

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 2000 Franklin Street
City Oakland State CA Zip Code 94612
Purpose of Expenditure Online Ad Category/Type
Name of Federal Candidate BERNARD SANDERS [X] Support [] Oppose
Calendar Year-To-Date Per Election for Office Sought 150.00

Date of Public Distribution/Dissemination 02 / 12 / 2016
Amount 50.00
Transaction ID : D710195
Date of Disbursement or Obligation 02 / 16 / 2016
Office Sought: [] House District: 00 [X] President [] Senate State: SC
Disbursement For: [X] Primary [] General 2016 [] Other (specify)

Full Name of Payee California Nurses Association
Mailing Address 2000 Franklin Street
City Oakland State CA Zip Code 94612
Purpose of Expenditure Online Ad Category/Type
Name of Federal Candidate BERNARD SANDERS [X] Support [] Oppose
Calendar Year-To-Date Per Election for Office Sought 150.00

Date of Public Distribution/Dissemination 02 / 14 / 2016
Amount 50.00
Transaction ID : D710196
Date of Disbursement or Obligation 02 / 16 / 2016
Office Sought: [] House District: 00 [X] President [] Senate State: SC
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

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 02 / 17 / 2016
Signature

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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 2000 Franklin Street
City Oakland State CA Zip Code 94612
Purpose of Expenditure Online Ad Category/Type
Name of Federal Candidate BERNARD SANDERS [X] Support [] Oppose
Calendar Year-To-Date Per Election for Office Sought 150.00

Date of Public Distribution/Dissemination 02 / 15 / 2016
Amount 50.00
Transaction ID : D710197
Date of Disbursement or Obligation 02 / 16 / 2016
Office Sought: [] House District: 00 [X] President [] Senate State: SC
Disbursement For: [X] Primary [] General 2016 [] Other (specify)

Full Name of Payee California Nurses Association
Mailing Address 2000 Franklin Street
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 2860.65

Date of Public Distribution/Dissemination 02 / 16 / 2016
Amount 50.00
Transaction ID : D710198
Date of Disbursement or Obligation 02 / 16 / 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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Signature

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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 2000 Franklin Street
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 2860.65

Date of Public Distribution/Dissemination 02 / 16 / 2016
Amount 50.00
Transaction ID : D710199
Date of Disbursement or Obligation 02 / 16 / 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 2000 Franklin Street
City Oakland State CA Zip Code 94612
Purpose of Expenditure Online Ad
Name of Federal Candidate BERNARD SANDERS [X] Support [] Oppose
Calendar Year-To-Date Per Election for Office Sought 50.00

Date of Public Distribution/Dissemination 02 / 16 / 2016
Amount 50.00
Transaction ID : D710200
Date of Disbursement or Obligation 02 / 16 / 2016
Office Sought: [] House District: 00 [X] President [] Senate State: NV
Disbursement For: [X] Primary [] General 2016 [] Other (specify)

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 100.00, (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 02 / 17 / 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 2000 Franklin Street
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 2860.65

Date of Public Distribution/Dissemination 02 / 16 / 2016
Amount 873.80
Transaction ID : D710201
Date of Disbursement or Obligation 02 / 16 / 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 2000 Franklin Street
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 2860.65

Date of Public Distribution/Dissemination 02 / 16 / 2016
Amount 1886.85
Transaction ID : D710202
Date of Disbursement or Obligation 02 / 16 / 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 2760.65, (b) SUBTOTAL of Unitemized Independent Expenditures, (c) TOTAL Independent Expenditures 3060.65

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 02 / 17 / 2016
Signature