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Image# 201607159020597192

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FURIN 3X F	or Other Than A	n Authorized Committ	ee	Office L	Jse Only
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typi over the lines.	ng, type 1	2FE4M5	
National Nurses United	I for Patient Pro	tection			
ADDRESS (number and street)	8630 Fenton Street,	Suite 1100			
Check if different than previously reported. (ACC)	Silver Spring			MD 2091	0 - - -
2. FEC IDENTIFICATION NU	IMBER ▼	CITY 🛦	ST	TATE 🛦	ZIP CODE ▲
C C00490375			NEW (N) OR	AMENDED (A)	
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q July 15 Quarterly Report (Q October 15 Quarterly Report (Q January 31 Year-End Report (Y July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER)	2) PRE-Elect Report for 3) E) (d) 30-Day	Mar 20 (M3) Apr 20 (M4) Primary (12Find the: Convention Election on General (300)	(12C)	Aug 20 (M8) Sep 20 (M9) Oct 20 (M10) General (12G) Special (12S) Runoff (30R)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) Runoff (12R) in the State of Special (30S) in the State of
5. Covering Period 04	01	2016 through	M M /	30 20	Y Y 116
I certify that I have examined the Type or Print Name of Treasurer	·	best of my knowledge and	belief it is true,	correct and comple	ete.
Signature of Treasurer Marth	aa Kuhl	[Electronicall	y <i>Filed]</i> Dat		5 2016
NOTE: Submission of false, errone	eous, or incomplete inf	ormation may subject the per	son signing this	Report to the penalt	ies of 2 U.S.C. §437g.
Office Use					C FORM 3X Rev. 12/2004

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name National Nurses United for Patient Protection 2016 06 30 2016 Report Covering the Period: 04 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 1134044.75 January 1, 2016 (b) Cash on Hand at 841361.95 Beginning of Reporting Period..... 2003283.22 4009694.06 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 5143738.81 2844645.17 6(a) and 6(c) for Column B)..... 2682356.70 4981500.34 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 162288.47 162238.47 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

National Nurses United for Patient Protection

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
ntributions (other than loans) From:			
•			
Than Political Committees			
(i) Itemized (use Schedule A)	0.00	0.00	
(ii) Unitemized	0.00	0.00	
(iii) TOTAL (add		0.00	
Lines 11(a)(i) and (ii)▶	0.00	0.00	
	0.00	0.00	
	0.00	0.00	
	1905426 10	3911836.94	
	1000-120.10	3311030.94	
	1905426 10	3911836.94	
	1000 120.10		
	0.00	0.00	
rty Committees	0.00	3.00	
Loans Received	0.00	0.00	
Loans Heceived			
D. C.	0.00	0.00	
	0.00	0.00	
·	97857 12	97857.12	
	0.001.12	37007.12	
	0.00	0.00	
	4	3.00	
·	0.00	0.00	
· · · · · · · · · · · · · · · · · · ·	0.00	7 7	
	0.00	0.00	
(* * * * * * * * * * * * * * * * * * *			
Lovin Funds (from Schodulo H5)	0.00	0.00	
Leviii i unus (iioiii Schedule 115)			
Total Transfers (add 18(a) and 18(b))	0.00	0.00	
Total Transfers (add To(a) and To(b))	7		
	(ii) Unitemized	Intributions (other than loans) From: Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Allocated Federal/Non-Federal		
Activity (from Schedule H4)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating		
Expenditures	695648.81	1012784.11
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	695648.81	1012784.11
Transfers to Affiliated/Other Party	000040.01	1012101111
Committees	0.00	0.00
Contributions to Federal Candidates/Committees		200
and Other Political Committees	0.00	0.00
Independent Expenditures	1961707.89	3939905.71
(use Schedule E)		
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
i i		
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
-		
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)	0.00	3.50
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))▶	0.00	0.00
		00040.50
Other Disbursements	25000.00	28810.52
Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity		
(from Schedule H6)	0.00	2.22
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely		
With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add	200	
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	2682356.70	4981500.34
, , , , , , , , , , , , , , , , , , , ,	2002000.70	1331300.34
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)	2000000	
from Line 31)	2682356.70	4981500.34

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	1905426.10	3911836.94
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1905426.10	3911836.94
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	695648.81	1012784.11
7. Offsets to Operating Expenditures (from Line 15, page 3)	97857.12	97857.12
8. Net Operating Expenditures (subtract Line 37 from Line 36)	597791.69	914926.99

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SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	K)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 OF 153 (check only one)
		not be sold or used by any p	13 14 15 16 17 erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Nurses United for P	atient Protect	ion	
Full Name (Last, First, Middle Initial) National Nurses United Mailing Address 8630 Fenton Street Suite 1100 City Silver Spring	State MD	Zip Code 20910	Date of Receipt 04 07 2016 Transaction ID: C10069990 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupation		87847.44 Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Yo	ear-to-Date ▼ 4007272.77]
B. National Nurses United Mailing Address 8630 Fenton Street	<u>'</u>		Date of Receipt
Suite 1100 City Silver Spring FEC ID number of contributing federal political committee.	State MD	Zip Code 20910	04 07 2016 Transaction ID : C10069991 Amount of Each Receipt this Period 268996.07
Name of Employer Receipt For:	Occupation Aggregate Y	ear-to-Date ▼	Memo Item
Primary General Other (specify) ▼		4007272,77]
Full Name (Last, First, Middle Initial) C. National Nurses United Mailing Address 8630 Fenton Street Suite 1100			Date of Receipt 04 19 2016
City Silver Spring	State MD	Zip Code 20910	Transaction ID : C10069992 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		1548582.59
Name of Employer	Occupation		Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 4007272.77]
SUBTOTAL of Receipts This Page (optional			1905426.10

TOTAL This Period (last page this line number only).....

1905426.10

S П

SCHEDULE A (FEC Form 3)	X)	FOR LINE NUMBER: PAGE 7 OF 153			
TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) 11a 11b 11c 12 13 14 X 15 16 17			
or for commercial purposes, other than usin		y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) National Nurses United for F	Patient Protection				
Full Name (Last, First, Middle Initial) Autumn Press Mailing Address 945 Camelia St		Date of Receipt			
		06 14 2016			
City Berkeley	State Zip Code CA 94710-1437	Transaction ID : C10065426 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С	2421.29			
Name of Employer	Occupation	Memo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2421.29	Refund of overpayment			
Full Name (Last, First, Middle Initial) National Nurses United	,	Date of Receipt			
Mailing Address 8630 Fenton Street Suite 1100		05 05 2016			
City Silver Spring	State Zip Code MD 20910	Transaction ID : C10069994			
FEC ID number of contributing federal political committee.	C 20910	Amount of Each Receipt this Period 95435.83			
Name of Employer	Occupation	Memo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 4007272.77	Refund of duplicate paid invoices			
Full Name (Last, First, Middle Initial)		Date of Receipt			
Mailing Address		M = M / D = D / Y = Y = Y			
City	State Zip Code	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C				
Name of Employer	Occupation	Memo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼				
SUBTOTAL of Receipts This Page (options	al)	97857.12			

TOTAL This Period (last page this line number only).....

