

Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification Number : 20220495		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST		
Name of Filing Committee, Candidate or Lobbyist: NATIONAL NURSES UNITED FOR PATIENT PROTECTION										
Street Address: 8455 COLESVILLE ROAD SUITE 100										
City: SILVER SPRING				State: MD		Zip Code: 20910				
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY PRIMARY POST-	3.	AMENDMENT REPORT?	Yes	<input checked="" type="checkbox"/> No	
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.X	30 DAY ELECTION POST-	6.	TERMINATION REPORT?	Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/>	
	ANNUAL REPORT	7.	Year 2022	FILING METHOD () CHECK ONE			PAPER <input checked="" type="checkbox"/>	DISKETTE		
Name of Office Sought by Candidate:				DATE OF ELECTION			District Number	Office Code	Party Code	County Code
				MO	DAY	YEAR				
				11	8	2022	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY	
		9	20	2022		10	24	2022		
A. Amount Brought Forward From Last Report				\$ 2,283,708.27						
B. Total Monetary Contributions And Receipts (From Schedule I)				\$ 0.00						
C. Total Funds Available (Sum Of Lines A and B)				\$ 2,283,708.27						
D. Total Expenditures (From Schedule III)				\$ 1,222,775.33						
E. Ending Cash Balance (Subtract Line D From Line C)				\$ 1,060,932.94						
F. Value Of In-Kind Contributions Received (From Schedule II)				\$ 0.00						
G. Unpaid Debts And Obligations (From Schedule IV)				\$ 20,613.15						

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this

day of 20

Signature of Person Submitting Report

Signature

Printed Name

My Commission Expires

Email

MO DAY YR

Area Code Daytime Telephone Number

Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3, 1937 (P.L. 1333, No 320) as amended.

Sworn to and subscribed before me this

day of 20

Signature of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
NATIONAL NURSES UNITED FOR PATIENT PROTECTION	From: <u>9/20/2022</u> To: <u>10/24/2022</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 0.00

2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)	
Contributions Received From Political Committees (Part A)	\$ 0.00
All Other Contributions (Part B)	\$ 0.00
TOTAL for the Reporting Period (2)	\$ 0.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 0.00
All Other Contributions (Part D)	\$ 0.00
TOTAL for the Reporting Period (3)	\$ 0.00

4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)	
TOTAL for the Reporting Period (4)	\$ 0.00

Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 0.00
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PART C

Contributions Received From Political Committees

OVER \$250.00

Use this Part to itemize only contributions received from Political committees with an aggregate value from Over \$250.00 in the reporting period.

Name of Filing Committee or Candidate	Reporting Period	
	From:	To:

			DATE			AMOUNT	
Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00	
Mailing Address							
City	State	Zip Code (Plus 4)					

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 0.00

PART D
ALL OTHER CONTRIBUTIONS
OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of
over \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate	Reporting Period
	From: To:

			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	
Mailing Address						\$ 0.00
City	State	Zip Code (Plus 4)				
Employer Name			Occupation			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code (Plus 4)		

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 0.00

PART E OTHER RECEIPTS

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Name of Filing Committee or Candidate	Reporting Period From: To:
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			DATE	AMOUNT
Full Name			MO	DAY
Mailing Address			YEAR	\$ 0.00
City	State	Zip Code (Plus 4)		
Receipt Description				

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL
\$ 0.00

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

**USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS
DURING THE REPORTING PERIOD.**

Detailed Summary Page

Name of Filing Committee or Candidate		Reporting Period	
NATIONAL NURSES UNITED FOR PATIENT PROTECTION		From: <u>9/20/2022</u> To: <u>10/24/2022</u>	
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the Reporting Period (1)		\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)			
TOTAL for the Reporting Period (2)		\$	0.00
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Period (3)		\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.)		\$	0.00

SCHEDULE II
PART F
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate	Reporting Period From: To:
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			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Description of Contribution:						
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.						PAGE TOTAL \$ 0.00

SCHEDULE II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$250.00

Name of Filing Committee or Candidate	Reporting Period
	From: To:

				DATE		AMOUNT	
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code(Plus 4)					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code(Plus 4)		Description of Contribution	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL 0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
NATIONAL NURSES UNITED FOR PATIENT PROTECTION	From <u>9/20/2022</u> To: <u>10/24/2022</u>

				DATE	AMOUNT		
To Whom Paid Autumn Press				MO	DAY	YEAR	\$ 1,863.47
Mailing Address 945 Camelia Street				10	3	2022	
City Berkeley	State CA	Zip Code (Plus 4) 94710	Description of Expenditure Postcard mailers starting 10/17/22 supporting Josh Shapiro for Governor (IEs)				
To Whom Paid Autumn Press				MO	DAY	YEAR	\$ 17,180.53
Mailing Address 945 Camelia Street				10	5	2022	
City Berkeley	State CA	Zip Code (Plus 4) 94710	Description of Expenditure Postcard mailers starting 10/17/22 supporting Josh Shapiro for Governor (IEs)				
To Whom Paid Postal Systems Inc.				MO	DAY	YEAR	\$ 71,916.27
Mailing Address 1568 Cherrywood Dr.				9	23	2022	
City San Mateo	State CA	Zip Code (Plus 4) 94403	Description of Expenditure Postage for mailers supporting Josh Shapiro for Governor (IEs)				
To Whom Paid Postal Systems Inc.				MO	DAY	YEAR	\$ 6,652.85
Mailing Address 1568 Cherrywood Dr.				10	5	2022	
City San Mateo	State CA	Zip Code (Plus 4) 94403	Description of Expenditure Postage and processing for mailers supporting Josh Shapiro for Governor (IEs) starting 10/17/22				
To Whom Paid California Nurses Association				MO	DAY	YEAR	\$ 3,943.17
Mailing Address 155 Grand Avenue				10	18	2022	
City Oakland	State CA	Zip Code (Plus 4) 64612	Description of Expenditure Staff canvassing expenses starting 10/17/22 supporting Josh Shapiro for Governor (IEs)				

To Whom Paid California Nurses Association			MO	DAY	YEAR	
Mailing Address 155 Grand Avenue			10	21	2022	
City Oakland	State CA	Zip Code (Plus 4) 64612	Description of Expenditure Staff canvassing expenses starting 10/24/22 supporting Josh Sh			
To Whom Paid Expenditures to federal and non-PA state candidates and committees			MO	DAY	YEAR	
Mailing Address 8455 Colesville Rd Ste 1100			10	24	2022	
City Silver Spring	State MD	Zip Code (Plus 4) 20910	Description of Expenditure Non-Pennsylvania Disbursements			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 1,222,775.33

SCHEDULE IV

STATEMENT OF UNPAID DEBTS

**Use this Section to itemize all unpaid debts and obligations
which are outstanding at the end of the reporting period**

Name of Filing Committee or Candidate				Reporting Period			
NATIONAL NURSES UNITED FOR PATIENT PROTECTION				From: <u>9/20/2022</u> To: <u>10/24/2022</u>			
							Outstanding Balance of Debt
				DATE			
Name of Creditor				MO	DAY	YEAR	
TOSKR Inc. dba: GetThru							
Mailing Address							
P.O. Box 2690				10	21	2022	\$ 20,613.15
City	State	Zip Code (Plus 4)		Description of Debt			
Alameda	CA	94501		Estimate of phone and texting campaign starting 10/23/22 supporting Josh Shapiro for Governor (IEs)			
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.							PAGE TOTAL
							\$ 20,613.15