Huntington Beach	State CA	Zip Code 92646
--------------------------	-------------	-------------------

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

Name of Employer (for Individual) California Nurses Association	Occupation (for Individual) Information Requested
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2018

Transaction ID : A2018-2334830

Amount of Each Receipt this Period
20.00

Memo Item

B. Smith, Marti, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 613 N. Noble Street Unit1

City Chicago	State IL	Zip Code 60642
-----------------	-------------	-------------------

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

Name of Employer (for Individual) National Nurses United	Occupation (for Individual) Information Requested
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		15		2018

Transaction ID : A2018-2334621

Amount of Each Receipt this Period
20.00

Memo Item

C. Smith, Marti, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 613 N. Noble Street Unit1

City Chicago	State IL	Zip Code 60642
-----------------	-------------	-------------------

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

Name of Employer (for Individual) National Nurses United	Occupation (for Individual) Information Requested
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		30		2018

Transaction ID : A2018-2334726

Amount of Each Receipt this Period
20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
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: (check only one)	PAGE 63 OF 80
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Smith, Marti, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 613 N. Noble Street Unit1

City Chicago	State IL	Zip Code 60642
-----------------	-------------	-------------------

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

Name of Employer (for Individual) National Nurses United	Occupation (for Individual) Information Requested
---	--

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
08		15		2018

Transaction ID : A2018-2335041

Amount of Each Receipt this Period
20.00

Memo Item

B. Smith, Marti, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 613 N. Noble Street Unit1

City Chicago	State IL	Zip Code 60642
-----------------	-------------	-------------------

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

Name of Employer (for Individual) National Nurses United	Occupation (for Individual) Information Requested
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
320.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2018

Transaction ID : A2018-2334936

Amount of Each Receipt this Period
20.00

Memo Item

C. Smith, Marti, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 613 N. Noble Street Unit1

City Chicago	State IL	Zip Code 60642
-----------------	-------------	-------------------

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

Name of Employer (for Individual) National Nurses United	Occupation (for Individual) Information Requested
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
340.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2018

Transaction ID : A2018-2335146

Amount of Each Receipt this Period
20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
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: (check only one)	PAGE 64 OF 80
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 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. Smith, Marti, , ,		Date of Receipt
Mailing Address 613 N. Noble Street Unit1		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2018"/>
City Chicago	State IL	Zip Code 60642
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : A2018-2334831
Name of Employer (for Individual) National Nurses United		Amount of Each Receipt this Period <input type="text" value="20.00"/>
Occupation (for Individual) Information Requested		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="360.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Sylvester, Vanessa, , ,		Date of Receipt
Mailing Address 3 Central Avenue		<input type="text" value="07"/> / <input type="text" value="15"/> / <input type="text" value="2018"/>
City Peaks Island	State ME	Zip Code 04108
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : A2018-2334623
Name of Employer (for Individual) National Nurses United		Amount of Each Receipt this Period <input type="text" value="20.00"/>
Occupation (for Individual) Information Requested		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="260.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Sylvester, Vanessa, , ,		Date of Receipt
Mailing Address 3 Central Avenue		<input type="text" value="07"/> / <input type="text" value="30"/> / <input type="text" value="2018"/>
City Peaks Island	State ME	Zip Code 04108
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : A2018-2334728
Name of Employer (for Individual) National Nurses United		Amount of Each Receipt this Period <input type="text" value="20.00"/>
Occupation (for Individual) Information Requested		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="280.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="60.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 80
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Sylvester, Vanessa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 Central Avenue
 City Peaks Island State ME Zip Code 04108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Nurses United Occupation (for Individual) Information Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 08 / 15 / 2018
Transaction ID : A2018-2335043
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Sylvester, Vanessa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 Central Avenue
 City Peaks Island State ME Zip Code 04108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Nurses United Occupation (for Individual) Information Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt
 08 / 31 / 2018
Transaction ID : A2018-2334938
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Sylvester, Vanessa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 Central Avenue
 City Peaks Island State ME Zip Code 04108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Nurses United Occupation (for Individual) Information Requested
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt
 09 / 15 / 2018
Transaction ID : A2018-2335148
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	60.00
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: (check only one)	PAGE 66 OF 80
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Sylvester, Vanessa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 Central Avenue
 City Peaks Island State ME Zip Code 04108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Nurses United Occupation (for Individual) Information Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 30 / 2018
Transaction ID : A2018-2334833
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Van Waus, Bradley, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 901 W Coral St
 City Tampa State FL Zip Code 33602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Nurses United Occupation (for Individual) Information Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 07 / 15 / 2018
Transaction ID : A2018-2334626
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Van Waus, Bradley, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 901 W Coral St
 City Tampa State FL Zip Code 33602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Nurses United Occupation (for Individual) Information Requested
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 07 / 30 / 2018
Transaction ID : A2018-2334731
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	60.00
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: (check only one)	PAGE 67 OF 80
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Van Waus, Bradley, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 901 W Coral St

