

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

PAGE 1 OF 6
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00490375 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="float: right; margin-left: 20px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">M M M /</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">D D D /</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 80px; text-align: center;">Y Y Y Y Y Y</div> </div>	

Full Name (Last, First, Middle Initial) of Payee National Nurses United		Date <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">M M /</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">D D /</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 80px; text-align: center;">Y Y Y Y Y Y</div>	
Mailing Address 2000 Franklin Street		Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">677.11</div>	
City Oakland	State CA	Zip Code 94612	Transaction ID : D486199
Purpose of Expenditure Reimbursement - staff time (estimate)	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CA District: 41
Name of Federal Candidate Supported or Opposed by Expenditure: MARK TAKANO		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">36951.99</div>		2012	

Full Name (Last, First, Middle Initial) of Payee National Nurses United		Date <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">M M /</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">D D /</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 80px; text-align: center;">Y Y Y Y Y Y</div>	
Mailing Address 2000 Franklin Street		Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">677.11</div>	
City Oakland	State CA	Zip Code 94612	Transaction ID : D486200
Purpose of Expenditure Reimbursement - staff time (estimate)	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">10151.99</div>		2012	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">1354.22</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Carolyn Hietamaki
 Signature [Electronically Filed] Date

M M /

D D /

Y Y Y Y Y Y