24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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 M M / D D / Y Y Y Y

Full Name of Payee
National Nurses United

Mailing Address 2000 Franklin Street

City: Oakland | State: CA | Zip Code: 94612

Purpose of Expenditure: Music use licensing fee

Category/ Type:

Date of Public Distribution/Dissemination: 10 / 16 / 2015

Amount: 184.00

Transaction ID : D683008

Date of Disbursement or Obligation: 10 / 19 / 2015

Name of Federal Candidate: Bernie Sanders
☒ Support ☐ Oppose

Office Sought: ☐ House ☒ President ☐ Senate
District: 00
State: DC

Calendar Year-To-Date Per Election for Office Sought: 258665.57

Disbursement For: ☒ Primary ☐ General 2016 ☐ Other (specify) ▶

Full Name of Payee
Alliance Graphics

Mailing Address 1101 8th Street

City: Berkeley | State: CA | Zip Code: 94710

Purpose of Expenditure: Printing

Category/ Type:

Date of Public Distribution/Dissemination: 10 / 14 / 2015

Amount: 777.79

Transaction ID : D682569

Date of Disbursement or Obligation: 10 / 15 / 2015

Name of Federal Candidate: Bernie Sanders
☒ Support ☐ Oppose

Office Sought: ☐ House ☒ President ☐ Senate
District: 00
State: DC

Calendar Year-To-Date Per Election for Office Sought: 258665.57

Disbursement For: ☒ Primary ☐ General 2016 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures ▶ 961.79

(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 ***[Electronically Filed]***
Signature

Date: 10 / 22 / 2015

Image# 201510229003218008

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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 M M / D D / Y Y Y Y

Full Name of Payee
Alliance Graphics

Mailing Address 1101 8th Street

City | State | Zip Code
Berkeley | CA | 94710

Purpose of Expenditure
Printing

Category/ Type

Date of Public Distribution/Dissemination
10 / 21 / 2015

Amount
7180.18

Transaction ID : D683093

Date of Disbursement or Obligation
10 / 21 / 2015

Name of Federal Candidate
Bernie Sanders

☒ Support ☐ Oppose

Office Sought: ☐ House ☒ President ☐ Senate
District: 00
State: DC

Calendar Year-To-Date Per Election for Office Sought
258665.57

Disbursement For: ☒ Primary ☐ General 2016 ☐ 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 ☐ President ☐ Senate
District:
State:

Calendar Year-To-Date Per Election for Office Sought

Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures ▶ 7180.18

(b) SUBTOTAL of Unitemized Independent Expenditures ▶

(c) TOTAL Independent Expenditures ▶ 8141.97

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 ***[Electronically Filed]***
Signature

Date 10 / 22 / 2015