97857.12

SCHEDULE B (FEC Form 3X)			PAGE	8 O	F 15			
ITEMIZED DISBURSEMENTS	Use separate s for each categor		(check only one)		7.25			
	Detailed Summ		X 21b 27	22 28a	23 28b	24 28c	25 29	$\begin{bmatrix} 2 \\ 3 \end{bmatrix}$
Any information copied from such Reports and Statem	onto may not be	cold or use						
or for commercial purposes, other than using the name								
NAME OF COMMITTEE (In Full)								
National Nurses United for Patient I	Protection							
Full Name (Last, First, Middle Initial)				5	S. 1			
A. Bus Bank					Disbursem			
Mailing Address 820 West Jackson				06	29		016	Y
Suite 815								
,	tate Zip (Transa	ction ID : I	D744805		
Chicago Purpose of Disbursement	IL 6060) (_						
Travel				Amount	of Each Di	sbursemen	t this P	eriod
Candidate Name			Category/				15600.0	n
200			Type		7	7	13600.0	U
Office Sought: House Disbursem	ent For: Primary	General		Mem	o Item			
	Other (specify)							
State: District:	(56.001)	,						
Full Name (Last, First, Middle Initial)								
Bus Bank				Date of	Disbursem		/ . Y . Y	Υ
Mailing Address 820 West Jackson Suite 815				06	30		2016	
Chicago	tate Zip (IL 606			Transa	ction ID :	D744806		
Purpose of Disbursement Travel				Amount :	of Each Di	sbursemen	t thic D	arind
Candidate Name			Cotogogi	Amount	, Lacii Di	Sour Serrier	t ullo F	Silou
			Category/ Type		,		18450.0	0
Office Sought: House Disbursem		I		Mem	ltem			
	Primary	General						
President State: District:	Other (specify)	7						
Full Name (Last, First, Middle Initial)								
California Nurses Association				Date of	Disbursem	ent		
				M M	/ D D		Y	Υ
Mailing Address 155 Grand Avenue				04	01	2	016	
City S	tate Zip (Code						
Oakland	CA 946			Transa	ction ID :	D744867		
Purpose of Disbursement Overhead								
Candidate Name				Amount	of Each Di	sbursemen	t this P	eriod
Sandidato Harrio			Category/ Type				5556.5	2
Office Sought: House Disbursem	ent For: 2016		.,,,,	Mem	oltem	7		
	Primary	General		L				
	Other (specify)	7						
State: District:								
SURTOTAL of Dishuranments This Base (antional)						(59606.5	2
SUBTOTAL of Disbursements This Page (optional)	•••••		······		,	,		+
TOTAL This Period (last page this line number only)			_	1	_ =			-

SCHEDULE B (FEC Form 3X)	Llee constate school-le	\(a\) -	NUMBER:	PAGE 9 OF 153
ITEMIZED DISBURSEMENTS	Use separate schedule for each category of the Detailed Summary Pag	ie (oneok on	22 23	3 24 25 26 8b 28c 29 30
Any information copied from such Reports and Statem or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full) National Nurses United for Patient I		onnoai comminicee 1	Sonor Contributi	one nom such committee.
Full Name (Last, First, Middle Initial)			_	
A. California Nurses Association			Date of Disbu	
Mailing Address 155 Grand Avenue			04	18 2016
,	State Zip Code		Transaction	n ID : D744880
Oakland Purpose of Disbursement	CA 94612			=
Purpose of Disbursement Payroll			Amount of Ea	ach Disbursement this Period
Candidate Name		Category/	1	
		Type		49.50
Senate President	nent For: 2016 Primary ☐ Genera Other (specify) ▼	<u></u>	Memo Iten	n
State: District:				
Full Name (Last, First, Middle Initial) B. California Nurses Association			Date of Disbu	
Mailing Address 155 Grand Avenue			04	09 / 2016
Oakland	State Zip Code CA 94612		Transaction	n ID : D744881
Purpose of Disbursement Payroll			Amount of Fo	ach Disbursement this Period
Candidate Name		Category/ Type	Amount Of Ea	5.25
Senate X I	nent For: 2016 Primary Genera Other (specify)		Memo Item	n
Full Name (Last, First, Middle Initial) C. California Nurses Association			Date of Disbu	ursement
Mailing Address 155 Grand Avenue			04	09 2016
•	state Zip Code CA 94612		Transaction	n ID : D744882
Purpose of Disbursement	31012		1	
Payroll Candidate Name		Category/	Amount of Ea	ach Disbursement this Period
Senate X	nent For: 2016 Primary Genera Other (specify)	Type	Memo Iten	7
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only).				84.75

TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	FOR LINE I	one)
	Detailed Summary Page	X 21b 27	22 23 24 25 26 28a 28b 28c 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full) National Nurses United for Patient I	Protection		
Full Name (Last, First, Middle Initial) - JP Morgan Chase			Date of Disbursement
Mailing Address 350 20th Street			05 05 2016
,	tate Zip Code CA 94612		Transaction ID : D743514
Purpose of Disbursement Bank Fee Candidate Name	[Category/	Amount of Each Disbursement this Period
		Type	45.00 Memo Item
Full Name (Last, First, Middle Initial) 3. JP Morgan Chase Mailing Address 350 20th Street			Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	state Zip Code		04 07 2010
•	CA 94612		Transaction ID : D744872 Amount of Each Disbursement this Period
Candidate Name		Category/ Type	30.00
Senate	nent For: 2016 Primary General Other (specify)		Memo Item
Full Name (Last, First, Middle Initial) C. JP Morgan Chase			Date of Disbursement
Mailing Address 350 20th Street			04 29 2016
Oakland	State Zip Code CA 94612		Transaction ID : D743578
Purpose of Disbursement Bank Fee Candidate Name	[Category/ Type	Amount of Each Disbursement this Period 35.00
	nent For: Primary General Other (specify)	20.7	Memo Item
SUBTOTAL of Disbursements This Page (optional)			110.00
TOTAL This Period (last page this line number only).			

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 11 OF 153
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	
	Detailed Summary Page	X 21b	22 23 24 25 26
		27	28a 28b 28c 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam	nents may not be sold or use	ed by any personal committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	and address of any points		55.5. Gorial Salario II of Gasti Committee.
National Nurses United for Patient	Protection		
Full Name (Last, First, Middle Initial)			
A. JP Morgan Chase			Date of Disbursement
Mailing Address 350 20th Street			04 21 2016
	State Zip Code		Transaction ID : D743583
Oakland Purpose of Disbursement	CA 94612		
Bank Fee			Amount of Each Disbursement this Period
Candidate Name		Category/	25.00
0.5		Туре	25.00
Office Sought: House Disbursen Senate			Memo Item
	Primary General Other (specify)		
State: District:	(-p-20.1) ¥		
Full Name (Last, First, Middle Initial)			
3. JP Morgan Chase			Date of Disbursement
Mailing Address 350 20th Street			04 19 2016
Oakland	State Zip Code CA 94612		Transaction ID : D743595
Purpose of Disbursement Bank Fee			Amount of Each Dichurcoment this David
Candidate Name			Amount of Each Disbursement this Period
		Category/ Type	15.00
Office Sought: House Disbursen	nent For:		Memo Item
	Primary General		_
President State: District:	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
C. JP Morgan Chase			Date of Disbursement
			M = M / D = D / Y = Y = Y
Mailing Address 350 20th Street			05 18 2016
City	State Zip Code		Transaction ID - D725227
Oakland	CA 94612		Transaction ID : D735237
Purpose of Disbursement Bank Fee		· · ·]	Amount of Each Dishurson and this David
Candidate Name		Category/	Amount of Each Disbursement this Period
		Type	35.00
Office Sought: House Disbursen			Memo Item
	Other (specify) —		_
State: District:	Other (specify) ▼		
Side Side Side Side Side Side Side Side			
SUBTOTAL of Disbursements This Page (optional)			75.00
TOTAL This Period (last page this line number only)			

ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE N (check only X 21b 27	
Any information copied from such Reports and Statem or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full) National Nurses United for Patient F	e and address of any political	by any perso committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) A. JP Morgan Chase Mailing Address 350 20th Street			Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
,	tate Zip Code CA 94612		Transaction ID : D735238
Bank Fee Candidate Name		Category/ Type	Amount of Each Disbursement this Period
Senate	ent For: Primary General Other (specify) ▼		Memo Item
Full Name (Last, First, Middle Initial) B. National Nurses United Mailing Address, 1930 Factor Street			Date of Disbursement
Mailing Address 8630 Fenton Street Suite 1100 City S	tate Zip Code		04 19 2016
	MD 20910		Transaction ID: D742540 Amount of Each Disbursement this Period
Office Sought: House Disbursem Senate F		Category/ Type	1107.75 Memo Item
Full Name (Last, First, Middle Initial) C. National Nurses United			Date of Disbursement
Mailing Address 8630 Fenton Street Suite 1100			04 20 2016
Silver Spring Purpose of Disbursement	tate Zip Code MD 20910		Transaction ID: D742541
Payroll Candidate Name		Category/ Type	Amount of Each Disbursement this Period
	ent For: Primary General Other (specify) ▼		Memo Item
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only)			1153.25

