

National Nurses United for Patient Protection

888 16th Street
Suite 640
Washington DC 20006

FEC ID No. C00490375

24-Hour Notice 48-Hour Notice

SCHEDULE E (FEC Form 3X)

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FOR LINE 24 OF FORM 3X

ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
National Nurses United for Patient Protection

FEC IDENTIFICATION NUMBER
C C00490375

Check if 24-hour notice 48-hour notice

Full Name (Last, First, Middle, Initial) of Payee

Date

North Wood Advertising

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 1 0

Mailing Address
1201 Fifteen Building
15 South Fifth

Amount
13768.35

City State Zip Code
Minneapolis MN 55402

Office Sought: House State: PA
 Senate District: 08
 Presidential

Purpose of Expenditure
Radio production & time buy

Category/Type

Check One: Support Oppose

Name of Federal Candidate supported or Opposed by expenditure:
Patrick Murphy

Disbursement For: Primary General 2010
 Other (specify) : _____

Calendar Year-To-Date Per Election
for Office Sought 41305.05

Transaction ID: D350554

Full Name (Last, First, Middle, Initial) of Payee
North Wood Advertising

Date

Mailing Address
1201 Fifteen Building
15 South Fifth

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 1 0

City State Zip Code
Minneapolis MN 55402

Office Sought: House State: MI
 Senate District: 09
 Presidential

Purpose of Expenditure
Radio production & time buy

Category/Type

Check One: Support Oppose

Name of Federal Candidate supported or Opposed by expenditure:
Gary Peters

Disbursement For: Primary General 2010
 Other (specify) : _____

Calendar Year-To-Date Per Election
for Office Sought 18640.00

Transaction ID: D350557

(a) SUBTOTAL of Itemized Independent Expenditures

23088.35

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures

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

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24 / 48 HOUR NOTICE OF INDEPENDENT / COORDINATED EXPENDITURE, on :

FEC ID No.

24-Hour Notice 48-Hour Notice

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ITEMIZED INDEPENDENT EXPENDITURES

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National Nurses United for Patient Protection

FEC IDENTIFICATION NUMBER
C C00490375

Check if 24-hour notice 48-hour notice

Full Name (Last, First, Middle, Initial) of Payee

North Wood Advertising

Date

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 1 0

Amount

2134.47

Mailing Address
1201 Fifteen Building
15 South Fifth

City State Zip Code
Minneapolis MN 55402

Office Sought: House State: HI
 Senate District: 01
 Presidential

Purpose of Expenditure
Radio production & time buy

Category/Type

Check One: Support Oppose

Name of Federal Candidate supported or Opposed by expenditure:
Colleen Hanabusa

Disbursement For: Primary General 2010
 Other (specify) : _____

Calendar Year-To-Date Per Election for Office Sought
6403.41

Transaction ID: D350561

Full Name (Last, First, Middle, Initial) of Payee

North Wood Advertising

Date

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 1 0

Amount

7059.25

Mailing Address
1201 Fifteen Building
15 South Fifth

City State Zip Code
Minneapolis MN 55402

Office Sought: House State: CA
 Senate District: 03
 Presidential

Purpose of Expenditure
Radio production & time buy

Category/Type

Check One: Support Oppose

Name of Federal Candidate supported or Opposed by expenditure:
Ami Bera

Disbursement For: Primary General 2010
 Other (specify) : _____

Calendar Year-To-Date Per Election for Office Sought
21177.75

Transaction ID: D350565

(a) SUBTOTAL of Itemized Independent Expenditures

9193.72

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures

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Carolyn Hietamaki
Signature

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection			FEC IDENTIFICATION NUMBER C C00490375		
Check if <input checked="" type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			Date M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 1 0		
Full Name (Last, First, Middle, Initial) of Payee North Wood Advertising			Amount 2127.42		
Mailing Address 1201 Fifteen Building 15 South Fifth			Office Sought: <input checked="" type="checkbox"/> House State: <u>IL</u> <input type="checkbox"/> Senate District: <u>17</u> <input type="checkbox"/> Presidential		
City Minneapolis	State MN	Zip Code 55402	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Purpose of Expenditure Radio production & time buy		Category/ Type	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2010 <input type="checkbox"/> Other (specify) : _____		
Name of Federal Candidate supported or Opposed by expenditure: Phil Hare			Transaction ID: D350569		
Calendar Year-To-Date Per Election for Office Sought		4254.84			

(a) SUBTOTAL of Itemized Independent Expenditures	2127.42
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	34409.49
<p>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.</p>	
<p>Carolyn Hietamaki Signature</p>	<p>M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 1 1</p>