Image# 12961032405					PAGE 1 / 11
	PORT OF F ND DISBURS Other Than An Author	<b>SEMENT</b> S	S		
1. NAME OF TYP	E OR PRINT V	Example: If typir	ng type		Office Use Only
COMMITTEE (in full)		over the lines.	ig, type	2FE4M5	
National Nurses United fo	r Patient Protection				
ADDRESS (number and street)	630 Fenton Street, Suite 1100	)			
Check if different					
the second s	ilver Spring			MD	20910
2. FEC IDENTIFICATION NUMB		<b></b>	ST	ATE 🔺	ZIP CODE
C C00490375	3. IS T REF	~ /	IEW N) <b>OR</b>	AME (A)	ENDED
(Choose One) (a) Quarterly Reports:	b) Monthly Report Due On: Apr 20	) (M3)	May 20 (M5) lun 20 (M6) lul 20 (M7)	Sep 2	0 (M8)         Nov 20 (M11) (Non-Election Year Only)           0 (M9)         Dec 20 (M12) (Non-Election Year Only)           0 (M9)         Jan 31 (YE)
April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15	(c) 12-Day <b>PRE</b> -Election Report for the:	Primary (12P Convention (		General (1 Special (12	
Quarterly Report (Q3) January 31 Year-End Report (YE)	Election	on 11	06 / Y	2012	in the State of CA
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day <b>POST</b> -Election Report for the:	General (30G	i)	Runoff (30	R) Special (30S)
Termination Report (TER)	Election	on	D D / Y	Y Y Y	in the State of
5. Covering Period	01 / Y Y Y Y 01 2012	through	10 /	D D / 17	2012
I certify that I have examined this Re	eport and to the best of m	y knowledge and b	elief it is true,	correct and	complete.
Type or Print Name of Treasurer C	arolyn Hietamaki				
Signature of Treasurer	ietamaki	[Electronically	<i>Filed]</i> Dat	ie 10	/ D D / Y Y Y Y 25 / 2012
NOTE: Submission of false, erroneous,	or incomplete information r	nay subject the pers	on signing this	Report to the	penalties of 2 U.S.C. §437g.
Office Use Only					FEC FORM 3X Rev. 12/2004

#### 10/25/2012 15 : 06

#### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

	FEC Form 3X (Rev. 02/2003)		Page <b>2</b>
W	Irite or Type Committee Name		
١	National Nurses United for Patient F	Protection	
R	eport Covering the Period: From: 10	M / D D / Y Y Y Y Y 01 2012 To:	10 / Y Y Y Y Y 10 17 2012
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2012		7254.79
	(b) Cash on Hand at Beginning of Reporting Period	92314.79	
	(c) Total Receipts (from Line 19)	200000.00	450000.00
	<ul><li>(d) Subtotal (add Lines 6(b) and</li><li>6(c) for Column A and Lines</li><li>6(a) and 6(c) for Column B)</li></ul>	292314.79	457254.79
7.	Total Disbursements (from Line 31)	151765.00	316705.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	140549.79	140549.79
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

# National Nurses United for Patient Protection

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	0.00	0.00
(i) Itemized (use Schedule A)	0.00	
<i></i>		0.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add	0.00	0.00
Lines 11(a)(i) and (ii)	0.00	
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		
(such as PACs)	200000.00	450000.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)	200000.00	450000.00
Transfers From Affiliated/Other		
Party Committees	0.00	0.00
All Loans Received	0.00	0.00
Loan Repayments Received	0.00	0.00
Offsets To Operating Expenditures		7 7 7
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
Refunds of Contributions Made		
to Federal Candidates and Other		
Political Committees	0.00	0.00
Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
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
/		
Total Receipts (add Lines 11(d),	000000.00	450000 00
12, 13, 14, 15, 16, 17, and 18(c)) ►	200000.00	450000.00

200000.00

 Iotal Federal Receipts (subtract Line 18(c) from Line 19).......

450000.00

# DETAILED SUMMARY PAGE

of Disbursements

		001100010
II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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	15.00	45.00
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii), and (b))► Transfers to Affiliated/Other Party	15.00	45.00
Committees Contributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	0.00	87000.00
Independent Expenditures (use Schedule E)	115000.00	115000.00
(use Schedule E) Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
	0.00	
Loan Repayments Made	, , , ,	0.00
Loans Made Refunds of Contributions To:	0.00	0.00
(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
Other Disbursements	36750.00	114660.00
Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity		
(from Schedule H6)	0.00	0.00
(i) Federal Share		
<ul><li>(ii) "Levin" Share</li><li>(b) Federal Election Activity Paid Entirely</li></ul>	0.00	0.00
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
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	151765.00	316705.0
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	151765.00	316705.00