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE 1	•
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	one) 22 23 24 25 26 28a 28b 28c 29 30
Any information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) National Nurses United for Patient I	•	.a. committee to	CONTRACTOR TO THE SUCH COMMITTEE.
Full Name (Last, First, Middle Initial)			_
^{A.} National Nurses United			Date of Disbursement
Mailing Address 8630 Fenton Street Suite 1100			04 20 2016
City	tate Zip Code		Transaction ID : D742542
Silver Spring Purpose of Disbursement	MD 20910		
Purpose of Disbursement Payroll			Amount of Each Disbursement this Period
Candidate Name		Category/	
Office County		Type	13.50
	nent For: Primary General Other (specify)		Memo Item
State: District:			
Full Name (Last, First, Middle Initial)			Date of Dill
B. National Nurses United			Date of Disbursement
Mailing Address 8630 Fenton Street Suite 1100			04 20 2016
,	tate Zip Code MD 20910	\Box	Transaction ID: D742543
Purpose of Disbursement Payroll	-		Amount of Each Disbursement this Period
Candidate Name		Category/ Type	50.25
	nent For: Primary General Other (specify)	.,,,,	Memo Item
Full Name (Last, First, Middle Initial)			
C. National Nurses United			Date of Disbursement
Mailing Address 8630 Fenton Street Suite 1100			04 21 2016
City	itate Zip Code MD 20910		Transaction ID : D742544
Purpose of Disbursement	20310		
Payroll Candidate Name		Category/	Amount of Each Disbursement this Period
Office Sought: House	pont For:	Type	30.75
	ent For: Primary General Other (specify)		Memo Item
SUBTOTAL of Disbursements This Page (optional)			94.50
TOTAL This Period (last page this line number only).			

ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page (check	NE NUMBER: PAGE 14 OF 153 only one) 22 23 24 25 26 27 28a 28b 28c 29 30
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam NAME OF COMMITTEE (In Full) National Nurses United for Patient	e and address of any political committee	person for the purpose of soliciting contributions e to solicit contributions from such committee.
A. National Nurses United Mailing Address 8630 Fenton Street		Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
,	tate Zip Code MD 20910	Transaction ID : D742545 Amount of Each Disbursement this Period
	Category. Type ent For: Primary General Other (specify) ▼	Memo Item
Full Name (Last, First, Middle Initial) B. National Nurses United Mailing Address 8630 Fenton Street		Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Silver Spring Purpose of Disbursement Payroll Candidate Name Office Sought: House Disbursem Senate	tate Zip Code MD 20910 Category, Type ent For: Primary General Other (specify) Toda Category Type	Transaction ID : D742546 Amount of Each Disbursement this Period 36.00 Memo Item
Full Name (Last, First, Middle Initial) C. National Nurses United Mailing Address 8630 Fenton Street Suite 1100 City Silver Spring Purpose of Disbursement Payroll Candidate Name Office Sought: House Disbursem	tate Zip Code MD 20910 Category, Type ent For: Primary General Other (specify)	Date of Disbursement M M M / 21

TEMIZED DISBURSEMENTS	Llos concreto cohodulo(o)	LINE NUMBER: PAGE 15 OF 153 conly one) 21b 22 23 24 25 26
	, ,	27 28a 28b 28c 29 30b
Any information copied from such Reports and Staten or for commercial purposes, other than using the nam		
NAME OF COMMITTEE (In Full) National Nurses United for Patient	Protection	
Full Name (Last, First, Middle Initial) A. National Nurses United		Date of Disbursement
Mailing Address 8630 Fenton Street Suite 1100		04 22 2016
Silver Spring	State Zip Code MD 20910	Transaction ID : D742548
Purpose of Disbursement Payroll Candidate Name		Amount of Each Disbursement this Period
Office Sought: House Disburser	Categor Type	33.00
Senate	Primary General Other (specify) ▼	Memo Item
Full Name (Last, First, Middle Initial)		5
3. National Nurses United		Date of Disbursement
Mailing Address 8630 Fenton Street Suite 1100		04 25 2016
Silver Spring	State Zip Code MD 20910	Transaction ID : D742549
Purpose of Disbursement Payroll		Amount of Each Disbursement this Period
Candidate Name	Categor Type	y/ 18.00
Office Sought: House Disbursen	nent For: Primary General Other (specify)	Memo Item
Full Name (Last, First, Middle Initial)		Bata of Birlamanust
National Nurses United		Date of Disbursement
Mailing Address 8630 Fenton Street Suite 1100		04 26 2016
•	State Zip Code MD 20910	Transaction ID: D742550
Purpose of Disbursement Payroll		Amount of Each Disbursement this Period
Candidate Name	Categor	
Office Sought: House Senate President Disburser	Туре	v/
Office Sought: House Disburser Senate	Type nent For: Primary General	y/ 8.00
Office Sought: House Senate President Disburser	Type nent For: Primary General Other (specify)	Memo Item

SCHEDULE B (FEC Form 3X)	Use separate schedule	(s) FOR LINE	
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	e (official offiny	one) 22 23 24 25 26 28a 28b 28c 29 30
Any information copied from such Reports and Staten or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) National Nurses United for Patient	, ,	car committee to	SOURCE COMMISSIONS HOW SUCH COMMISSIONS
Full Name (Last, First, Middle Initial)			
1. National Nurses United			Date of Disbursement
Mailing Address 8630 Fenton Street Suite 1100			04 26 2016
•	State Zip Code		Transaction ID : D742551
Silver Spring Purpose of Disbursement	MD 20910		·
Payroll			Amount of Each Disbursement this Period
Candidate Name		Category/	12.00
Office Sought.	mont Fair	Type	
	ment For: Primary ☐ General Other (specify) ▼		Memo Item
State: District:			
Full Name (Last, First, Middle Initial) National Nurses United			Date of Disbursement
Mailing Address 8630 Fenton Street Suite 1100			04 26 2016
Silver Spring	State Zip Code MD 20910		Transaction ID : D742552
Purpose of Disbursement Payroll		· · · ·	Amount of Each Disbursement this Period
Candidate Name		Category/ Type	56.25
	nent For: Primary General Other (specify) ▼	-	Memo Item
Full Name (Last, First, Middle Initial) National Nurses United			Date of Disbursement
Mailing Address 8630 Fenton Street Suite 1100			04 29 / 2016
City Silver Spring	State Zip Code MD 20910		Transaction ID: D742553
Purpose of Disbursement Payroll			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	123.75
Office Sought: House Disbursen	ment For:	-	Memo Item
Senate	Primary General Other (specify) ▼		

ITEMIZED DISBURSEMENTS	Use separate schedule(s) (check	LINE NUMBER: PAGE 17 OF 153 k only one) 21b 22 23 24 25 26 27 28a 28b 28c 29 30l
Any information copied from such Reports and Statem or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full) National Nurses United for Patient	e and address of any political commit	person for the purpose of soliciting contributions tee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) A. National Nurses United Mailing Address 8630 Fenton Street		Date of Disbursement 04 29 2016
,	tate Zip Code MD 20910	Transaction ID : D742554 Amount of Each Disbursement this Period
Office Sought: House Disbursen	Categor Type ent For: Primary General Other (specify) ▼	32.25 Memo Item
Full Name (Last, First, Middle Initial) B. National Nurses United Mailing Address 8630 Fenton Street		Date of Disbursement
Suite 1100 City Silver Spring Purpose of Disbursement Payroll Candidate Name Office Sought: House Disbursem Senate	tate Zip Code MD 20910 Categor Type ent For: Primary General Other (specify)	Transaction ID : D742555 Amount of Each Disbursement this Period 100.50 Memo Item
Full Name (Last, First, Middle Initial) C. National Nurses United Mailing Address 8630 Fenton Street Suite 1100 City Silver Spring Purpose of Disbursement Payroll Candidate Name Office Sought: House Senate	tate Zip Code MD 20910 Categor Type ent For: Primary General Other (specify)	Date of Disbursement M M M OS O2 2016 Transaction ID: D742556 Amount of Each Disbursement this Period y/ Memo Item

TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE I (check only X 21b	one) 22 23 24 25 26
Annie fermatien ander fermatien ferm	, ,	27	28a 28b 28c 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full) National Nurses United for Patient I	Protection		
Full Name (Last, First, Middle Initial) A. National Nurses United			Date of Disbursement
Mailing Address 8630 Fenton Street Suite 1100			05 04 / 2016
,	State Zip Code MD 20910		Transaction ID : D742557
Purpose of Disbursement Payroll Candidate Name			Amount of Each Disbursement this Period
		Category/ Type	54.00
	nent For: Primary General Other (specify)		Memo Item
Full Name (Last, First, Middle Initial)			
3. National Nurses United			Date of Disbursement
Mailing Address 8630 Fenton Street Suite 1100			05 05 2016
Silver Spring	State Zip Code MD 20910		Transaction ID : D742558
Purpose of Disbursement			Amount of Each Disbursement this Period
Payroll			Amount of Lacif Dispulsement this Fellod
Payroll Candidate Name		Category/ Type	102.75
Payroll Candidate Name Office Sought: House Disbursem Senate	nent For: Primary General Other (specify) ▼		
Payroll Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial)	Primary General		102.75 Memo Item
Payroll Candidate Name Office Sought: House Disbursem Senate President State: District:	Primary General		102.75
Payroll Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) National Nurses United Mailing Address 8630 Fenton Street Suite 1100	Primary General Other (specify) ▼		102.75 Memo Item Date of Disbursement
Payroll Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) National Nurses United Mailing Address 8630 Fenton Street Suite 1100 City S	Primary General		Date of Disbursement
Payroll Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) National Nurses United Mailing Address 8630 Fenton Street Suite 1100 City S	Primary General Other (specify) ▼ State Zip Code		Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Payroll Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) National Nurses United Mailing Address 8630 Fenton Street Suite 1100 City Silver Spring Purpose of Disbursement	Primary General Other (specify) ▼ State Zip Code		Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Payroll Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) National Nurses United Mailing Address 8630 Fenton Street Suite 1100 City Silver Spring Introduce Purpose of Disbursement Payroll Candidate Name Office Sought: House Disbursement Senate	Primary General Other (specify) ▼ State Zip Code MD 20910	Type Category/	Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Payroll Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) National Nurses United Mailing Address 8630 Fenton Street Suite 1100 City Silver Spring Purpose of Disbursement Payroll Candidate Name Office Sought: House Senate President	Primary General Other (specify) State Zip Code MD 20910 Thent For: Primary General Other (specify) Other (specify)	Category/ Type	Date of Disbursement M M O O O O O O O O O O O O O O O O O

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE N	•
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	one) 22 23 24 25 26 28a 28b 28c 29 30
Any information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) National Nurses United for Patient I			23 Sandibadono nom suon communee.
Full Name (Last, First, Middle Initial)			B (15)
A. National Nurses United			Date of Disbursement
Mailing Address 8630 Fenton Street Suite 1100			05 09 2016
•	tate Zip Code		Transaction ID : D742560
Silver Spring Purpose of Disbursement	MD 20910		
Payroll			Amount of Each Disbursement this Period
Candidate Name		Category/	75.00
0#6-2-		Type	75.00
President	ent For: Primary General Other (specify)		Memo Item
State: District:			
Full Name (Last, First, Middle Initial)			Date of District
B. National Nurses United			Date of Disbursement
Mailing Address 8630 Fenton Street Suite 1100			05 11 2016
•	tate Zip Code MD 20910		Transaction ID : D742561
Purpose of Disbursement	ZU91U		
Payroll			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	6.00
President	ent For: Primary General Other (specify)		Memo Item
State: District:			
Full Name (Last, First, Middle Initial) C. National Nurses United			Date of Disbursement
Mailing Address 8630 Fenton Street Suite 1100			05 11 2016
City	tate Zip Code		Transaction ID : D742562
Silver Spring Purpose of Disbursement	MD 20910		
Payroll			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	9.75
	ent For: Primary General Other (specify)		Memo Item
SUBTOTAL of Disbursements This Page (optional)			90.75

ITEMIZED DISBURSEMENTS	Use separate schedule(s) (check	LINE NUMBER: PAGE 20 OF 153 (a) only one) 21b 22 23 24 25 26 27 28a 28b 28c 29 30
Any information copied from such Reports and Statem or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full) National Nurses United for Patient	e and address of any political committ	person for the purpose of soliciting contributions ee to solicit contributions from such committee.
A. National Nurses United Mailing Address 8630 Fenton Street		Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
•	tate Zip Code MD 20910	Transaction ID : D742563 Amount of Each Disbursement this Period
Office Sought: House Disbursen	Category Type ent For: Primary General Other (specify) ▼	Memo Item
Full Name (Last, First, Middle Initial) B. National Nurses United Mailing Address 8630 Fenton Street		Date of Disbursement Date of Disbursement
Silver Spring Purpose of Disbursement Payroll Candidate Name Office Sought: House Disbursem Senate	tate Zip Code MD 20910 Category Type ent For: Primary General Other (specify)	Transaction ID : D742564 Amount of Each Disbursement this Period 50.25 Memo Item
Full Name (Last, First, Middle Initial) C. National Nurses United Mailing Address 8630 Fenton Street Suite 1100 City Silver Spring Purpose of Disbursement Payroll Candidate Name Office Sought: House Senate	tate Zip Code MD 20910 Category Type ent For: Primary General Other (specify)	Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

SCHEDULE B (FEC Form 3X)	Harrison I. I. C.	FOR LINE	NUMBER: PAGE 21 OF 153
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	
	Detailed Summary Page	X 21b 27	22 23 24 25 26 28a 28b 28c 29 30b
Any information copied from such Reports and Staten	I nents may not be sold or us		
or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)			
National Nurses United for Patient	Protection		
Full Name (Last, First, Middle Initial)			
A. National Nurses United			Date of Disbursement
Mailing Address 8630 Fenton Street			05 16 2016
Suite 1100			0.0 10 2010
•	State Zip Code		Transaction ID : D742566
Silver Spring Purpose of Disbursement	MD 20910		,
Payroll			Amount of Each Disbursement this Period
Candidate Name		Category/	78.00
Office Cought: House Bishamor	aant Fari	Type	
Office Sought: House Disbursen Senate	nent For: Primary General		Memo Item
	Other (specify) ▼		
State: District:	,		
Full Name (Last, First, Middle Initial)			Data of Disharana
3. National Nurses United			Date of Disbursement
Mailing Address 8630 Fenton Street			05 17 2016
Suite 1100	_		
•	State Zip Code MD 20910		Transaction ID : D742567
Purpose of Disbursement	20310		
Payroll			Amount of Each Disbursement this Period
Candidate Name		Category/	54.75
Office Sought: House Disbursen	nent For:	Туре	Memo Item
	Primary General		Meno ten
	Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial) National Nurses United			Date of Disbursement
Ivalional Ivulses Officed			M M / D D / Y Y Y Y Y
Mailing Address 8630 Fenton Street			05 17 _2016 _
Suite 1100 City	State Zip Code		
•	MD 20910		Transaction ID : D742568
Purpose of Disbursement Payroll			
Candidate Name			Amount of Each Disbursement this Period
Sandidate Name		Category/ Type	15.75
Office Sought: House Disbursen	nent For:	- 777	Memo Item
	Primary General		
	Other (specify) ▼		
State: District:			
SUBTOTAL of Disbursements This Page (optional)			148.50
TOTAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3X)	Llon care	aroto cobodula/-\	FOR LINE	-		PAC	E 22	OF ′
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 27	one) 22 28a	23 28b	24 28c	25 29	
Any information copied from such Reports and Statem or for commercial purposes, other than using the name								
NAME OF COMMITTEE (In Full) National Nurses United for Patient I			cai committee to	J SUIICIT COI	MIDUUOIIS	, non suc	COMMI	illee.
Full Name (Last, First, Middle Initial)				_				
A. National Nurses United					Disburse		V V	V
Mailing Address 8630 Fenton Street Suite 1100				05	/ D	7	2016	
,	tate MD	Zip Code 20910		Trans	action ID	: D742569)	
Purpose of Disbursement	טואו	20910						
Payroll				Amount	t of Each	Disbursen	ent this	Perio
Candidate Name			Category/ Type				2	2.25
	nent For: Primary Other (spec	General General		Mei	mo Item			
State: District:								
Full Name (Last, First, Middle Initial) B. National Nurses United				Date of	Disburse	ement		
Mailing Address 8630 Fenton Street Suite 1100				05	/ D	8 / Y	2016	Y
,	tate MD	Zip Code 20910		Trans	action ID	: D74257)	
Purpose of Disbursement Payroll			· · · ·	Amouni	t of Each	Disbursen	nent this	Perio
Candidate Name			Category/ Type				69	9.75
	ent For: Primary Other (spec	General Cify) ▼		Mer	no Item	,		
Full Name (Last, First, Middle Initial) C. National Nurses United				Date of	Disburse	ement		
Mailing Address 8630 Fenton Street Suite 1100				05	/ D	8 / Y	2016	Y
City S Silver Spring	tate MD	Zip Code 20910		Trans	action ID	: D74257	l	
Purpose of Disbursement Payroll				Amount	t of Each	Disbursen	ant this	Pario
Candidate Name			Category/ Type	Amount				1.75
	nent For: Primary Other (spec	General Cify) ▼	.,,,,	Mer	mo Item	7		
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only).			<u>r</u>	Ţ.	-	1 7	126	6.75

ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	OR LINE NUMBER: PAGE 23 OF 153 check only one) 22 23 24 25 26 27 28a 28b 28c 29 30
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam NAME OF COMMITTEE (In Full) National Nurses United for Patient	e and address of any political c	any person for the purpose of soliciting contributions mmittee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) A. National Nurses United Mailing Address 8630 Fenton Street Suite 1100		Date of Disbursement 05 23 2016
City	tate Zip Code MD 20910	Transaction ID : D742572 Amount of Each Disbursement this Period egory/
President State: District:	ent For: Primary General Other (specify)	Memo Item
B. National Nurses United Mailing Address 8630 Fenton Street Suite 1100		Date of Disbursement Date of Disbursement Date of Disbursement 2016
Silver Spring Purpose of Disbursement Payroll Candidate Name Office Sought: House Disbursem Senate		Amount of Each Disbursement this Period egory/ type Memo Item
•		Date of Disbursement M

ITEMIZED DISBURSEMENTS	llaa aanarata aabadula(a)	LINE NUMBER: PAGE 24 OF 153 ck only one) 21b 22 23 24 25 26 27 28a 28b 28c 29 30
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam NAME OF COMMITTEE (In Full) National Nurses United for Patient	e and address of any political commi	y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) A. National Nurses United Mailing Address 8630 Fenton Street Suite 1100		Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	tate Zip Code MD 20910 Catego Type	
President State: District:	,,	Memo Item
B. National Nurses United Mailing Address 8630 Fenton Street Suite 1100		Date of Disbursement 05 / 24 2016
Silver Spring Purpose of Disbursement Payroll Candidate Name Office Sought: House Disbursem Senate	tate Zip Code MD 20910 Catego Type ent For: Primary General Other (specify) The code of	
•	tate Zip Code MD 20910 Catego Type ent For: Primary General	

TEMIZED DISBURSEMENTS	I llos concrete cohodulo(o)	INE NUMBER: PAGE 25 OF 153 conly one) 22 23 24 25 26
Any information copied from such December and Obligation	, , ,	27
Any information copied from such Reports and States or for commercial purposes, other than using the nar	nents may not be sold or used by any ne and address of any political commit	ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Nurses United for Patient	Protection	
Full Name (Last, First, Middle Initial) National Nurses United		Date of Disbursement
Mailing Address 8630 Fenton Street Suite 1100		05 26 2016
City Silver Spring	State Zip Code MD 20910	Transaction ID : D742578
Purpose of Disbursement Payroll Candidate Name		Amount of Each Disbursement this Period
	Categor Type	63.75
Office Sought: House Senate President State: Disburse	nent For: Primary General Other (specify) ▼	Memo Item
Full Name (Last, First, Middle Initial)		
3. National Nurses United		Date of Disbursement
Mailing Address 8630 Fenton Street Suite 1100		05 31 2016
Silver Spring	State Zip Code MD 20910	Transaction ID : D742594
Purpose of Disbursement Payroll		Amount of Each Disbursement this Period
Candidate Name	Categor Type	16.50
Office Sought: House Disbursel	nent For: Primary General Other (specify)	Memo Item
Full Name (Last, First, Middle Initial)		
C. National Nurses United		
		Date of Disbursement
Mailing Address 8630 Fenton Street Suite 1100		
Suite 1100	State Zip Code MD 20910	M M / D D / Y Y Y
Suite 1100 City	·	05 31 2016 Transaction ID : D742595
Suite 1100 City Silver Spring Purpose of Disbursement	MD 20910 Categor	Transaction ID : D742595 Amount of Each Disbursement this Period
Suite 1100 City Silver Spring Purpose of Disbursement Payroll Candidate Name Office Sought: House Disburse Senate President	MD 20910 Categor Type	Transaction ID : D742595 Amount of Each Disbursement this Period
Suite 1100 City Silver Spring Purpose of Disbursement Payroll Candidate Name Office Sought: House Disburse Senate	MD 20910 Categor Type nent For: Primary General	Transaction ID : D742595 Amount of Each Disbursement this Period 18.50 Memo Item
Suite 1100 City Silver Spring Purpose of Disbursement Payroll Candidate Name Office Sought: House Disburse Senate President	Categor Type nent For: Primary General Other (specify) Other (specify)	Transaction ID : D742595 Amount of Each Disbursement this Period y/ 18.50 Memo Item

TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE (check only 21b	
	, ,	27	28a 28b 28c 29 30b
Any information copied from such Reports and Stater or for commercial purposes, other than using the name	nents may not be sold or us ne and address of any polition	ed by any perso cal committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Nurses United for Patient	Protection		
Full Name (Last, First, Middle Initial) A. National Nurses United			Date of Disbursement
Mailing Address 8630 Fenton Street Suite 1100			05 31 2016
Silver Spring	State Zip Code MD 20910		Transaction ID : D742596
Purpose of Disbursement Payroll Candidate Name			Amount of Each Disbursement this Period
	mont For	Category/ Type	26.25
Office Sought: House Senate President State: Disburser	nent For: Primary General Other (specify) ▼		Memo Item
Full Name (Last, First, Middle Initial)			Date of Dishara was t
3. National Nurses United			Date of Disbursement
Mailing Address 8630 Fenton Street Suite 1100			05 31 2016
Silver Spring	State Zip Code MD 20910		Transaction ID : D742597
Purpose of Disbursement Payroll			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	1.50
000			Memo Item
Office Sought: House Disburser	Primary General Other (specify)		
Senate President State: District: Full Name (Last, First, Middle Initial)	Primary General		Date of Dishurance
Senate President State: District:	Primary General		Date of Disbursement
Senate President State: District: Full Name (Last, First, Middle Initial)	Primary General		
Senate President State: District: Full Name (Last, First, Middle Initial) National Nurses United Mailing Address 8630 Fenton Street Suite 1100	Primary General		M M / D D / Y Y Y Y
Senate President State: District: Full Name (Last, First, Middle Initial) C. National Nurses United Mailing Address 8630 Fenton Street Suite 1100 City	Primary General Other (specify) ▼ State Zip Code		06 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Senate President State: District: Full Name (Last, First, Middle Initial) National Nurses United Mailing Address 8630 Fenton Street Suite 1100 City Silver Spring Purpose of Disbursement	Primary General Other (specify) ▼ State Zip Code	Category/	06 01 / 2016
Senate President State: District: Full Name (Last, First, Middle Initial) National Nurses United Mailing Address 8630 Fenton Street Suite 1100 City Silver Spring Purpose of Disbursement Payroll Candidate Name Office Sought: House Senate President	Primary General Other (specify) ▼ State Zip Code MD 20910	Category/ Type	Transaction ID : D742607 Amount of Each Disbursement this Period
Senate President State: District: Full Name (Last, First, Middle Initial) National Nurses United Mailing Address 8630 Fenton Street Suite 1100 City Silver Spring Purpose of Disbursement Payroll Candidate Name Office Sought: House Senate	Primary General Other (specify) ▼ State Zip Code MD 20910 ment For: Primary General		Transaction ID: D742607 Amount of Each Disbursement this Period 20528.55
Senate President State: District: Full Name (Last, First, Middle Initial) National Nurses United Mailing Address 8630 Fenton Street Suite 1100 City Silver Spring Purpose of Disbursement Payroll Candidate Name Office Sought: House Senate President	Primary General Other (specify) ▼ State Zip Code MD 20910 ment For: Primary General Other (specify) ▼	Type	Transaction ID: D742607 Amount of Each Disbursement this Period 20528.55

