

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 [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Javier Moreno Pollarorio
Mailing Address 1521 3rd Ave
City Oakland State CA Zip Code 94606
Purpose of Expenditure Translation Services
Name of Federal Candidate Bernie Sanders [X] Support [] Oppose
Calendar Year-To-Date Per Election for Office Sought 22768.03

Date of Public Distribution/Dissemination 03 / 28 / 2016
Amount 20.00
Transaction ID : D711406
Date of Disbursement or Obligation 03 / 14 / 2016
Office Sought: [] House District: 00 [X] President [] Senate State: DC
Disbursement For: [X] Primary [] General 2016 [] Other (specify)

Full Name of Payee Javier Moreno Pollarorio
Mailing Address 1521 3rd Ave
City Oakland State CA Zip Code 94606
Purpose of Expenditure Translation Services
Name of Federal Candidate Bernie Sanders [X] Support [] Oppose
Calendar Year-To-Date Per Election for Office Sought 22768.03

Date of Public Distribution/Dissemination 03 / 28 / 2016
Amount 20.00
Transaction ID : D711407
Date of Disbursement or Obligation 03 / 14 / 2016
Office Sought: [] House District: 00 [X] President [] Senate State: DC
Disbursement For: [X] Primary [] General 2016 [] Other (specify)

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 40.00; (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.

Signature Martha Kuhl [Electronically Filed] Date 04 / 05 / 2016

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 [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee California Nurses Association
Mailing Address 155 Grand Avenue
City Oakland State CA Zip Code 94612
Purpose of Expenditure Online Ad
Name of Federal Candidate Bernie Sanders [X] Support [] Oppose
Office Sought: [X] President [] Senate State: CA
Disbursement For: [X] Primary [] General 2016
Amount 50.00
Transaction ID : D711257
Date of Disbursement or Obligation 03 / 17 / 2016

Full Name of Payee California Nurses Association
Mailing Address 155 Grand Avenue
City Oakland State CA Zip Code 94612
Purpose of Expenditure Online Ad
Name of Federal Candidate Bernie Sanders [X] Support [] Oppose
Office Sought: [X] President [] Senate State: DC
Disbursement For: [X] Primary [] General 2016
Amount 50.00
Transaction ID : D711384
Date of Disbursement or Obligation 03 / 18 / 2016
Calendar Year-To-Date Per Election for Office Sought 22768.03

(a) SUBTOTAL of Itemized Independent Expenditures 100.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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Martha Kuhl [Electronically Filed] Date 04 / 05 / 2016
Signature

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 [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee California Nurses Association
Mailing Address 155 Grand Avenue
City Oakland State CA Zip Code 94612
Purpose of Expenditure Online Ad Category/Type

Date of Public Distribution/Dissemination 03 / 18 / 2016
Amount 50.00
Transaction ID : D711385
Date of Disbursement or Obligation 03 / 18 / 2016

Name of Federal Candidate Bernie Sanders
Support [X] Oppose []
Office Sought: [] House [X] President [] Senate
District: 00 State: DC
Calendar Year-To-Date Per Election for Office Sought 22768.03

Disbursement For: [X] Primary [] General 2016
[] Other (specify)

Full Name of Payee California Nurses Association
Mailing Address 155 Grand Avenue
City Oakland State CA Zip Code 94612
Purpose of Expenditure Online Ad Category/Type

Date of Public Distribution/Dissemination 03 / 18 / 2016
Amount 150.00
Transaction ID : D711386
Date of Disbursement or Obligation 03 / 18 / 2016

Name of Federal Candidate Bernie Sanders
Support [X] Oppose []
Office Sought: [] House [X] President [] Senate
District: 00 State: DC
Calendar Year-To-Date Per Election for Office Sought 22768.03

Disbursement For: [X] Primary [] General 2016
[] Other (specify)

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 200.00; (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.

