

**National Nurses United for Patient Protection**

888 16<sup>th</sup> Street, NW  
Suite 640  
Washington, DC 20006

September 30, 2010

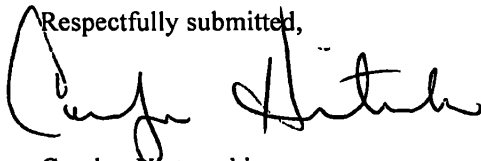
Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

RE: Form 1, Statement of Organization – Unlimited Contributions

To Whom It May Concern:

This Committee intends to make independent expenditures and, consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in *SpeechNow v. FEC*, it therefore intends to raise funds in unlimited amounts. This Committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidate or committees.

Respectfully submitted,



Carolyn Hietamaki  
Treasurer

10030443699

RECEIVED

2010 OCT 14 PM 2:51

FEC MAIL CENTER

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

National Nurses United for Patient Protection

ADDRESS (number and street)

888 16th Street, NW

(Check if address is changed)

Suite 640

Washington

DC

20006

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address is changed)

raquino@nationalnursesunited.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

www.nationalnursesunited.org

2. DATE

MM / DD / YYYY  
10 / 11 / 2010

MM / DD / YYYY

MM / DD / YYYY

3. FEC IDENTIFICATION NUMBER

C

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer

Carolyn Hietamaki

Signature of Treasurer

Electronically Filed by Carolyn Hietamaki

Date

MM / DD / YYYY  
10 / 13 / 2010

MM / DD / YYYY

MM / DD / YYYY

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 02/2009)

10030443691

5. TYPE OF COMMITTEE (Check One)

Candidate Committee:

- (a)  This committee is a principal campaign committee. (Complete the candidate information below.)
- (b)  This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate \_\_\_\_\_

Candidate Party Affiliation  Office Sought:  House  Senate  President State  District

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

Party Committee:

- (d)  This committee is a \_\_\_\_\_ (National, State (or subordinate) committee of the \_\_\_\_\_ (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
  - Corporation
  - Corporation w/o Capital Stock
  - Labor Organization
  - Membership Organization
  - Trade Association
  - Cooperative
- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
  - In addition, this committee is a Lobbyist/Registrant PAC.
  - In addition, this committee is a Lobbyist/Registrant PAC.
  - In addition, this committee is a Leadership PAC: (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1.	_____	FEC ID number	C _____
2.	_____	FEC ID number	C _____
3.	_____	FEC ID number	C _____
4.	_____	FEC ID number	C _____

10030443692

Write or Type Committee Name

National Nurses United for Patient Protection

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

CALIFORNIA NURSES ASSOCIATION/NATIONAL NURSES ORGANIZING COMMITTEE

Mailing Address

2000 FRANKLIN STREET SUITE 300

OAKLAND

CA

94612

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:

Connected Organization

Affiliated Committee

Joint Fundraising Representative

Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address, (phone number – optional), and position of the person in possession of Committee books and records.

Full Name

Rosalia Aquino

Mailing Address

2000 Franklin Street

Oakland

CA

94612

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Controller

Telephone number 510 - 433 - 2739

8. Treasurer: List the name and address (phone number – optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer

Carolyn Hietamaki

Mailing Address

888 16th Street, NW

Suite 640

Washington

DC

20006

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Treasurer

Telephone number

10030443693

Full Name of Designated Agent

Michael Lighty

Mailing Address

2000 Franklin Street

Oakland

CA

94612

Title or Position

CITY

STATE

ZIP CODE

Assistant Treasurer

Telephone number

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

JP Morgan Chase Bank

Mailing Address

350 20th Street

Oakland

CA

94612

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

10030443694

**Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

[ ADDITIONAL ]

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

[ ADDITIONAL ]

Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

NATIONAL NURSES UNITED PAC - A FUND FOR A HEALTHY AMERICA

Mailing Address

888 16th Street, NW

Suite 640

Washington

DC

20006

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:

Connected Organization

Affiliated Committee

Joint Fundraising Representative

Leadership PAC Sponsor

[ ADDITIONAL ]

Designated Agent

Full Name

Kristin Lynch

Mailing Address

888 16th Street

Suite 640

Washington

DC

20006

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Director

Telephone number

Joint Fundraiser Participant

[ ADDITIONAL ]

FEC ID number

C

10030443695

**Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

[ ADDITIONAL ]

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

[ ADDITIONAL ]

Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

National Nurses United

Mailing Address

888 16th Street, NW

Suite 640

Washington

DC

20006

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:

Connected Organization

Affiliated Committee

Joint Fundraising Representative

Leadership PAC Sponsor

[ ADDITIONAL ]

Designated Agent

Full Name

Martha Kuhl

Mailing Address

888 16th Street, NW

Suite 640

Washington

DC

20006

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Secretary-Treasurer

Telephone number

Joint Fundraiser Participant

[ ADDITIONAL ]

FEC ID number

C

10030443696

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

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USPS Express Mail Postmarked

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No Postmark

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*10/13/10*  
 Next Business Day Delivery

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Other (Specify): Date of Receipt or Postmarked

  
 PREPARER

*10/15/10*  
 DATE PREPARED

10030443697