	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE (check only	one) 22 23 24 25 26
Λ	by information copied from such Baserte and Chateren	, ,	27	28a 28b 28c 29 30b
or	ny information copied from such Reports and Statem for commercial purposes, other than using the nam	e and address of any politic	al committee to	solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) National Nurses United for Patient I	Protection		
۹.	Full Name (Last, First, Middle Initial) National Nurses United			Date of Disbursement
	Mailing Address 8630 Fenton Street Suite 1100			06 07 2016
	Silver Spring	State Zip Code MD 20910		Transaction ID : D743334
	Purpose of Disbursement Payroll Candidate Name			Amount of Each Disbursement this Period
	Office Sought: House Disbursem	nent For:	Category/ Type	18.75
	Senate	Primary General Other (specify) ▼		Memo Item
	Full Name (Last, First, Middle Initial)			
3.	National Nurses United			Date of Disbursement
	Mailing Address 8630 Fenton Street Suite 1100			06 07 2016
	Silver Spring	State Zip Code MD 20910		Transaction ID : D743335
	Purpose of Disbursement Payroll			Amount of Each Disbursement this Period
	Candidate Name		Category/ Type	7.50
		nent For: Primary General Other (specify) ▼		Memo Item
_	Full Name (Last, First, Middle Initial)			
Ĵ.	National Nurses United			Date of Disbursement
	Mailing Address 8630 Fenton Street Suite 1100			05 31 2016
	•	State Zip Code MD 20910		Transaction ID: D743336
	Purpose of Disbursement Office Supplies		· · · · ·	Amount of Each Disbursement this Period
	Candidate Name		Category/ Type	16321.18
		nent For: Primary General Other (specify)	.,,,,	Memo Item
_				16347.43
	COTAL This Period (last page this line number only).			
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SCHEDULE B (FEC Form 3X)	Hee concret	TOTT EINE NOMBETT.				F 15			
ITEMIZED DISBURSEMENTS	for each cat	e schedule(s) egory of the mmary Page	(check only 21b 27	one) 22 28a	23 28b	24 28c		25 29	26
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam									
NAME OF COMMITTEE (In Full) National Nurses United for Patient			a committee to	SOIICIT COI	mounons	s iroin su	CII COI	ııııııııe	
Full Name (Last, First, Middle Initial)									
A. National Nurses United					Disburse				
Mailing Address 8630 Fenton Street Suite 1100				05	3	1	201	16	_
•		ip Code 20910		Trans	action ID	: D7433	37		
Silver Spring Purpose of Disbursement		20910							
Travel				Amount	of Each	Disburse	ment	this Pe	eriod
Candidate Name			Category/ Type				69	729.76	3
	nent For: Primary Other (specify	General	Турс	Mer	no Item				
State: District:									
Full Name (Last, First, Middle Initial) B. National Nurses United					Disburse				
Mailing Address 8630 Fenton Street Suite 1100				05	/ D	D /	20	16	
,		ip Code 20910		Trans	action ID	: D7433	38		
Purpose of Disbursement Office Supplies				Amount	of Each	Disburse	ment t	this Pe	eriod
Candidate Name			Category/ Type				1	438.73	3
	nent For: Primary Other (specify)	General ▼	.,,,,,	Men	no Item				
Full Name (Last, First, Middle Initial) National Nurses United				Date of	Disburse	ement			
Mailing Address 8630 Fenton Street Suite 1100				05	/ D	D /	201		
City Silver Spring		Cip Code 20910		Trans	action ID	: D7433	39		
Purpose of Disbursement Travel Candidate Name				Amount	of Each	Disburse	ment	this Pe	eriod
Candidate Name			Category/ Type					882.58	3
	nent For: Primary Other (specify	General) ▼		Mer	mo Item				

	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE (check only	one) 22 23 24 25 26
Λ	ny information copied from such Reports and Statem	, ,	d by any pared	28a 28b 28c 29 30b
	for commercial purposes, other than using the nam			
\rangle	NAME OF COMMITTEE (In Full) National Nurses United for Patient I	Protection		
۹.	Full Name (Last, First, Middle Initial) National Nurses United			Date of Disbursement
	Mailing Address 8630 Fenton Street Suite 1100			05 31 2016
	Silver Spring	State Zip Code MD 20910		Transaction ID : D743340
	Purpose of Disbursement Overhead Candidate Name			Amount of Each Disbursement this Period
	Office Sought: House Disbursem	nent For	Category/ Type	1547.37
	Senate	Primary General Other (specify) ▼		Memo Item
	Full Name (Last, First, Middle Initial)			
3.	National Nurses United			Date of Disbursement
	Mailing Address 8630 Fenton Street Suite 1100			06 03 2016
	Silver Spring	State Zip Code MD 20910		Transaction ID : D743341
	Purpose of Disbursement Payroll			Amount of Each Disbursement this Period
	Candidate Name		Category/ Type	9.00
		nent For: Primary General Other (specify)		Memo Item
_	Full Name (Last, First, Middle Initial)			
J.	National Nurses United			Date of Disbursement
	Mailing Address 8630 Fenton Street Suite 1100			06 03 2016
	•	State Zip Code MD 20910		Transaction ID : D743342
	Purpose of Disbursement Payroll			Amount of Each Disbursement this Period
	Candidate Name	1	Category/ Type	18.75
		nent For: Primary General Other (specify)	Nr	Memo Item
_				1575.12
	OTAL This Period (last page this line number only).			