Signature Martha Kuhl

[Electronically Filed]

Date 04 / 05 / 2016

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 [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee California Nurses Association
Mailing Address 155 Grand Avenue
City Oakland State CA Zip Code 94612
Purpose of Expenditure Online Ad Category/Type
Name of Federal Candidate Bernie Sanders [X] Support [] Oppose
Calendar Year-To-Date Per Election for Office Sought 22768.03

Date of Public Distribution/Dissemination 03 / 18 / 2016
Amount 200.00
Transaction ID : D711387
Date of Disbursement or Obligation 03 / 18 / 2016
Office Sought: [] House District: 00 [X] President [] Senate State: DC
Disbursement For: [X] Primary [] General 2016 [] Other (specify)

Full Name of Payee Javier Moreno Pollaroi
Mailing Address 1521 3rd Ave
City Oakland State CA Zip Code 94606
Purpose of Expenditure Translation Services Category/Type
Name of Federal Candidate Bernie Sanders [X] Support [] Oppose
Calendar Year-To-Date Per Election for Office Sought 22768.03

Date of Public Distribution/Dissemination 03 / 17 / 2016
Amount 200.00
Transaction ID : D711405
Date of Disbursement or Obligation 03 / 18 / 2016
Office Sought: [] House District: 00 [X] President [] Senate State: DC
Disbursement For: [X] Primary [] General 2016 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 400.00
(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.
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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 [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Erin L FitzGerald
Mailing Address 1028 Florida Street
City Vallejo State CA Zip Code 94590
Purpose of Expenditure Video Production
Name of Federal Candidate Bernie Sanders [X] Support [] Oppose
Calendar Year-To-Date Per Election for Office Sought 22768.03

Date of Public Distribution/Dissemination 03 / 17 / 2016
Amount 410.00
Transaction ID : D711408
Date of Disbursement or Obligation 03 / 18 / 2016
Office Sought: [] House District: 00 [X] President [] Senate State: DC
Disbursement For: [X] Primary [] General 2016 [] Other (specify)

Full Name of Payee California Nurses Association
Mailing Address 155 Grand Avenue
City Oakland State CA Zip Code 94612
Purpose of Expenditure Payroll Expense
Name of Federal Candidate Bernie Sanders [X] Support [] Oppose
Calendar Year-To-Date Per Election for Office Sought 22768.03

Date of Public Distribution/Dissemination 03 / 20 / 2016
Amount 943.43
Transaction ID : D711388
Date of Disbursement or Obligation 03 / 22 / 2016
Office Sought: [] House District: 00 [X] President [] Senate State: DC
Disbursement For: [X] Primary [] General 2016 [] Other (specify)

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 1353.43; (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.
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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 [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee California Nurses Association
Mailing Address 155 Grand Avenue
City Oakland State CA Zip Code 94612
Purpose of Expenditure Online Ad Category/Type
Name of Federal Candidate Bernie Sanders [X] Support [] Oppose
Calendar Year-To-Date Per Election for Office Sought 22768.03

Date of Public Distribution/Dissemination 03 / 18 / 2016
Amount 100.00
Transaction ID : D711389
Date of Disbursement or Obligation 03 / 22 / 2016
Office Sought: [] House District: 00 [X] President [] Senate State: DC
Disbursement For: [X] Primary [] General 2016 [] Other (specify)

Full Name of Payee California Nurses Association
Mailing Address 155 Grand Avenue
City Oakland State CA Zip Code 94612
Purpose of Expenditure Online Ad Category/Type
Name of Federal Candidate Bernie Sanders [X] Support [] Oppose
Calendar Year-To-Date Per Election for Office Sought 22768.03