FE6AN026

I

# DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
<ol> <li>Total Contributions (other than loans) (from Line 11(d), page 3)</li> </ol>	200000.00	450000.00
<ol> <li>Total Contribution Refunds (from Line 28(d))</li> </ol>	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	200000.00	450000.00
<ol> <li>Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))</li> </ol>	15.00	45.00
<ol> <li>Offsets to Operating Expenditures (from Line 15, page 3)</li> </ol>	0.00	0.00
<ol> <li>Net Operating Expenditures (subtract Line 37 from Line 36)</li> </ol>	15.00	45.00

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 6 OF

11

			Detailed Summary Page		11a 13		11b 14	X 11c		12 16	17			
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements ma	ay not be sold or used by any pe ddress of any political committee	erson to se	for the	pur ntrib	, pose o putions	of soliciting	g con	ntributi	ons			
$\left  \right\rangle$	NAME OF COMMITTEE (In Full) National Nurses United for Patier	nt Protec	ction											
A.	Full Name (Last, First, Middle Initial) National Nurses United			Date of Receipt										
	Mailing Address 888 16th Street, NW Suite 640 City	_	10 12 2012 Transaction ID : C4527414											
	Washington FEC ID number of contributing	DC	20006	_	Amount	t of	Each	Receipt th		eriod 0000.0	00			
	federal political committee.	Occupation					7		200	0000.	00			
	Receipt For: Primary General Other (specify)	-	Year-to-Date ▼ 450000.00											
в.	Full Name (Last, First, Middle Initial)				Date of Receipt									
	Mailing Address													
	City	State	Zip Code		Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С												
	Name of Employer	Occupation												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date V											
C.	Full Name (Last, First, Middle Initial)				Date of	f Re	eceipt							
	Mailing Address						D	D / Y	Y	Y	Y			
	City	State	Zip Code		Amount	t of	Each	Receipt th	nis P€	əriod				
	FEC ID number of contributing federal political committee.	С					7		_	_				
	Name of Employer	Occupation												
_	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼											
s	UBTOTAL of Receipts This Page (optional)		····· •				7	7	200	0.000.0	00			
Ι.	OTAL This Period (last page this line number or	nlv)							200	0000.0	00			

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

\_\_\_\_

7

S	CHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE							GE 7	OF 11			
IT	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the		heck	only o	ly one)								
		Detailed Summary Page			21b 27	22 	$\mid \mid$	23 28b	24 28c	25 X 29	26 30b			
	y information copied from such Reports and Stater for commercial purposes, other than using the nan									g contrib				
$\square$	NAME OF COMMITTEE (In Full)													
	National Nurses United for Patient	Protection												
Δ.	Full Name (Last, First, Middle Initial) Campaign Workshop					Date c	of Dis	burse	ment					
						M		D		Y Y	Y			
	Mailing Address 1129 20th Street, Suite 200					10		12	2	2012	_			
	City State S	State Zip Code DC 20036				Trans	sacti	on ID	: D48103	9				
	Purpose of Disbursement		-											
	Non-federal Independent expenditure re DC City Co	ouncil candidate	L.			Amour	nt of	Each	Disburse	nent this	Period			
	Candidate Name			egory ype	y/			,	7	615	0.00			
	Office Sought: House Disburser Senate President	ment For: Primary General Other (specify) ▼												
	State: District:													
_	Full Name (Last, First, Middle Initial)													
В.	Campaign Workshop					Date of Disbursement								
	Mailing Address 1129 20th Street, Suite 200	ailing Address 1129 20th Street, Suite 200					10 / D D / Y Y Y Y 10 16 2012							
	City				Tron		ID	. D40404	•					
	Washington	DC 20036				Transaction ID : D481040								
	Purpose of Disbursement Non-federal Independent expenditure re DC City Co	ouncil candidate				Amour	nt of	Each	Disburse	nent this	Period			
	Candidate Name			egory ype	y/			, .		3060	0.00			
	Office Sought: House Disburser Senate	Primary General												
	State: District:	Other (specify)												
_	Full Name (Last, First, Middle Initial)					Data	( D)							
C.						Date c		D		Y Y	V			
	Mailing Address													
	City	State Zip Code												
	Purpose of Disbursement		_	-	-1									
	Candidate Name			egory ype	y/	Amour	nt of	Each	Disburser	nent this	Period			
	Office Sought: House Disburser Senate President	ment For: Primary General Other (specify) ▼							~ 7					
_	State: District:													
s	UBTOTAL of Disbursements This Page (optional)							n 1		3675	0.00			
<b>F</b>					-					3675	0.00			
ΙT	OTAL This Period (last page this line number only)	)					_	7		0070				

## SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

ITE	EMIZED INDEPENDENT EXPENDITURES			PAGE 8 FOR LINE 2	OF 11 24 OF FORM 3X
	AME OF COMMITTEE (In Full)		FEC I		ON NUMBER 🔻
IN	lational Nurses United for Patient Protection		С	C00490375	
Ch	neck if 24-hour report 48-hour report New report Amends repor	rt filed on	M		Y Y Y Y Y
٦	Full Name (Last, First, Middle Initial) of Payee	Dat	te		
	Campaign Workshop		M M		<u>Y Y Y Y Y</u>
	Mailing Address 1129 20th Street, Suite 200		10	15	2012
		Am	nount		
	City State Zip Code Washington DC 20036				1500.00
				D : D477541	
	Purpose of Expenditure Web page design Category/ Type	Office So	ught: >	K House Senate	State: CA District: 07
	Name of Federal Candidate Supported or Opposed by Expenditure:			President	
	Ami Bera	Check Or	ne: 🔰	Support	Oppose
	Calendar Year-To-Date Per Election for Office Sought 29500.00	Disburser 2012	ment For: Other (sp		General
	Full Name (Last, First, Middle Initial) of Payee	Dat	te		
	Campaign Workshop		<sup>M</sup> 10 <sup>M</sup>	/ D D /	2012 Y
	Mailing Address 1129 20th Street, Suite 200		10	15	2012
		Am	nount		
	City State Zip Code				1500.00
	Washington DC 20036			D : D477542	Ctata:
	Purpose of Expenditure Category/ Web page design Type	Office So	<sup>ught:</sup>	K House Senate	State: IL
			-	President	District: 13
	Name of Federal Candidate Supported or Opposed by Expenditure: David M Gill	Check Or	ne: D	<ul> <li>Support</li> </ul>	Oppose
		Dieburear	ment For:	 Primary	
	Calendar Year-To-Date Per Election for Office Sought 7 7 29500.00	2012	Other (sp		General
		_			
	(a) SUBTOTAL of Itemized Independent Expenditures	•			3000.00
		_			
	(b) SUBTOTAL of Unitemized Independent Expenditures	• • [	-7	-7-	
	(c) TOTAL Independent Expenditures				
			-7	<u> </u>	
	Under penalty of perjury I certify that the independent expenditures reported herein were r with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.				
	Carolyn Hietamaki	M M	/ D D	/ Y Y	YY
	[Electronically Filed] Date	10	25	201	

## SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

ITE	EMIZED INDEPENDENT EXPENDITURES			- F	PAGE 9 FOR LINE 2	OF 11 24 OF FORM 3X
	AME OF COMMITTEE (In Full) Iational Nurses United for Patient Protection		FE		ENTIFICATIO	ON NUMBER ▼
IN	ational Nurses United for Patient Protection		C	<b>)</b> c	00490375	
Ch	neck if 24-hour report 48-hour report New report Amends report	ort filed on		M /	D D /	Y Y Y Y Y
٦	Full Name (Last, First, Middle Initial) of Payee	Di	ate			
	Campaign Workshop		M		D D /	Y Y Y Y 2012
	Mailing Address 1129 20th Street, Suite 200				15	2012
	City State Zip Code		mount			
	WashingtonDC20036	Тга	acostic			1500.00
	Purpose of Expenditure Web page design	Office S			: D477543 House Senate	State: CA District: 26
	Name of Federal Candidate Supported or Opposed by Expenditure:				President	
	Julia Brownley	Check C	One:	$\times$	Support	Oppose
	Calendar Year-To-Date Per Election for Office Sought 29500.00	Disburse 2012			Primary	General
	Full Name (Last, First, Middle Initial) of Payee	Di	ate			
	Campaign Workshop		<sup>M</sup> 10		15 /	Y Y Y Y 2012
	Mailing Address 1129 20th Street, Suite 200					
		AI	mount			
	CityStateZip CodeWashingtonDC20036		- no potiv	-7	- 0.470.414	28000.00
	Purpose of Expenditure Web page design & online advertising buy	Office S			: <b>D478411</b> House	State: CA
	Type				Senate	District: 07
	Name of Federal Candidate Supported or Opposed by Expenditure:	Check (	One:		President Support	Oppose
	Ami Bera				]	
	Calendar Year-To-Date Per Election for Office Sought	Disburse 2012			Primary cify)	General
	(-) OUDTOTAL of Homized Independent Europolitures	Г		_		20500.00
	(a) SUBTOTAL of Itemized Independent Expenditures			-7-	-7-	29500.00
	(b) SUBTOTAL of Unitemized Independent Expenditures	• •		-7-		
	(c) TOTAL Independent Expenditures	•		-7-		
	Under penalty of perjury I certify that the independent expenditures reported herein were r with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.					
	Carolyn Hietamaki [Electronically Filed] Date	e 10	/ D	25	/ Y Y 201	2
	Signature					

## SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

ITE	EMIZED INDEPENDENT EXPENDITURES			PAGE 10 FOR LINE 2	OF 11 4 OF FORM 3X
	ME OF COMMITTEE (In Full)		FEC I		ON NUMBER 🔻
IN	lational Nurses United for Patient Protection		С	C00490375	
Ch	neck if 24-hour report 48-hour report New report Amends report	rt filed on	M	/ D D /	Y Y Y Y Y Y
٦	Full Name (Last, First, Middle Initial) of Payee	Dat	ito.		
	Campaign Workshop		M M	/ D D /	YYYYY
	Mailing Address 1129 20th Street, Suite 200		10	15	2012
	City State Zip Code		nount		
	CityStateZip CodeWashingtonDC20036				28000.00
		Tran Office So		D : D478412	State: CA
	Web page design & online advertising buy Type		/ug	Senate	District: 26
	Name of Federal Candidate Supported or Opposed by Expenditure:	Charle O	 	President	
	Julia Brownley	Check Or	ne: Z	X Support	Oppose
	Calendar Year-To-Date Per Election for Office Sought 5 5 29500.00	Disburser 2012	ment For: ] Other (sp		General
	Full Name (Last, First, Middle Initial) of Payee	Dat	ite		
	Campaign Workshop		<sup>M</sup> 10	/ D D / 15	2012
	Mailing Address 1129 20th Street, Suite 200				2012
		Am	nount		
	CityStateZip CodeWashingtonDC20036				28000.00
		Trar Office So		ID : D478413	State: II
	Purpose of Expenditure Category/ Web page design & online advertising buy Type			Senate	
	Name of Federal Candidate Supported or Opposed by Expenditure:	-	-	President	District: 13
	David M Gill	Check Or	ne: D	K Support	Oppose
	Calendar Year-To-Date Per Election	1	ment For:	Primary	K General
	for Office Sought 29500.00	2012	Other (sp	pecify) ►	<u> </u>
	(a) SUBTOTAL of Itemized Independent Expenditures	· • L	-7	-7-	56000.00
	(b) SUBTOTAL of Unitemized Independent Expenditures	• •			
		-			
	(c) TOTAL Independent Expenditures	•	-7		
,	Under penalty of perjury I certify that the independent expenditures reported herein were r with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.				
	Carolyn Hietamaki	M M	/ D [	) / Y Y	YY
	[Electronically Filed] Date	9 10	25	2013	

FEC Schedule E (Form 3X) Rev. 07/2011

## SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

ITE	EMIZED INDEPENDENT EXPENDITURES			PAGE 11 FOR LINE 2	OF 11 24 OF FORM 3X
	AME OF COMMITTEE (In Full)		FEC II		ON NUMBER 🔻
N	lational Nurses United for Patient Protection		С	C00490375	
Ch	neck if 24-hour report 48-hour report New report Amends repor	rt filed on	M	/ D D /	Y Y Y Y Y
	Full Name (Last, First, Middle Initial) of Payee	Date			
	Campaign Workshop	Daio			
	Mailing Address 1129 20th Street, Suite 200		<sup>M</sup> 10 <sup>M</sup>	15	<sup>Y</sup> 2012 <sup>Y</sup>
		Amo	unt		
	City State Zip Code Washington DC 20036				26500.00
				D : D480081	
	Purpose of Expenditure Web page design & online advertising buy Category/ Type	Office Sou	ght:	K House Senate	State: NV District: 04
	Name of Federal Candidate Supported or Opposed by Expenditure:			President	
	Steven A Horsford	Check One	e: D	Support	Oppose
	Calendar Year-To-Date Per Election for Office Sought 26500.00	Disbursem	ent For: Other (sp		General
	Full Name (Last, First, Middle Initial) of Payee	Date	;		
			M M	/ D D /	Y Y Y Y
	Mailing Address				
	Mailing Address	Amo	unt		
	City State Zip Code				
			-7		
	Purpose of Expenditure Category/	Office Sou	ight:	House	State:
	Type		F	Senate	District:
	Name of Federal Candidate Supported or Opposed by Expenditure:		Ľ	President	
		Check On	e:	Support	Oppose
	Calendar Year-To-Date Per Election	Disbursem	ent For:	Primary	General
	for Office Sought		Other (sp	Decify) ▶	
	(a) SUBTOTAL of Itemized Independent Expenditures	•			26500.00
	(b) SUBTOTAL of Unitemized Independent Expenditures	•	-7	-7-	
	(c) TOTAL Independent Expenditures		-7-		115000.00
	Under penalty of perjury I certify that the independent expenditures reported herein were r with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.				
	Carolyn Hietamaki [Electronically Filed] Date	10 <sup>M</sup>	/ D D 25	/ Y Y 201	Y Y 2
	Signature				

FEC Schedule E (Form 3X) Rev. 07/2011