TEMIZED DISBURSEMENTS	Llos concrete cohodulo(s)	PAGE 30 OF 153 neck only one) 22 23 24 25 26
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NAME OF COMMITTEE (In Full) National Nurses United for Patient	Protection	
Full Name (Last, First, Middle Initial) A. National Nurses United		Date of Disbursement
Mailing Address 8630 Fenton Street Suite 1100		06 03 2016
Silver Spring	State Zip Code MD 20910	Transaction ID : D743343
Purpose of Disbursement Payroll Candidate Name		Amount of Each Disbursement this Period
	Ту	gory/ /pe 37.50
Office Sought: House Senate President State: Disburse	nent For: Primary General Other (specify) ▼	Memo Item
Full Name (Last, First, Middle Initial)		
3. National Nurses United		Date of Disbursement
Mailing Address 8630 Fenton Street Suite 1100		06 06 2016
Silver Spring	State Zip Code MD 20910	Transaction ID : D743346
Purpose of Disbursement Payroll		Amount of Each Disbursement this Period
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Full Name (Last, First, Middle Initial)		Baland Birkomanada
National Nurses United		Date of Disbursement
Mailing Address 8630 Fenton Street Suite 1100		06 06 2016
City Silver Spring	State Zip Code MD 20910	Transaction ID : D743347
Purpose of Disbursement Payroll		Amount of Each Disbursement this Period
Candidate Name		gory/ rpe 43.50
Office Sought: House Disburse Senate	nent For: Primary General	Memo Item
State: President State:	Other (specify) ▼	
State: District:	Other (specify) ▼	
	Other (specify) ▼	87.75

SCHEDULE B (FEC Form 3X)	I lloo concrete cobodulo(e) I	FOR LINE NUMBER: PAGE 31 OF 15
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		y any person for the purpose of soliciting contributions ommittee to solicit contributions from such committee.
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Full Name (Last, First, Middle Initial)		
- National Nurses United		Date of Disbursement
Mailing Address 8630 Fenton Street Suite 1100		04 18 2016
,	State Zip Code	Transaction ID : D743598
Silver Spring Purpose of Disbursement	MD 20910	
Payroll		Amount of Each Disbursement this Period
Candidate Name	Ca	ategory/ 49.50
Office Country House		Туре
Office Sought: House Disburser Senate President	nent For: Primary General Other (specify)	Memo Item
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Full Name (Last, First, Middle Initial) - National Nurses United		Date of Disbursement
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Mailing Address 8630 Fenton Street Suite 1100		06 24 2016
City Silver Spring	State Zip Code MD 20910	Transaction ID: D744808
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Candidate Name	Ca	ategory/ Type 183326.84
Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specify)	Memo Item
Full Name (Last, First, Middle Initial) National Nurses United		Date of Disbursement
Mailing Address 8630 Fenton Street Suite 1100		04 12 2016
City Silver Spring	State Zip Code MD 20910	Transaction ID : D712928
Purpose of Disbursement Travel		
Candidate Name		Amount of Each Disbursement this Period ategory/ Type 10051.19
Office Sought: House Disburser		Memo Item
Senate President State: District:	Other (specify) ▼	

TEMIZED DISBURSEMENTS	Llos concrete cohodulo(s)	OR LINE NUMBER: PAGE 32 OF 153 check only one) 21					
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NAME OF COMMITTEE (In Full) National Nurses United for Patient	Protection						
Full Name (Last, First, Middle Initial) National Nurses United		Date of Disbursement					
Mailing Address 8630 Fenton Street Suite 1100		04 12 2016					
,	tate Zip Code MD 20910	Transaction ID : D712929					
Purpose of Disbursement Travel Candidate Name	Ţ.	Amount of Each Disbursement this Period					
	T	egory/ ype 10684.48					
	ent For: Primary	Memo Item					
Full Name (Last, First, Middle Initial)							
3. National Nurses United		Date of Disbursement					
Mailing Address 8630 Fenton Street Suite 1100		04 14 2016					
Silver Spring	tate Zip Code MD 20910	Transaction ID : D712930					
Purpose of Disbursement Payroll		Amount of Each Disbursement this Period					
Candidate Name		egory/ ype , 18679.33					
	ent For: Primary General Other (specify) ▼	Memo Item					
Full Name (Last, First, Middle Initial)							
National Nurses United		Date of Disbursement					
Mailing Address 8630 Fenton Street Suite 1100		04 18 2016					
,	tate Zip Code MD 20910	Transaction ID : D712931					
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or fo	or commercial purposes, other than using the name	ne and address of any politic	cal committee to	solicit contributions from such committee.
<u> </u>	IAME OF COMMITTEE (In Full) National Nurses United for Patient	Protection		
	full Name (Last, First, Middle Initial) National Nurses United			Date of Disbursement
N	Mailing Address 8630 Fenton Street Suite 1100			04 14 2016
5	Silver Spring	State Zip Code MD 20910		Transaction ID : D712932
	Purpose of Disbursement Office supplies Candidate Name			Amount of Each Disbursement this Period
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S		Primary General Other (specify) ▼		_
_	full Name (Last, First, Middle Initial)			
3. -	National Nurses United			Date of Disbursement
_	Mailing Address 8630 Fenton Street Suite 1100			04 14 2016
5	Silver Spring	State Zip Code MD 20910		Transaction ID : D712933
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		nent For: Primary General Other (specify)		Memo Item
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_	Mailing Address 8630 Fenton Street Suite 1100			04 18 2016
5	Silver Spring	State Zip Code MD 20910		Transaction ID: D712934
	Purpose of Disbursement Travel			Amount of Each Disbursement this Period
Ō	Candidate Name		Category/ Type	1036.91
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	tate: District:			
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то	TAL This Period (last page this line number only).			

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A. National Nurses United Mailing Address 8630 Fenton Street			Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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	ent For: Primary General Other (specify) ▼		Memo Item
Full Name (Last, First, Middle Initial) B. National Nurses United			Date of Disbursement
Mailing Address 8630 Fenton Street Suite 1100	tate Zip Code		04 14 2016
Silver Spring Purpose of Disbursement	tate Zip Code MD 20910		Transaction ID : D712936
Travel Candidate Name	l	Category/ Type	Amount of Each Disbursement this Period 47308.20
	ent For: Primary General Other (specify) ▼		Memo Item
Full Name (Last, First, Middle Initial) C. National Nurses United			Date of Disbursement
Mailing Address 8630 Fenton Street Suite 1100			04 14 2016
,	tate Zip Code MD 20910		Transaction ID : D712937
Travel Candidate Name	[Category/ Type	Amount of Each Disbursement this Period 52029.13
President	ent For: Primary General Other (specify)	71	Memo Item
State: District: SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only)			178532.16

TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page (check on Z) 21b	22 23 24 25 26
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NAME OF COMMITTEE (In Full) National Nurses United for Patient I	Protection	
Full Name (Last, First, Middle Initial) National Nurses United		Date of Disbursement
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Silver Spring	tate Zip Code MD 20910	Transaction ID : D712938
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	Other (specify)	
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Mailing Address 8630 Fenton Street Suite 1100		04 12 2016
,	tate Zip Code MD 20910	Transaction ID : D712939
Payroll		Amount of Each Disbursement this Period
Candidate Name	Category/ Type	5556.52
	ent For: Primary General Other (specify) ▼	Memo Item
Full Name (Last, First, Middle Initial) National Nurses United		Date of Disbursement
Mailing Address 8630 Fenton Street		04 06 2016
Suite 1100	tate Zip Code	
Silver Spring Purpose of Disbursement	MD 20910	Transaction ID : D744857
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	Category/ Type	79194.83
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SCHEDULE B (FEC Form 3X)	11	FOR LINE NUMBER: PAGE 36 OF 15			
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the) (check only	one)		
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Any information copied from such Reports and Statem or for commercial purposes, other than using the name					
NAME OF COMMITTEE (In Full)					
National Nurses United for Patient	Protection				
Full Name (Last, First, Middle Initial)					
A. National Nurses United			Date of Disburse		
Mailing Address 8630 Fenton Street			05 2	23 2016	
Suite 1100					
,	State Zip Code		Transaction ID) : D743572	
Silver Spring Purpose of Disbursement	MD 20910				
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		Type		2500.00	
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	Primary General Other (specify) ▼				
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B. National Nurses United			Date of Disburse		
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Silver Spring	State Zip Code MD 20910		Transaction ID	D : D744868	
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	Primary General				
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Full Name (Last, First, Middle Initial) C. National Nurses United			Date of Disburse	ement	
- National Nuises Utilied			M M / D		
Mailing Address 8630 Fenton Street				2016	
Suite 1100	State Zip Code				
•	State Zip Code MD 20910		Transaction ID): D744883	
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·				10000.00	
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Transaction ID : D744856 Transaction ID : D7	SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE I	
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Pati) National Nurses United for Patient Protection Full Name (Last, First, Middle Initial) Working Families Party National Cmte Mailing Address 1 Metrotech Center North, 11th Flo City State Zip Code Brooklyn NY 11201 Purpose of Disbursement Contribution Carlegory/ Type Office Sought: House President Other (specify) ▼ State Zip Code Purpose of Disbursement Carlegory Type Office Sought: House Disbursement For: Calegory Type Office Sought: House Disbursement For: Calegory Type Office Sought: House Disbursement For: Calegory Type Memo Item Date of Disbursement this Period Calegory Type Memo Item Amount of Each Disbursement this Period Calegory Type Memo Item Date of Disbursement this Period Calegory Type Memo Item State: District Full Name (Last, First, Middle Initial) State: District Full Name (Last, First, Middle Initial) State: Disbursement Candidate Name Calegory Type Memo Item Amount of Each Disbursement this Period Calegory Type Memo Item State: Disbursement Candidate Name Other (specify) ▼ State Zip Code Purpose of Disbursement Candidate Name Calegory Type Memo Item State: Disbursement this Period Calegory Type Memo Item State: Disbursement This Page (optional) State: Disbursements This Page (optional) Subtotal of Disbursements This Page (optional) Subtotal of Disbursement this Period Calegory Type Memo Item Amount of Each Disbursement this Period Calegory Type Memo Item State: Disbursement This Page (optional) Subtotal of Disbursement This Page (ITEMIZED DISBURSEMENTS	for each category of the	21b	22 23 24 25 26
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Mailing Address 1 Metrotech Center North, 11th Flo City State Zip Code Brooklyn NY 11201 Transaction ID : D744856 Amount of Each Disbursement this Period Candidate Name Category' City State Zip Code NY 11201 Transaction ID : D744856 Amount of Each Disbursement this Period Candidate Name Category' Type Date of Disbursement Transaction ID : D744856 Amount of Each Disbursement this Period Candidate Name Category' Type Date of Disbursement this Period Candidate Name Category' Type Office Sought: House Senate Primary General Prima	NAME OF COMMITTEE (In Full) National Nurses United for Patient I	•		
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arong on	Senate President	Primary General	,,	
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				25000.00