Date of Public Distribution/Dissemination 03 / 19 / 2016
Amount 175.00
Transaction ID : D711390
Date of Disbursement or Obligation 03 / 22 / 2016
Office Sought: [] House District: 00 [X] President [] Senate State: DC
Disbursement For: [X] Primary [] General 2016 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 275.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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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 [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee California Nurses Association
Mailing Address 155 Grand Avenue
City Oakland State CA Zip Code 94612
Purpose of Expenditure Online Ad
Name of Federal Candidate Bernie Sanders [X] Support [] Oppose
Calendar Year-To-Date Per Election for Office Sought 22768.03

Date of Public Distribution/Dissemination 03 / 20 / 2016
Amount 200.00
Transaction ID : D711391
Date of Disbursement or Obligation 03 / 22 / 2016
Office Sought: [] House District: 00 [X] President [] Senate State: DC
Disbursement For: [X] Primary [] General 2016 [] Other (specify)

Full Name of Payee California Nurses Association
Mailing Address 155 Grand Avenue
City Oakland State CA Zip Code 94612
Purpose of Expenditure Online Ad
Name of Federal Candidate Bernie Sanders [X] Support [] Oppose
Calendar Year-To-Date Per Election for Office Sought 22768.03

Date of Public Distribution/Dissemination 03 / 22 / 2016
Amount 100.00
Transaction ID : D711392
Date of Disbursement or Obligation 03 / 23 / 2016
Office Sought: [] House District: 00 [X] President [] Senate State: DC
Disbursement For: [X] Primary [] General 2016 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 300.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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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 [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Alliance Graphics
Mailing Address 1101 8th Street
City Berkeley State CA Zip Code 94710
Purpose of Expenditure Printing
Name of Federal Candidate Bernie Sanders [X] Support [] Oppose
Calendar Year-To-Date Per Election for Office Sought 22768.03

Date of Public Distribution/Dissemination 03 / 25 / 2016
Amount 1314.00
Transaction ID : D711410
Date of Disbursement or Obligation 03 / 23 / 2016
Office Sought: [] House District: 00 [X] President [] Senate State: DC
Disbursement For: [X] Primary [] General 2016 [] Other (specify)

Full Name of Payee California Nurses Association
Mailing Address 155 Grand Avenue
City Oakland State CA Zip Code 94612
Purpose of Expenditure Online Ad
Name of Federal Candidate Bernie Sanders [X] Support [] Oppose
Calendar Year-To-Date Per Election for Office Sought 22768.03

Date of Public Distribution/Dissemination 03 / 24 / 2016
Amount 100.00
Transaction ID : D711393
Date of Disbursement or Obligation 03 / 24 / 2016
Office Sought: [] House District: 00 [X] President [] Senate State: DC
Disbursement For: [X] Primary [] General 2016 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1414.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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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 [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee California Nurses Association
Mailing Address 155 Grand Avenue
City Oakland State CA Zip Code 94612
Purpose of Expenditure Online Ad
Name of Federal Candidate Bernie Sanders [X] Support [] Oppose

Date of Public Distribution/Dissemination 03 / 24 / 2016
Amount 100.00
Transaction ID : D711394
Date of Disbursement or Obligation 03 / 24 / 2016
Office Sought: [] House District: 00 [X] President [] Senate State: DC
Disbursement For: [X] Primary [] General 2016 [] Other (specify)

Full Name of Payee California Nurses Association
Mailing Address 155 Grand Avenue
City Oakland State CA Zip Code 94612
Purpose of Expenditure Online Ad
Name of Federal Candidate Bernie Sanders [X] Support [] Oppose

Date of Public Distribution/Dissemination 03 / 24 / 2016
Amount 100.00
Transaction ID : D711395
Date of Disbursement or Obligation 03 / 24 / 2016
Office Sought: [] House District: 00 [X] President [] Senate State: DC
Disbursement For: [X] Primary [] General 2016 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 200.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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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 [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Erin L FitzGerald
Mailing Address 1028 Florida Street
City Vallejo State CA Zip Code 94590
Purpose of Expenditure Video Production
Name of Federal Candidate Bernie Sanders [X] Support [] Oppose
Calendar Year-To-Date Per Election for Office Sought 22768.03

