PAGE 1 / 8

Image# 201507319000524144

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X	For C	ther Than I	An Authorize	d Commit	tee		Office Us	se Only	
NAME OF COMMITTEE (in ful		OR PRINT ▼		ample: If typer the lines.	oing, type	12FE4	M5		
National Nurses	United for	Patient Pr	otection					1 1 1	1
<u> </u>									
ADDRESS (number and s		30 Fenton Stree	t, Suite 1100						
Check if differe		ver Spring				ı MD ı	20910		
reported. (ACC)								
2. FEC IDENTIFICAT	ION NUMBE	R ▼	CITY A			STATE A		ZIP COD	'E ▲
C C00490375			3. IS THIS REPORT	×	NEW (N) OR		AMENDED (A)		
4. TYPE OF REPO (Choose One) (a) Quarterly Repor		Monthly Report Due On:	Feb 20 (M2) Mar 20 (M3) Apr 20 (M4)		May 20 (M5) Jun 20 (M6) Jul 20 (M7)		Aug 20 (M8) Sep 20 (M9) Oct 20 (M10)		Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE)
April 15 Quarterly F July 15 Quarterly F October 15 Quarterly F January 31	Report (Q2)	(c) 12-Day PRE-Ele Report f		Primary (12 Convention		_	ral (12G) ial (12S)	in the	Runoff (12R)
Year-End F July 31 Mic Report (No Year Only) Termination (TER)	Report (YE) d-Year n-election (MY)	(d) 30-Day POST-E Report f	or the:	General (30	OG) / D D /	Runo	ff (30R)	in the	Special (30S)
5. Covering Period	M M /	01 / Y	Election on	through	M M	/ D D D 30	/ Y Y 20°	State of	
I certify that I have exar	nined this Rep	oort and to the	e best of my kno	wledge and	belief it is tr	ue, correct	and comple	te.	
Type or Print Name of 1	reasurer Ca	rolyn Hietamaki	i						
Signature of Treasurer	Carolyn Hie	tamaki		[Electronica	lly Filed]	Date 0			2015
NOTE: Submission of fals	se, erroneous, o	or incomplete in	nformation may s	ubject the pe	erson signing t	his Report	to the penalti	es of 2 U	.S.C. §437g.
Office Use								FORI Rev. 12/20	

	SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS	
FEC Form 3X (Rev. 02/2003)		Page 2
Write or Type Committee Name		
National Nurses United for Patient F	Protection	
Report Covering the Period: From: 01	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2015		147329.84
(b) Cash on Hand at Beginning of Reporting Period	147329.84	
(c) Total Receipts (from Line 19)	127000.00	127000.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	274329.84	274329.84
7. Total Disbursements (from Line 31)	29793.73	29793.73
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	244536.11	244536.11
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
This committee has qualified as a multicar	ndidate committee. (see FEC FORM 1M)	
F	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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

National Nurses United for Patient Protection

R	eport Covering the Period: From: 01	/ 01 / 2015 To:	e	
	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)	0.00	0.00	
	(ii) Unitemized(iii) TOTAL (add	0.00	0.00	
	Lines 11(a)(i) and (ii)▶	0.00	0.00	
	(b) Political Party Committees	0.00	0.00	
	(such as PACs)(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry	0.00	0.00	
12.	Totals to Line 33, page 5) Transfers From Affiliated/Other	0.00	0.00	
	Party Committees	0.00	0.00	
13.	All Loans Received	0.00	0.00	
	Loan Repayments Received Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	
16.	(Carry Totals to Line 37, page 5) Refunds of Contributions Made	127000.00	127000.00	
17	to Federal Candidates and Other Political Committees	0.00	0.00	
	Other Federal Receipts (Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds (a) Non-Federal Associates	0.00	0.00	
	(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))▶	127000.00	127000.00	
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	127000.00	127000.00	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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)			23.3.33. 134. 10 24.0	
	(i) Federal Share	0.00	0.00	
	(ii) Non-Federal Share	0.00	0.00	
	(b) Other Federal Operating			
	Expenditures	0.00	0.00	
	(c) Total Operating Expenditures	0.00	0.00	
2	(add 21(a)(i), (a)(ii), and (b))▶ Transfers to Affiliated/Other Party	0.00	0.00	
	Committees	0.00	0.00	
23.	Contributions to Federal Candidates/Committees	, , , , , , , , , , , , , , , , , , , ,		
	and Other Political Committees	0.00	0.00	
4.	Independent Expenditures (use Schedule E)	0.00	0.00	
5.	Coordinated Party Expenditures			
	(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00	
_		0.00	222	
6.	Loan Repayments Made	0.00	0.00	
7.	Loans Made	0.00	0.00	
8.	Refunds of Contributions To: (a) Individuals/Persons Other			
	Than Political Committees	0.00	0.00	
	(b) Political Party Committees	0.00	0.00	
	(b) Political Party Committees	0.00		
	(such as PACs)	0.00	0.00	
	(d) Total Contribution Refunds			
	(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))▶	0.00	0.00	
	(4.2.2 2.1.2.2 2.5(4), (4), 4.1.2 (4),			
9.	Other Disbursements	29793.73	29793.73	
٥.	Federal Election Activity (2 U.S.C. §431(20))			
	(a) Allocated Federal Election Activity			
	(from Schedule H6)	0.00	0.00	
	(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	0.00	0.00	
	Lines 30(a)(i), 30(a)(ii) and 30(b)) ▶	7	0.00	
1.	Total Disbursements (add Lines 21(c), 22,			
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	29793.73	29793.73	
2	Total Federal Disbursements	, , , , , , , , , , , , , , , , , , , ,		
2.	(subtract Line 21(a)(ii) and Line 30(a)(ii)			
	from Line 31)	29793.73	29793.73	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	0.00	0.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	0.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	127000.00	127000.00
3. Net Operating Expenditures (subtract Line 37 from Line 36)	-127000.00	-127000.00

