Statement of Organization
Recipient Committee

1. Committee Information
NAME OF COMMITTEE
California Nurses Association Political Action Committee (CNA-PAC)

STREET ADDRESS (NO P. O. BOX)

CITY
Oakland
STATE
CA
ZIP CODE
94612
AREA CODE/PHONE
(510) 273-2200

MAILING ADDRESS (IF DIFFERENT)
Sacramento, CA 95814

OPTIONAL: FAX/E-MAIL ADDRESS
info@olsonhagel.com

COUNTY OF DOMICILE
Alameda
COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE
Statewide

2. Treasurer and Other Principal Officers
NAME OF TREASURER
Malinda Markowitz

STREET ADDRESS

CITY
San Jose
STATE
CA
ZIP CODE
95123-
AREA CODE/PHONE
(408) 224-1274

NAME OF ASSISTANT TREASURER, IF ANY
Michael Lighty

STREET ADDRESS

CITY
Oakland
STATE
CA
ZIP CODE
94612
AREA CODE/PHONE
(510) 273-2200

3. Verification
I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 03/03/2016
DATE
By Malinda Markowitz
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 03/03/2016
DATE
By Malinda Markowitz
SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on
DATE
By
SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on
DATE
By
SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROPONENT

FPPC Form 410 (Jan/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC
### Statement of Organization

**Recipient Committee**

**Type or print in ink**

<table>
<thead>
<tr>
<th>Statement Type</th>
<th>Amendment</th>
<th>Termination - See Part 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Initial</td>
<td>□ List I.D. number:</td>
<td>□ List I.D. number:</td>
</tr>
<tr>
<td>Not yet qualified</td>
<td># 780657</td>
<td>#</td>
</tr>
<tr>
<td>or</td>
<td>6/30/1978</td>
<td>Date qualified as committee</td>
</tr>
<tr>
<td>Date qualified as committee</td>
<td>Date qualified as committee</td>
<td>Date of Termination</td>
</tr>
</tbody>
</table>

#### 1. Committee Information

- **NAME OF COMMITTEE**: California Nurses Association Political Action Committee (CNA-PAC)
- **STREET ADDRESS**:
  - STREET ADDRESS (NO P. O. BOX)
  - CITY
  - STATE
  - ZIP CODE
  - AREA CODE/PHONE
- **MAILING ADDRESS**: Optional: FAX/E-MAIL ADDRESS
- **COUNTY OF DOMICILE**
- **COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE**

Attach additional information on appropriately labeled continuation sheets.

#### 2. Treasurer and Other Principal Officers

- **NAME OF TREASURER**
- **STREET ADDRESS**:
  - STREET ADDRESS
  - CITY
  - STATE
  - ZIP CODE
  - AREA CODE/PHONE
- **NAME OF ASSISTANT TREASURER, IF ANY**
  - STREET ADDRESS
    - CITY
    - STATE
    - ZIP CODE
    - AREA CODE/PHONE
- **NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE**
  - Michael Lighty, Director of Public Policy
  - Mailing Address
    - CITY
    - STATE
    - ZIP CODE
    - AREA CODE/PHONE

#### 3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

- Executed on □ □ □ □ DATE
  - By □ □ □ □ SIGNATURE OF TREASURER OR ASSISTANT TREASURER
- Executed on □ □ □ □ DATE
  - By □ □ □ □ SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROONENT
- Executed on □ □ □ □ DATE
  - By □ □ □ □ SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROONENT
- Executed on □ □ □ □ DATE
  - By □ □ □ □ SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROONENT
**Statement of Organization**
Recipient Committee

**Type or print in ink**

| Statement Type | ☐ Initial  
|----------------|------------------|
|                | Not yet qualified  
|                | or               |
| Amendment      | ☐ List I.D. number: |
|                | #               |
|                | 780657         |
|                | 6/30/1978      |
| Termination - See Part 5 | ☐ List I.D. number: |
|                | #               |
|                | Date qualified as committee  
|                | (If applicable)  
|                | Date qualified as committee  
|                | Date of Termination  

**1. Committee Information**

**NAME OF COMMITTEE**
California Nurses Association Political Action Committee (CNA-PAC)

**STREET ADDRESS (NO P. O. BOX)**

**CITY**

**STATE**

**ZIP CODE**

**AREA CODE/PHONE**

**MAILING ADDRESS (IF DIFFERENT)**

**CITY**

**STATE**

**ZIP CODE**

**AREA CODE/PHONE**

**COUNTY OF DOMICILE**

**COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE**

**OPTIONAL: FAX/E-MAIL ADDRESS**

**2. Treasurer and Other Principal Officers**

**NAME OF TREASURER**

**STREET ADDRESS**

**CITY**

**STATE**

**ZIP CODE**

**AREA CODE/PHONE**

**NAME OF ASSISTANT TREASURER, IF ANY**

**STREET ADDRESS**

**CITY**

**STATE**

**ZIP CODE**

**AREA CODE/PHONE**

**NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE**

Donald W. Nielsen, Director of Government Relations

**MAILING ADDRESS**

**CITY**

**STATE**

**ZIP CODE**

**AREA CODE/PHONE**

**3. Verification**

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

**Executed on**

**DATE**

**By**

**SIGNATURE OF TREASURER OR ASSISTANT TREASURER**

**Executed on**

**DATE**

**By**

**SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROONENT**

**Executed on**

**DATE**

**By**

**SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROONENT**

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**DATE**

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**DATE**

**By**

**SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROONENT**

**FPPC** Form 410 (Jan/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC
## 4. Type of Committee

### Controlled Committee
- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "non-partisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

<table>
<thead>
<tr>
<th>NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT</th>
<th>ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)</th>
<th>YEAR OF ELECTION</th>
<th>PARTY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>☐ Non-Partisan</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>☐ Non-Partisan</td>
</tr>
</tbody>
</table>

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

<table>
<thead>
<tr>
<th>NAME OF FINANCIAL INSTITUTION</th>
<th>AREA CODE/PHONE</th>
<th>BANK ACCOUNT NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wells Fargo Bank</td>
<td>(916)440-4205</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIPCODE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Sacramento</td>
<td>CA</td>
<td>95814</td>
</tr>
</tbody>
</table>

### Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

<table>
<thead>
<tr>
<th>CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)</th>
<th>CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDING DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)</th>
<th>CHECK ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
<tr>
<td></td>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>
4. Type of Committee  (Continued)

<table>
<thead>
<tr>
<th>General Purpose Committee</th>
<th>Not formed to support or oppose specific candidates or measures in a single election. Check only one box:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CITY Committee □  COUNTY Committee □  STATE Committee □</td>
</tr>
</tbody>
</table>

PROVIDE BRIEF DESCRIPTION OF ACTIVITY
To support or oppose various candidates

| Sponsored Committee | List additional sponsors on an attachment. |

<table>
<thead>
<tr>
<th>NAME OF SPONSOR</th>
<th>INDUSTRY GROUP OR AFFILIATION OF SPONSOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>California Nurses Association</td>
<td>Registered Nurses</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>STREET ADDRESS</th>
<th>NO. AND STREET</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Small Contributor Committee | 1/1/2001 | Check box and provide the date this committee qualified as a small contributor committee. If the committee qualified as a small contributor committee on January 1, 2001, enter 1/1/01. |

5. Termination Requirements  By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditure in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
  -- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
  -- Additional filing obligations will be incurred if, after terminating, the committee receives or spends any funds, or receives the forgiveness of a loan, repayments of loans made to others, or any other receipts.