City Tampa	State FL	Zip Code 33602
---------------	-------------	-------------------

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

Name of Employer (for Individual) National Nurses United	Occupation (for Individual) Information Requested
---	--

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
08	/	15	/	2018

Transaction ID : A2018-2335046

Amount of Each Receipt this Period
20.00

Memo Item

B. Van Waus, Bradley, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 901 W Coral St

City Tampa	State FL	Zip Code 33602
---------------	-------------	-------------------

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

Name of Employer (for Individual) National Nurses United	Occupation (for Individual) Information Requested
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
320.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2018

Transaction ID : A2018-2334941

Amount of Each Receipt this Period
20.00

Memo Item

C. Van Waus, Bradley, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 901 W Coral St

City Tampa	State FL	Zip Code 33602
---------------	-------------	-------------------

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

Name of Employer (for Individual) National Nurses United	Occupation (for Individual) Information Requested
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
340.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2018

Transaction ID : A2018-2335151

Amount of Each Receipt this Period
20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
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: (check only one)	PAGE 68 OF 80
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Van Waus, Bradley, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 901 W Coral St
 City Tampa State FL Zip Code 33602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Nurses United Occupation (for Individual) Information Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 30 / 2018
Transaction ID : A2018-2334836
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Walsh, Shayla, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4220 NW 10th Ave
 City Miami State FL Zip Code 33127
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Nurses United Occupation (for Individual) Information Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 07 / 15 / 2018
Transaction ID : A2018-2334630
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Walsh, Shayla, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4220 NW 10th Ave
 City Miami State FL Zip Code 33127
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Nurses United Occupation (for Individual) Information Requested
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 07 / 30 / 2018
Transaction ID : A2018-2334735
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	60.00
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: (check only one)	PAGE 69 OF 80
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Walsh, Shayla, M, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4220 NW 10th Ave

City Miami	State FL	Zip Code 33127
---------------	-------------	-------------------

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

Name of Employer (for Individual) National Nurses United	Occupation (for Individual) Information Requested
---	--

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
08		15		2018

Transaction ID : A2018-2335050

Amount of Each Receipt this Period
20.00

Memo Item

B. Walsh, Shayla, M, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4220 NW 10th Ave

City Miami	State FL	Zip Code 33127
---------------	-------------	-------------------

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

Name of Employer (for Individual) National Nurses United	Occupation (for Individual) Information Requested
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
320.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2018

Transaction ID : A2018-2334945

Amount of Each Receipt this Period
20.00

Memo Item

C. Walsh, Shayla, M, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4220 NW 10th Ave

City Miami	State FL	Zip Code 33127
---------------	-------------	-------------------

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

Name of Employer (for Individual) National Nurses United	Occupation (for Individual) Information Requested
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
340.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2018

Transaction ID : A2018-2335155

Amount of Each Receipt this Period
20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
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: (check only one)	PAGE 70 OF 80
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Walsh, Shayla, M, ,

Mailing Address 4220 NW 10th Ave

City Miami	State FL	Zip Code 33127
---------------	-------------	-------------------

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

Name of Employer (for Individual) National Nurses United	Occupation (for Individual) Information Requested
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		30		2018

Transaction ID : A2018-2334840

Amount of Each Receipt this Period
20.00

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	20.00
TOTAL This Period (last page this line number only).....	4705.00

**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"/> 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. ActBlue

Mailing Address 366 Summer Street

City Somerville State MA Zip Code 02144

Purpose of Disbursement
Credit Card Processing Fees

001

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Not Applicable

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 05 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : B708098

Amount of Each Disbursement this Period

[REDACTED] 19.19

Memo Item

Full Name (Last, First, Middle Initial)

B. ActBlue

Mailing Address 366 Summer Street

City Somerville State MA Zip Code 02144

Purpose of Disbursement
Credit Card Processing Fees

001

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Not Applicable

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 16 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : B708099

Amount of Each Disbursement this Period

[REDACTED] 16.13

Memo Item

Full Name (Last, First, Middle Initial)

C. ActBlue

Mailing Address 366 Summer Street

City Somerville State MA Zip Code 02144

Purpose of Disbursement
Credit Card Processing Fees

001

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Not Applicable

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 19 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : B708100

Amount of Each Disbursement this Period

[REDACTED] 2.58

Memo Item

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

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

[REDACTED] 37.90

[REDACTED]

**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"/> 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. ActBlue