Date of Public Distribution/Dissemination 03 / 21 / 2016
Amount 840.00
Transaction ID : D711409
Date of Disbursement or Obligation 03 / 28 / 2016
Office Sought: [] House District: 00 [X] President [] Senate State: DC
Disbursement For: [X] Primary [] General 2016 [] Other (specify)

Full Name of Payee California Nurses Association
Mailing Address 155 Grand Avenue
City Oakland State CA Zip Code 94612
Purpose of Expenditure Online Ad
Name of Federal Candidate Bernie Sanders [X] Support [] Oppose
Calendar Year-To-Date Per Election for Office Sought 22768.03

Date of Public Distribution/Dissemination 03 / 30 / 2016
Amount 50.00
Transaction ID : D711396
Date of Disbursement or Obligation 03 / 30 / 2016
Office Sought: [] House District: 00 [X] President [] Senate State: DC
Disbursement For: [X] Primary [] General 2016 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 890.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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Martha Kuhl [Electronically Filed] Date 04 / 05 / 2016
Signature

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 [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee California Nurses Association
Mailing Address 155 Grand Avenue
City Oakland State CA Zip Code 94612
Purpose of Expenditure Online Ad
Name of Federal Candidate Bernie Sanders [X] Support [] Oppose
Calendar Year-To-Date Per Election for Office Sought 22768.03

Date of Public Distribution/Dissemination 03 / 26 / 2016
Amount 40.00
Transaction ID : D711397
Date of Disbursement or Obligation 04 / 01 / 2016
Office Sought: [] House District: 00 [X] President [] Senate State: DC
Disbursement For: [X] Primary [] General 2016 [] Other (specify)

Full Name of Payee California Nurses Association
Mailing Address 155 Grand Avenue
City Oakland State CA Zip Code 94612
Purpose of Expenditure Online Ad
Name of Federal Candidate Bernie Sanders [X] Support [] Oppose
Calendar Year-To-Date Per Election for Office Sought 22768.03

Date of Public Distribution/Dissemination 03 / 25 / 2016
Amount 100.00
Transaction ID : D711398
Date of Disbursement or Obligation 04 / 01 / 2016
Office Sought: [] House District: 00 [X] President [] Senate State: DC
Disbursement For: [X] Primary [] General 2016 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 140.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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Martha Kuhl [Electronically Filed] Date 04 / 05 / 2016
Signature

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 [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee California Nurses Association
Mailing Address 155 Grand Avenue
City Oakland State CA Zip Code 94612
Purpose of Expenditure Online Ad Category/Type
Name of Federal Candidate Bernie Sanders [X] Support [] Oppose
Calendar Year-To-Date Per Election for Office Sought 22768.03

Date of Public Distribution/Dissemination 03 / 25 / 2016
Amount 50.00
Transaction ID : D711399
Date of Disbursement or Obligation 04 / 01 / 2016
Office Sought: [] House District: 00 [X] President [] Senate State: DC
Disbursement For: [X] Primary [] General 2016 [] Other (specify)

Full Name of Payee California Nurses Association
Mailing Address 155 Grand Avenue
City Oakland State CA Zip Code 94612
Purpose of Expenditure Online Ad Category/Type
Name of Federal Candidate Bernie Sanders [X] Support [] Oppose
Calendar Year-To-Date Per Election for Office Sought 22768.03

Date of Public Distribution/Dissemination 03 / 25 / 2016
Amount 50.00
Transaction ID : D711400
Date of Disbursement or Obligation 04 / 01 / 2016
Office Sought: [] House District: 00 [X] President [] Senate State: DC
Disbursement For: [X] Primary [] General 2016 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 100.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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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 [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee California Nurses Association
Mailing Address 155 Grand Avenue
City Oakland State CA Zip Code 94612
Purpose of Expenditure Online Ad
Name of Federal Candidate Bernie Sanders [X] Support [] Oppose
Calendar Year-To-Date Per Election for Office Sought 22768.03