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 for Patient Protection Full Name (Last, First, Middle Initial) A Progressive Kick Mailing Address 1904 Franklin St Sie 725 City State City Amount of Each Receipt this Period Amount of Each Receipt this Period Amount of Each Receipt this Period City Fiel Name (Last, First, Middle Initial) Amount of Each Receipt this Period City Fiel Name (Last, First, Middle Initial) Amount of Each Receipt this Period Field of Receipt Amount of Each Receipt this Period Field of Receipt Amount of Each Receipt this Period Field of Receipt Amount of Each Receipt this Period Field of Receipt Amount of Each Receipt this Period Field of Receipt Amount of Each Receipt this Period Field of Receipt Amount of Each Receipt this Period Field of Receipt Amount of Each Receipt this Period	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(for each category of the Detailed Summary Page	e 11a 11b 11c 12
National Nurses United for Patient Protection Full Name (Last, First, Middle Initial) Progressive Kick Mailing Address 1904 Franklin St Ste 725 City Oakland CA 94612-2924 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. City Other (specify) ▼ State Zip Code Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Aggregate Year-to-Date ▼ FEC ID number of contributing federal political committee. Name of Employer Cocupation FEC ID number of contributing federal political committee. Name of Employer Occupation FEC ID number of contributing federal political committee. Name of Employer Occupation FEC ID number of contributing federal political committee. Name of Employer Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Aggregate Year-to-Date ▼ Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Accupation	or for commercial purposes, other than using the		any person for the purpose of soliciting contributions
A. Progressive Kick Mailing Address 1904 Franklin St Ste 725 City Coakland CCA 94612-2924 FEC ID number of contributing federal political committee. Name of Employer Primary City Primary Cocupation Receipt For: Primary Cother (specify) ▼ FEC ID number of contributing federal political committee. C C00492595 Aggregate Year-to-Date ▼ City State Zip Code Amount of Each Receipt this Period Amount of Each Receipt this Period Date of Receipt Amount of Each Receipt this Period Date of Receipt Amount of Each Receipt this Period Date of Receipt Amount of Each Receipt this Period Date of Receipt Amount of Each Receipt this Period Date of Receipt Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer City State Zip Code Amount of Each Receipt this Period Aggregate Year-to-Date ▼ Date of Receipt Amount of Each Receipt this Period Amount of Each Receipt this Period FEC ID number of contributing federal political committee. City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Amount of Each Receipt this Period		ent Protection	
Mailing Address City State Zip Code FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) City State Zip Code Amount of Each Receipt this Period Full Name (Last, First, Middle Initial) City State Zip Code FEC ID number of contributing federal political committee. Name of Employer Occupation Aggregate Year-to-Date ▼ Amount of Each Receipt this Period Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Aggregate Year-to-Date ▼	Mailing Address 1904 Franklin St Ste 725 City Oakland FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General	CA 94612-2924 C C00492595 Occupation Aggregate Year-to-Date ▼	02 24 2015 Transaction ID: C9196566 Amount of Each Receipt this Period 127000.00
Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼	Mailing Address City FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General	Occupation	M = M / D = D / Y = Y = Y
Other (specify) ▼	Mailing Address City FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General	Occupation	M = M / D = D / Y = Y = Y