Mailing Address 366 Summer Street

City Somerville State MA Zip Code 02144

Purpose of Disbursement
Credit Card Processing Fees

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼
Not Applicable

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 08 / 2018

FEC Identification Number

C []

Transaction ID : B708106

Amount of Each Disbursement this Period

[] 0.60

Memo Item

Full Name (Last, First, Middle Initial)

B. ActBlue

Mailing Address 366 Summer Street

City Somerville State MA Zip Code 02144

Purpose of Disbursement
Credit Card Processing Fees

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼
Not Applicable

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 09 / 2018

FEC Identification Number

C []

Transaction ID : B708882

Amount of Each Disbursement this Period

[] 3.18

Memo Item

Full Name (Last, First, Middle Initial)

C. ActBlue

Mailing Address 366 Summer Street

City Somerville State MA Zip Code 02144

Purpose of Disbursement
Credit Card Processing Fees

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼
Not Applicable

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 18 / 2018

FEC Identification Number

C []

Transaction ID : B708883

Amount of Each Disbursement this Period

[] 2.63

Memo Item

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

[] 6.41

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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. ActBlue

Mailing Address 366 Summer Street

City Somerville State MA Zip Code 02144

Purpose of Disbursement
Credit Card Processing Fees

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Not Applicable

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 26 / 2018

FEC Identification Number

C

Transaction ID : B708884

Amount of Each Disbursement this Period

1.78

Memo Item

Full Name (Last, First, Middle Initial)

B. ActBlue

Mailing Address 366 Summer Street

City Somerville State MA Zip Code 02144

Purpose of Disbursement
Credit Card Processing Fees

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Not Applicable

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2018

FEC Identification Number

C

Transaction ID : B708885

Amount of Each Disbursement this Period

17.99

Memo Item

Full Name (Last, First, Middle Initial)

C. ActBlue

Mailing Address 366 Summer Street

City Somerville State MA Zip Code 02144

Purpose of Disbursement
Credit Card Processing Fees

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Not Applicable

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 02 / 2018

FEC Identification Number

C

Transaction ID : B708886

Amount of Each Disbursement this Period

14.54

Memo Item

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

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

34.31

**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"/> 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. ActBlue

Mailing Address 366 Summer Street

City Somerville State MA Zip Code 02144

Purpose of Disbursement
Credit Card Processing Fees

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Not Applicable

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 09 / 2018

FEC Identification Number

C []

Transaction ID : B708887

Amount of Each Disbursement this Period

[] 3.37

Memo Item

Full Name (Last, First, Middle Initial)

B. ActBlue

Mailing Address 366 Summer Street

City Somerville State MA Zip Code 02144

Purpose of Disbursement
Credit Card Processing Fees

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Not Applicable

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 21 / 2018

FEC Identification Number

C []

Transaction ID : B708888

Amount of Each Disbursement this Period

[] 4.17

Memo Item

Full Name (Last, First, Middle Initial)

C. ActBlue

Mailing Address 366 Summer Street

City Somerville State MA Zip Code 02144

Purpose of Disbursement
Credit Card Processing Fees

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Not Applicable

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 29 / 2018

FEC Identification Number

C []

Transaction ID : B708889

Amount of Each Disbursement this Period

[] 17.59

Memo Item

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

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

[] 25.13

[] 141.24

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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

A. Citizens for Rush

Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 7292

City Chicago State IL Zip Code 60680

Purpose of Disbursement Contribution
Candidate Name **Rush, Bobby, L, ,**
Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: IL District: 01

Date of Disbursement: 07 / 16 / 2018

FEC Identification Number: **C00257121**
Transaction ID : **B708158**
Amount of Each Disbursement this Period: 1000.00

Memo Item

B. A Whole Lot of People for Grijalva Congress Cmte

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 1242

City Tucson State AZ Zip Code 85702

Purpose of Disbursement Contribution
Candidate Name **Grijalva, Raul, M, ,**
Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: AZ District: 03

Date of Disbursement: 08 / 13 / 2018

FEC Identification Number: **C00374058**
Transaction ID : **B699324**
Amount of Each Disbursement this Period: 1000.00

Memo Item

C. Clarke for Congress

Full Name (Last, First, Middle Initial)
Mailing Address 111-36 200th. Street

City Hollis State NY Zip Code 11412

Purpose of Disbursement Contribution
Candidate Name **Clarke, Yvette, , ,**
Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: NY District: 09

Date of Disbursement: 08 / 13 / 2018

FEC Identification Number: **C00415331**
Transaction ID : **B699323**
Amount of Each Disbursement this Period: 1000.00

Memo Item

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

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

3000.00

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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

