

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**
National Nurses United for Patient Protection

ADDRESS (number and street) 8455 Colesville Rd Ste 110
Check if different than previously reported. (ACC) Silver Spring MD 20910

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00490375 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
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 / / through / /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Kuhl, Martha, , ,
Type or Print Name of Treasurer

Signature of Treasurer *Kuhl, Martha, , ,* [Electronically Filed] Date / /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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Page 2

Write or Type Committee Name

National Nurses United for Patient Protection

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>		245794.62
(b) Cash on Hand at Beginning of Reporting Period.....	- 7165.22	
(c) Total Receipts (from Line 19)	28346.58	63346.58
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	21181.36	309141.20
7. Total Disbursements (from Line 31).....	12240.10	300199.94
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	8941.26	8941.26
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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

National Nurses United for Patient Protection

Report Covering the Period: From: / / To: / /

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).....	28346.58	63346.58
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	28346.58	63346.58
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 Transfers (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)).....▶	28346.58	63346.58
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	28346.58	63346.58

DETAILED SUMMARY PAGE

of Disbursements

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II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. 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	2257.86	- 34513.30
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2257.86	- 34513.30
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 Expenditures (use Schedule E)	9982.24	9982.24
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	0.00	324731.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated 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)) ..	12240.10	300199.94
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12240.10	300199.94

DETAILED SUMMARY PAGE
of Disbursements

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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)	28346.58	63346.58
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	28346.58	63346.58
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2257.86	- 34513.30
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2257.86	- 34513.30

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

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

FOR LINE NUMBER: PAGE 6 OF 12
(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. National Nurses United
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8455 Colesville Rd Ste 1100
 City Silver Spring State MD Zip Code 20910
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 63346.58

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 01 / 2018
Transaction ID : A2018-16793
 Amount of Each Receipt this Period
 28346.58
 Memo Item

B.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

C.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For:
 Primary General
 Other (specify)
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	28346.58
TOTAL This Period (last page this line number only).....▶	28346.58

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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 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. Public Affairs Support Services Inc.

Full Name (Last, First, Middle Initial)

Mailing Address 1950 Roland Clarke Place Suite 300

City Reston State VA Zip Code 20191

Purpose of Disbursement Compliance and reporting services

Candidate Name

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) Not Applicable

State: District:

Date of Disbursement 10 / 01 / 2018

FEC Identification Number C

Transaction ID : B706676

Amount of Each Disbursement this Period 2257.86

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement

FEC Identification Number C

Amount of Each Disbursement this Period

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement

FEC Identification Number C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....	2257.86
TOTAL This Period (last page this line number only).....	2257.86

SCHEDULE E (FEC 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 report 48-hour report New report Amends report filed on 10/09/2018

Full Name of Payee Relay Memo Item Date of Public Distribution/Dissemination 10/09/2018
Mailing Address 1330 Broadway - 3rd Floor
City Oakland State CA Zip Code 94612 Amount 808.45
Purpose of Expenditure Peer to Peer Texting- estimated costs to be paid when invoiced Category/Type 004
Name of Federal Candidate: O'Rourke, Robert (Beto), , , Support Oppose Office Sought: House District: President Senate State: TX
Calendar Year-To-Date Per Election for Office Sought 14204.46 Disbursement For: Primary General 2018 Other (specify)

Full Name of Payee YouCanBookMe Memo Item Date of Public Distribution/Dissemination 10/11/2018
Mailing Address c/o 155 Grand Ave
City Oakland State CA Zip Code 94612 Amount 10.00
Purpose of Expenditure Scheduling tool for volunteers and texting program - to be paid when invoiced Category/Type 001
Name of Federal Candidate: O'Rourke, Robert (Beto), , , Support Oppose Office Sought: House District: President Senate State: TX
Calendar Year-To-Date Per Election for Office Sought 14204.46 Disbursement For: Primary General 2018 Other (specify) Not Applicable

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(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.

Kuhl, Martha, , , [Electronically Filed] Date 10/25/2018
Signature

SCHEDULE E (FEC 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 report 48-hour report
New report Amends report filed on

Full Name of Payee Relay
Mailing Address 1330 Broadway - 3rd Floor
City Oakland State CA Zip Code 94612
Purpose of Expenditure Peer to Peer Texting- estimated costs to be paid when invoiced
Category/Type 004
Date of Public Distribution/Dissemination 10/12/2018
Amount 583.36
Transaction ID : B709524
Date of Disbursement or Obligation 10/12/2018

Name of Federal Candidate: O'Rourke, Robert (Beto), ,
Support Oppose
Office Sought: House Senate TX
Disbursement For: Primary General 2018

Full Name of Payee Relay
Mailing Address 1330 Broadway - 3rd Floor
City Oakland State CA Zip Code 94612
Purpose of Expenditure Peer to Peer Texting- estimated costs to be paid when invoiced
Category/Type 004
Date of Public Distribution/Dissemination 10/13/2018
Amount 427.58
Transaction ID : B709529
Date of Disbursement or Obligation 10/13/2018

Name of Federal Candidate: O'Rourke, Robert (Beto), ,
Support Oppose
Office Sought: House Senate TX
Disbursement For: Primary General 2018

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(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.