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

7 7

127000.00

S	CHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 7 OF 8		
	EMIZED DISBURSEMENTS	Use separate schedule(s)				
4 1 1		for each category of the Detailed Summary Page	:	21b	22 23 24 25 26	
		Detailed Summary Page		27	28a 28b 28c X 29 30	
Ar	y information copied from such Reports and Staten	nents may not be sold or u	used b	by any perso	on for the purpose of soliciting contributions	
	for commercial purposes, other than using the name					
\	NAME OF COMMITTEE (In Full)					
$ \rangle$	National Nurses United for Patient	Protection				
\angle	E-III Nove (Lock Et al Nove III)			-		
٨	Full Name (Last, First, Middle Initial)				Date of Disbursement	
۸.	California Nurses Association	California Nurses Association				
	Mailing Address 2000 Franklin Street				03 30 2015	
	City	State Zip Code			Transaction ID : D673107	
	Oakland	CA 94612			11a113action ID . D0/310/	
	Purpose of Disbursement Non-federal in-kind contribution				Amount of Each Disbursement this Period	
	Candidate Name		- L	السب	Amount of Each Dispursement this Period	
	Canadate Hamo		C	ategory/ Type	3798.03	
	Office Sought: House Disbursen	nent For:		.,,,,		
		Primary General				
	President	Other (specify)				
	State: District:					
_	Full Name (Last, First, Middle Initial)					
B.	California Nurses Association				Date of Disbursement	
	AA 32 A LL				M M / D D / Y Y Y Y	
	Mailing Address 2000 Franklin Street				04 17 2015	
	City S	State Zip Code			Transcriber ID DOTO (CO	
	Oakland	CA 94612			Transaction ID: D673108	
	Purpose of Disbursement Non-federal in-kind contribution					
			1 L		Amount of Each Disbursement this Period	
	Candidate Name		С	ategory/	2987.54	
	Office Sought: House Disbursen	nent For:		Туре		
		Primary General				
		Other (specify) ▼				
	State: District:	•				
	Full Name (Last, First, Middle Initial)					
C.	Campaign Workshop				Date of Disbursement	
	Mailing Address 4400 000 01 01 400				M M / D D / Y Y Y Y	
	Mailing Address 1129 20th Street, Suite 200				04 07 2015	
	City S	State Zip Code				
	Washington	DC 20036			Transaction ID : D673109	
	Purpose of Disbursement					
	Non-federal in-kind contribution				Amount of Each Disbursement this Period	
	Candidate Name		С	ategory/	15957.50	
	Office Cought:	and Fam.		Туре	13337.30	
	Office Sought: House Disbursen Senate					
		Primary General Other (specify)				
	State: District:	Other (specify)				
Г						
s	UBTOTAL of Disbursements This Page (optional)				22743.07	
Ě						
т	OTAL This Period (last page this line number only)					

SCHEDULE B (FEC Form 3X)	Han annual orbits (A	FOR LINE NUMBER: PAGE 8 OF 8			
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(oricon oriny			
	Detailed Summary Page	21b 27	22 23 24 25 2 28a 28b 28c X 29 3		
Any information copied from such Reports and Staten	nents may not be sold or us				
or for commercial purposes, other than using the nam					
NAME OF COMMITTEE (In Full)	_				
National Nurses United for Patient	Protection				
Full Name (Last, First, Middle Initial)					
A. National Nurses United			Date of Disbursement		
Mailing Address 2000 F. J. O.	M M / D D / Y Y Y Y Y				
Mailing Address 8630 Fenton Street Suite 1100	04 172015				
	State Zip Code		Transaction ID : D673195		
Silver Spring	MD 20910		Transaction ID: D6/3195		
Purpose of Disbursement Non-federal in-kind contribution			Amount of Each Disbursement this Period		
Candidate Name		Category/			
		Туре	1378.07		
Office Sought: House Disburser					
Senate President	Primary General Other (specify) ▼				
State: District:	Other (opeony)				
Full Name (Last, First, Middle Initial)					
B. National Nurses United			Date of Disbursement		
Mailing Address 8630 Fenton Street	Mailing Address 9620 Fonton Street				
Suite 1100	03 30 2015				
•	State Zip Code		Transaction ID : D673196		
Silver Spring Purpose of Disbursement	MD 20910				
Non-federal in-kind contribution					
Candidate Name		Category/	5070.50		
		Туре	5672.59		
Office Sought: House Disburser Senate					
	Primary General Other (specify) ▼				
State: District:					
Full Name (Last, First, Middle Initial)					
C.			Date of Disbursement		
Mailing Address	Mailing Address				
City	State Zip Code				
Purpose of Disbursement					
		Amount of Each Disbursement this Period			
Candidate Name		Category/			
Office Sought: House Disburser	ment For:	Туре	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		
	Primary General				
President	Other (specify) ▼				
State: District:					
			7050.00		
SUBTOTAL of Disbursements This Page (optional)		·····•	7050.66		
TOTAL This Period (last page this line number only)		_	29793.73		