A. Darren Soto for Congress

Full Name (Last, First, Middle Initial)
Darren Soto for Congress

Date of Disbursement
MM / DD / YYYY
08 / 13 / 2018

Mailing Address P.O. Box 420239

City Kissimmee State FL Zip Code 34742

Purpose of Disbursement Contribution
Category/Type: 011

Candidate Name
Soto, Darren, , ,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: FL District: 09

FEC Identification Number
C00581074
Transaction ID : B699321
Amount of Each Disbursement this Period
1000.00

Memo Item

B. Liz for Indiana

Full Name (Last, First, Middle Initial)
Liz for Indiana

Date of Disbursement
MM / DD / YYYY
08 / 13 / 2018

Mailing Address P.O. Box 1732

City Bloomington State IN Zip Code 47401

Purpose of Disbursement Contribution
Category/Type: 011

Candidate Name
Watson, Liz, , ,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: IN District: 09

FEC Identification Number
C00651331
Transaction ID : B699322
Amount of Each Disbursement this Period
1500.00

Memo Item

C. Ilhan for Congress

Full Name (Last, First, Middle Initial)
Ilhan for Congress

Date of Disbursement
MM / DD / YYYY
08 / 23 / 2018

Mailing Address 400 South 4th Street Suite 401-200

City Minneapolis State MN Zip Code 55415

Purpose of Disbursement Contribution
Category/Type: 011

Candidate Name
Ilhan, Omar, , ,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: MN District: 05

FEC Identification Number
C00680934
Transaction ID : B700049
Amount of Each Disbursement this Period
1500.00

Memo Item

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

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

4000.00

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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. Audrey Denney for Congress

Mailing Address P.O. BOX 5174

City Chico State CA Zip Code 95927

Purpose of Disbursement Contribution

Category/Type

Candidate Name
Denney, Audrey, , ,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General Other (specify) ▼
State: CA District: 01

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : B700214

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Rashida Tlaib for Congress

Mailing Address P. O. Box 32777

City Detroit State MI Zip Code 48232

Purpose of Disbursement Contribution

Category/Type

Candidate Name
Tlaib, Rashida, , ,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General Other (specify) ▼
State: MI District: 13

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : B700213

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Alexandria Ocasio-Cortez 2018

Mailing Address P. O. Box 680080

City Corona State NY Zip Code 11368

Purpose of Disbursement Contribution

Category/Type

Candidate Name
Ocasio-Cortez, Alexandria, , ,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General Other (specify) ▼
State: NY District: 14

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : B704704

Amount of Each Disbursement this Period

Memo Item

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"/> 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

A. Radinovich for Congress

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 215

City Crosby State MN Zip Code 56441

Purpose of Disbursement Contribution
Candidate Name Radinovich, Joe, , ,
Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: MN District: 08

Date of Disbursement: 09 / 25 / 2018

FEC Identification Number: C00671032
Transaction ID : B704702
Amount of Each Disbursement this Period: 1500.00

Category/Type: 011

Memo Item

B.

Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

Purpose of Disbursement
Candidate Name
Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement: / /

FEC Identification Number: C

Amount of Each Disbursement this Period:

Category/Type:

Memo Item

C.

Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

Purpose of Disbursement
Candidate Name
Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement: / /

FEC Identification Number: C

Amount of Each Disbursement this Period:

Category/Type:

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	11500.00

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" 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

A. Elissa 2018

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 14858

City Washington State DC Zip Code 20004

Purpose of Disbursement
G-2018 City Council AL DC

Candidate Name
Silverman, Elissa, , ,

Office Sought: House Senate President
State: DC District:

Disbursement For: 2018
 Primary General Other (specify) ▼

Date of Disbursement: 07 / 16 / 2018

FEC Identification Number: C
Transaction ID : B708905
Amount of Each Disbursement this Period: 250.00

Memo Item

B. Re-Elect Charles Allen for Ward 6

Full Name (Last, First, Middle Initial)
Mailing Address 1530 D Street NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
G-2018 City Council Ward 6 DC

Candidate Name
Allen, Charles, , ,

Office Sought: House Senate President
State: DC District:

Disbursement For: 2018
 Primary General Other (specify) ▼

Date of Disbursement: 07 / 19 / 2018

FEC Identification Number: C
Transaction ID : B708184
Amount of Each Disbursement this Period: 250.00

Memo Item

C. Anita Bonds for DC Council

Full Name (Last, First, Middle Initial)
Mailing Address 600 14th St. Ste. 400

City Washington State DC Zip Code 20005

Purpose of Disbursement
G-2018 City Council DC At large DC

Candidate Name
Bonds, Anita, , ,

Office Sought: House Senate President
State: DC District:

Disbursement For: 2018
 Primary General Other (specify) ▼

Date of Disbursement: 07 / 19 / 2018

FEC Identification Number: C
Transaction ID : B708150
Amount of Each Disbursement this Period: 250.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	750.00