Kuhl, Martha, , ,

[Electronically Filed]

Date

10/25/2018

Signature

SCHEDULE E (FEC 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 report 48-hour report New report Amends report filed on

Full Name of Payee Relay Memo Item
Mailing Address 1330 Broadway - 3rd Floor
City Oakland State CA Zip Code 94612
Purpose of Expenditure Peer to Peer Texting- estimated costs to be paid when invoiced
Category/Type 004
Date of Public Distribution/Dissemination 10/14/2018
Amount 402.05
Transaction ID : B709525
Date of Disbursement or Obligation 10/14/2018

Name of Federal Candidate: O'Rourke, Robert (Beto), , ,
Support Oppose
Office Sought: House District:
President Senate State: TX
Calendar Year-To-Date Per Election for Office Sought 14204.46
Disbursement For: Primary General 2018 Other (specify)

Full Name of Payee Relay Memo Item
Mailing Address 1330 Broadway - 3rd Floor
City Oakland State CA Zip Code 94612
Purpose of Expenditure Peer to Peer Texting- estimated costs to be paid when invoiced
Category/Type 004
Date of Public Distribution/Dissemination 10/15/2018
Amount 614.85
Transaction ID : B709526
Date of Disbursement or Obligation 10/15/2018

Name of Federal Candidate: O'Rourke, Robert (Beto), , ,
Support Oppose
Office Sought: House District:
President Senate State: TX
Calendar Year-To-Date Per Election for Office Sought 14204.46
Disbursement For: Primary General 2018 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(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.

Kuhl, Martha, , , [Electronically Filed] Date 10/25/2018
Signature

SCHEDULE E (FEC 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 report 48-hour report
New report Amends report filed on

Full Name of Payee Relay
Mailing Address 1330 Broadway - 3rd Floor
City Oakland State CA Zip Code 94612
Purpose of Expenditure Peer to Peer Texting- estimated costs to be paid when invoiced
Category/Type 004
Date of Public Distribution/Dissemination 10/16/2018
Amount 838.46
Transaction ID : B709527
Date of Disbursement or Obligation 10/16/2018

Name of Federal Candidate: O'Rourke, Robert (Beto), ,
Support Oppose
Office Sought: House Senate TX
Disbursement For: Primary General 2018 Other (specify)

Full Name of Payee Relay
Mailing Address 1330 Broadway - 3rd Floor
City Oakland State CA Zip Code 94612
Purpose of Expenditure Peer to Peer Texting
Category/Type 004
Date of Public Distribution/Dissemination 10/17/2018
Amount 537.47
Transaction ID : B709528
Date of Disbursement or Obligation 10/17/2018

Name of Federal Candidate: O'Rourke, Robert (Beto), ,
Support Oppose
Office Sought: House Senate TX
Disbursement For: Primary General 2018 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(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.

Kuhl, Martha, , ,

[Electronically Filed]

Date

10/25/2018

Signature

SCHEDULE E (FEC 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 report 48-hour report New report Amends report filed on

Full Name of Payee TargetSmart
Mailing Address 1155 15th St. NW Ste 750
City Washington State DC Zip Code 20005
Purpose of Expenditure Payment for data cleaning for canvassing originally reported as \$10K in 24-hr report on 10/10/18
Category/Type 007
Date of Public Distribution/Dissemination 10/10/2018
Amount 9982.24
Transaction ID: B708147
Date of Disbursement or Obligation 10/17/2018

Name of Federal Candidate: O'Rourke, Robert (Beto), ,
Support Oppose
Office Sought: House Senate State: TX
Disbursement For: Primary General 2018 Other (specify)

Full Name of Payee
Mailing Address
City State Zip Code
Purpose of Expenditure
Category/Type
Date of Public Distribution/Dissemination
Amount
Date of Disbursement or Obligation

Name of Federal Candidate:
Support Oppose
Office Sought: House Senate State:
Disbursement For: Primary General Other (specify)

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 9982.24; (b) SUBTOTAL of Unitemized Independent Expenditures; (c) TOTAL Independent Expenditures 9982.24

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.

Signature Kuhl, Martha, , , [Electronically Filed] Date 10/25/2018