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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

1. NAME OF COMMITTEE (in full) — USE FEC MAILING LABEL OR TYPE OR PRINT ▼ — Example: If typing, type over the lines

National Nurses United for Patient Protection

ADDRESS (number and street) ▼

888 16th Street, NW

Suite 640

☐ Check if different than previously reported. (ACC)

Washington | DC | 20006 -

CITY ▲ STATE ▲ ZIPCODE ▲

2. FEC IDENTIFICATION NUMBER ▼

3. IS THIS REPORT [X] NEW (N) OR [ ] AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- [ ] April 15 Quarterly Report(Q1)
- [ ] July 15 Quarterly Report(Q2)
- [X] October 15 Quarterly Report(Q3)
- [ ] January 31 Quarterly Report(YE)
- [ ] July 31 Mid-Year Report(Non-election Year Only) (MY)
- [ ] Termination Report (TER)

(b) 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)

(c) 12-Day PRE-Election Report for the: [ ] Primary (12P) [ ] General (12G) [ ] Runoff (12R) [ ] Convention (12C) [ ] Special (12G)

Election on ____ in the State of ____

(d) 30-Day Post -Election Report for the: [ ] General (30G) [ ] Runoff (30R) [ ] Special (30S)

Election on ____ in the State of ____

5. Covering Period 07 01 2010 through 09 30 2010

I certify that I have examined this Report 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~~ Carolyn Hietamaki

Date: ~~10 14 2010~~ 10 13 2010

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

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FEC FORM 3X (Rev. 12/2004)

FE6AN026

10030443699

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name
National Nurses United for Patient Protection

Report Covering the Period: From: M M 07 D D 01 Y Y Y Y 2010 To: M M 09 D D 30 Y Y Y Y 2010

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 Y Y Y Y 2010		0.00
(b) Cash on Hand at Begining of Reporting Period	0.00	
(c) Total Receipts (from Line 19)	300000.00	300000.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	300000.00	300000.00
7. Total Disbursements (from Line 31)	228780.00	228780.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	71220.00	71220.00
9. Debts and Obligations owed **TO** the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed **BY** 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

FE6AN026

10030443700

DETAILED SUMMARY PAGE
OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
National Nurses United for Patient Protection

Report Covering the Period: From: 07 01 2010 To: 09 30 2010

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	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	300000.00	300000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ▶	300000.00	300000.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. 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 Transfer (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))	300000.00	300000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	300000.00	300000.00

10030443701

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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	178780.00	178780.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) ▶	178780.00	178780.00
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26. Loan Repayments Made	0.00	0.00
27. Loans Made	0.00	0.00
28. Refunds of Contributions To:		
(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
29. Other Disbursements	50000.00	50000.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(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 Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	228780.00	228780.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	228780.00	228780.00

10030443702

DETAILED SUMMARY PAGE
of Disbursements

FEC **Form 3X** (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	300000.00	300000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	300000.00	300000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	178780.00	178780.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	178780.00	178780.00

FE6AN026

10030443703

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 8
(check only one)
☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

A.

Full Name (Last, First, Middle Initial)
National Nurses United

Mailing Address 888 16th Street, NW
Suite 640

City: Washington
State: DC
Zip Code: 20006

FEC ID number of contributing federal political committee.: C

Name of Employer

Occupation

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
300000.00

Date of Receipt
MM 09 / DD 20 / YYYY 2010

Transaction ID: C2773562

Amount of Each Receipt this Period
300000.00

SUBTOTAL of Receipts This Page (optional) ▶	300000.00
TOTAL This Period (last page this line number only) ▶	300000.00

10030443704

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

[X] 21b	[ ] 22	[ ] 23	[ ] 24	[ ] 25	[ ] 26
[ ] 27	[ ] 28a	[ ] 28b	[ ] 28c	[ ] 29	[ ] 30b

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

A.

Full Name (Last, First, Middle Initial): Campaig Workshop

Mailing Address: 1129 20th Street, Suite 200

City: Washington | State: DC | Zip Code: 20036

Purpose of Disbursement: Web site development

Candidate Name:

Category/Type:

Office Sought: [ ] House [ ] Senate [ ] President

State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify) ▼

Transaction ID: D339868

Date of Disbursement: MM 09 / DD 30 / YYYY 2010

Amount of Each Disbursement this Period: 3730.00

B.

Full Name (Last, First, Middle Initial): Sadler Strategic Media

Mailing Address: 12103 Viewcrest Road

City: Studio City | State: CA | Zip Code: 91604

Purpose of Disbursement: Media time buy (not an Independent Exp)

Candidate Name:

Category/Type:

Office Sought: [ ] House [ ] Senate [ ] President

State: District:

Disbursement For: 2010 [X] Primary [ ] General [ ] Other (specify) ▼

Transaction ID: D339864

Date of Disbursement: MM 09 / DD 20 / YYYY 2010

Amount of Each Disbursement this Period: 175000.00

SUBTOTAL of Disbursements This Page (optional) ▶	178730.00
TOTAL This Period (last page this line number only) ▶	178730.00

10030443705

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

☐ 21b	☐ 22	☐ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☒ 29	☐ 30b

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

A. Full Name (Last, First, Middle Initial)
Minnesota Nurses Association IE PAC

Mailing Address 345 Randolph Avenue Suite 200

City: Saint Paul
State: MN
Zip Code: 55102

Purpose of Disbursement
Donation

Candidate Name

Category/ Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D339871
Date of Disbursement
M M 09 / D D 29 / Y Y Y Y 2010

Amount of Each Disbursement this Period
50000.00

SUBTOTAL of Disbursements This Page (optional) ▶	50000.00
TOTAL This Period (last page this line number only) ▶	50000.00

10030443706

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.

☑ Hand Delivered	Date of Receipt 10/15/10
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Next Business Day Delivery ☐	
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PREPARER	DATE PREPARED 10/15/10

(3/2005)

10030443707