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

Schedule E)			FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In I National Nurses Un	FEC IDENTIFICATION NUMBER ▼			
ivational ivuises on	illed for Fallerit Frotection	C C00490375		
			M = M / D = D / Y = Y = Y	
Check if 24-hour report	X 48-hour report New r	report Amends report file		
Full Name of Payee Bus Bank			Date of Public Distribution/Dissemination	
		01 04 2016		
Mailing Address 820 We	st Jackson	Amount		
Suite 815 City State Zip Code				
City Chicago	State IL	120635.00 Transaction ID : D691806		
	IL	IL 60607		
Purpose of Expenditure Bus tour expenses		Category/ Type	12 / 22 / 2015	
Name of Federal Candida	ate	X Support Off	ice Sought: House District:00	
Bernie Sanders		Oppose	President Senate State: DC	
Calendar Year-To-Da	ite		bursement For: X Primary General	
Per Election for Office	ce Sought	140317.10 201	6 Other (specify) ▶	
Full Name of Payee			Date of Public Distribution/Dissemination	
Alliance Graphics			01 04 2016	
Mailing Address 1101	8th Street		Amount	
City	State	Zip Code	1780.02	
Berkeley	CA	94710	Transaction ID : D691807 Date of Disbursement or Obligation	
Purpose of Expenditure		Category/	Date of Disbursement of Obligation	
Printing		Type	12 28 2015	
Name of Federal Candid	ate	X Support Off	ice Sought: House District: 00	
Bernie Sanders		Oppose	President Senate State: DC	
Calendar Year-To-Da			sbursement For: X Primary General	
Per Election for Office	ce Sought	140317.10	Other (specify)	
(a) SUBTOTAL of Itemize	d Independent Expenditures	·····	122415.02	
(b) SUBTOTAL of Unitem	ized Independent Expenditures	·····		
(c) TOTAL Independent E	xpenditures	·	4 4	
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 Hieta		ronically Filed]	01 04 2016	
Signature	Esicci	Date	2010	

Signature

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4/48 HOUR REPORT OF INDEPENDENT EXPENDITU	IRES	PAGE 2 OF 4
Schedule E)		PAGE 2 OF 4 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FE	C IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protection	C	C00490375
Check if 24-hour report X 48-hour report New report	Amends report filed on	/ D D / Y Y Y Y Y
Full Name of Payee Alliance Graphics Mailing Address 1101 8th Street	Date of F	Public Distribution/Dissemination / 04 / 2016
City State Zip	Code	3675.13
		ion ID: D691808 Disbursement or Obligation
Purpose of Expenditure Printing	ategory/ Type 12	
Name of Federal Candidate	Support Office Sought:	House District: 00
Bernie Sanders	Oppose President	Senate State: DC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For 2016 Other	or:
Full Name of Payee Autumn Press Mailing Address 945 Camelia St	Date of F	Public Distribution/Dissemination M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
		11940.00 on ID : D691809
Purpose of Expenditure Printing	ategory/ Type 12	
Name of Federal Candidate Bernie Sanders	Support Office Sought: Oppose President	House District: 00
Calendar Year-To-Date Per Election for Office Sought	Disbursement For 2016	Senate State: □C or: ☐ Primary ☐ General r (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		15615.13
(b) SUBTOTAL of Unitemized Independent Expenditures		7 1 7 1 7
(c) TOTAL Independent Expenditures	······································	7 1 7 1 7
Under penalty of perjury I certify that the independent expenditures represent, or at the request or suggestion of, any candidate or authorized corparty committee) any political party committee or its agent.		
Carolyn Hietamaki[Electronically	y Filed] Date 01	04 2016

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

,		FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼			
National Nurses United for Patient Protection		C C00490375			
Check if 24-hour report X 48-hour report New report	ort Amends report fil	ed on Man / Dad / Yayayay			
Full Name of Payee Autumn Press		Date of Public Distribution/Dissemination			
		01 04 Y Y Y Y Y Y			
Mailing Address 945 Camelia St		Amount			
City State	Zip Code	9511.69			
Berkeley CA	94710-1437	Transaction ID : D691810 Date of Disbursement or Obligation			
Purpose of Expenditure Printing	Category/ Type	12 / 28 / 2015			
Name of Federal Candidate	X Support Off	ice Sought: House District: 00			
BERNARD SANDERS		President Senate State: IA			
Calendar Year-To-Date Per Election for Office Sought	9511.69 Dis	sbursement For:			
Full Name of Payee Autumn Press	<u>'</u>	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 945 Camelia St		Amount			
City State	Zip Code	1160.72			
Berkeley CA	94710-1437	Transaction ID : D691811 Date of Disbursement or Obligation			
Purpose of Expenditure Printing	Category/ Type	12 / 28 / 2015			
Name of Federal Candidate	X Support Of	fice Sought: House District: 00			
Bernie Sanders	Oppose	President Senate State: DC			
Calendar Year-To-Date Per Election for Office Sought		sbursement For:			
(a) SUBTOTAL of Itemized Independent Expenditures	·····	10672.41			
(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.					
	cally Filed] Date	01 04 2016			
Signature					

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

	FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection	FEC IDENTIFICATION NUMBER ▼			
National Nurses United for Patient Protection	C C00490375			
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y			
Full Name of Payee	ate of Public Distribution/Dissemination			
Alliance Graphics	01 04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 1101 8th Street	nount			
City State Zip Code	1126.23			
	ansaction ID : D691812 ate of Disbursement or Obligation			
Purpose of Expenditure Printing Category/ Type	12 / 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate Support Office So	ought: House District: 00			
Bernie Sanders Oppose Pre				
Calendar Year-To-Date Per Election for Office Sought Disburser 2016				
	Other (specify)			
Full Name of Payee Da	ate of Public Distribution/Dissemination			
Mailing Address Ar	mount			
City State Zip Code				
Purpose of Expenditure Category/	ate of Disbursement or Obligation			
Type				
Name of Federal Candidate Support Office So	ought: House District:			
Oppose Pre	esident Senate State:			
Calendar Year-To-Date Per Election for Office Sought	ment For: Primary General			
. S. Elssion for Smoot Stugin	Other (specify) -			
(a) SUBTOTAL of Itemized Independent Expenditures	1126.23			
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures	149828.79			
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] Date 01	04 2016			
Signature				

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