Date of Public Distribution/Dissemination 03 / 25 / 2016
Amount 50.00
Transaction ID : D711401
Date of Disbursement or Obligation 04 / 01 / 2016
Office Sought: [] House District: 00 [X] President [] Senate State: DC
Disbursement For: [X] Primary [] General 2016 [] Other (specify)

Full Name of Payee California Nurses Association
Mailing Address 155 Grand Avenue
City Oakland State CA Zip Code 94612
Purpose of Expenditure Online Ad
Name of Federal Candidate Bernie Sanders [X] Support [] Oppose
Calendar Year-To-Date Per Election for Office Sought 22768.03

Date of Public Distribution/Dissemination 03 / 31 / 2016
Amount 250.00
Transaction ID : D711411
Date of Disbursement or Obligation 04 / 01 / 2016
Office Sought: [] House District: 00 [X] President [] Senate State: DC
Disbursement For: [X] Primary [] General 2016 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 300.00
(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.
Martha Kuhl [Electronically Filed] Date 04 / 05 / 2016
Signature

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 [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee California Nurses Association
Mailing Address 155 Grand Avenue
City Oakland State CA Zip Code 94612
Purpose of Expenditure Online Ad Category/Type
Name of Federal Candidate Bernie Sanders [X] Support [] Oppose
Calendar Year-To-Date Per Election for Office Sought 22768.03

Date of Public Distribution/Dissemination 03 / 31 / 2016
Amount 1150.00
Transaction ID : D711402
Date of Disbursement or Obligation 04 / 04 / 2016
Office Sought: [] House District: 00 [X] President [] Senate State: DC
Disbursement For: [X] Primary [] General 2016 [] Other (specify)

Full Name of Payee North Wood Advertising
Mailing Address 1201 Fifteen Building 15 South Fifth
City Minneapolis State MN Zip Code 55402
Purpose of Expenditure Video Production Category/Type
Name of Federal Candidate Bernie Sanders [X] Support [] Oppose
Calendar Year-To-Date Per Election for Office Sought 22768.03

Date of Public Distribution/Dissemination 03 / 22 / 2016
Amount 1265.18
Transaction ID : D711403
Date of Disbursement or Obligation 04 / 05 / 2016
Office Sought: [] House District: 00 [X] President [] Senate State: DC
Disbursement For: [X] Primary [] General 2016 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 2415.18
(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.
Martha Kuhl [Electronically Filed] Date 04 / 05 / 2016
Signature

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 [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee North Wood Advertising
Mailing Address 1201 Fifteen Building 15 South Fifth
City Minneapolis State MN Zip Code 55402
Purpose of Expenditure Video Production Category/Type
Name of Federal Candidate Bernie Sanders [X] Support [] Oppose
Calendar Year-To-Date Per Election for Office Sought 22768.03

Date of Public Distribution/Dissemination 03 / 22 / 2016
Amount 14690.42
Transaction ID : D711404
Date of Disbursement or Obligation 04 / 05 / 2016
Office Sought: [] House District: 00 [X] President [] Senate State: DC
Disbursement For: [X] Primary [] General 2016 [] Other (specify)

Full Name of Payee
Mailing Address
City State Zip Code
Purpose of Expenditure Category/Type
Name of Federal Candidate [] Support [] Oppose
Calendar Year-To-Date Per Election for Office Sought

Date of Public Distribution/Dissemination
Amount
Date of Disbursement or Obligation
Office Sought: [] House District: [] [] President [] Senate State: []
Disbursement For: [] Primary [] General [] Other (specify)

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 14690.42; (b) SUBTOTAL of Unitemized Independent Expenditures; (c) TOTAL Independent Expenditures 22818.03

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Martha Kuhl [Electronically Filed] Date 04 / 05 / 2016
Signature