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Form/Schedule: SB29 Transaction ID: D744856

on behalf of Dave McTeague

Form/Schedule: Transaction ID:

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

PAGE

9 **X** 10

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	ME OF COMMITTEE (In Full) ational Nurses United for Patient Pr	rotection		
1	A. Full Name (Last, First, Middle Initial) of Debtor	r or Creditor		Nature of Debt (Purpose):
	National Nurses United			Payroll
N	Mailing Address 8630 Fenton Street Suite 1100			
	City State	Zip Code		
Ŀ	Silver Spring	MD	20910	
	Outstanding Balance Beginning This Period			Transaction ID : D712397
	18679.33			
	Amount Incurred This Period	Payn	ment This Period	Outstanding Balance at Close of This Period
	0.00		18679.33	0.00
E	B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of Debt (Purpose):
	National Nurses United			Online Communication
N	Mailing Address 8630 Fenton Street			
	Suite 1100 City State	Zip Code		_
	Silver Spring	MD	20910	
	Outstanding Balance Beginning This Period			Transaction ID : D712398
				114
	3363.47			
	Amount Incurred This Period	Paym	ment This Period	Outstanding Balance at Close of This Period
	0.00		3363.47	0.00
(C. Full Name (Last, First, Middle Initial) of Debtor	r or Creditor		Nature of Debt (Purpose):
	National Nurses United			Travel
N	Mailing Address 8630 Fenton Street			
	Suite 1100 City	State	Zip Code	
	Silver Spring	MD	20910	
	Outstanding Balance Beginning This Period			Transaction ID : D712399
	79194.83			
	Amount Incurred This Period	Pavr	ment This Period	Outstanding Balance at Close of This Period
	0.00	,	79194.83	0.00
1)	SUBTOTALS This Period This Page (optional)		>	0.00
2)	TOTALS This Period (last page this line number of	only)	>	
3)	TOTAL OUTSTANDING LOANS from Schedule C	C (last page onl	y)	
4)	ADD 2) and 3) and carry forward to appropriate I	line of Summar	y Page (last page only) ▶	

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9 X 10

PAGE 40 OF 153

	ME OF COMMITTEE (In Full) ational Nurses United for Patient Pro	otection		
	A. Full Name (Last, First, Middle Initial) of Debtor National Nurses United	or Creditor		Nature of Debt (Purpose): Travel
İ	Mailing Address 8630 Fenton Street Suite 1100			
İ	City State	Zip Code		
	Silver Spring	MD	20910	
	Outstanding Balance Beginning This Period			Transaction ID : D712400
	1036.91			
	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
	0.00	7	1036.91	0.00
ľ	B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of Debt (Purpose):
	National Nurses United			Office Supplies
ļ	Mailing Address 8630 Fenton Street			-
ł	Suite 1100 City State	Zip Code		-
	Silver Spring	MD	20910	
	Outstanding Balance Beginning This Period			Transaction ID: D712401
	917.50			
	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
	0.00		917.50	0.00
١	C. Full Name (Last, First, Middle Initial) of Debtor National Nurses United	or Creditor		Nature of Debt (Purpose): Travel
İ	Mailing Address 8630 Fenton Street Suite 1100			
	City Silver Spring	State MD	Zip Code 20910	
	Outstanding Balance Beginning This Period			Transaction ID : D712402
	47308.20			
	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
	0.00		47308.20	0.00
1)	SUBTOTALS This Period This Page (optional)		>	0.00
2)	TOTALS This Period (last page this line number of	only)	>	
3)	TOTAL OUTSTANDING LOANS from Schedule C	(last page or	nly)	
4)	ADD 2) and 3) and carry forward to appropriate li	ine of Summa	ry Page (last page only) ▶	

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE FOR LINE NUMBER: (check only one)

	9
X	10

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41 OF

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Travel **National Nurses United** Mailing Address 8630 Fenton Street **Suite 1100** City State Zip Code Silver Spring 20910 Transaction ID: D712403 Outstanding Balance Beginning This Period 52029.13 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 52029.13 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Travel National Nurses United Mailing Address 8630 Fenton Street Suite 1100 City State Zip Code Silver Spring MD 20910 Outstanding Balance Beginning This Period Transaction ID: D712404 8253.04 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 8253.04 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Rent National Nurses United Mailing Address 8630 Fenton Street Suite 1100 Zip Code City State Silver Spring 20910 MD Transaction ID: D712405 Outstanding Balance Beginning This Period 2611.95 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 2611.95 0.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

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IN	ME OF COMMITTEE (In Full) ational Nurses United for Patient P	rotection		
	A. Full Name (Last, First, Middle Initial) of Debto	r or Creditor		Nature of Debt (Purpose):
	National Nurses United			Payroll
	Mailing Address 8630 Fenton Street Suite 1100			
İ	City State	Zip Code		
	Silver Spring	MD	20910	
	Outstanding Balance Beginning This Period			Transaction ID : D712598
	5556.52			
	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
	0.00		5556.52	0.00
	, , , , ,	7	000002	
	B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of Debt (Purpose):
	National Nurses United			Travel
	Mailing Address 8630 Fenton Street			
	Suite 1100 City State	Zip Code		
	Silver Spring	MD	20910	
	Outstanding Balance Beginning This Period			Transaction ID : D712599
	10051.19			
	Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
	0.00		10051.19	0.00
	0.00			
,	C. Full Name (Last, First, Middle Initial) of Debto National Nurses United	or or Creditor	, , , , , , ,	Nature of Debt (Purpose): Travel
	C. Full Name (Last, First, Middle Initial) of Debto National Nurses United Mailing Address 8630 Fenton Street	or or Creditor		
	C. Full Name (Last, First, Middle Initial) of Debto National Nurses United Mailing Address 8630 Fenton Street Suite 1100 City	State	Zip Code	
	C. Full Name (Last, First, Middle Initial) of Debto National Nurses United Mailing Address 8630 Fenton Street Suite 1100 City Silver Spring		Zip Code 20910	Travel
	C. Full Name (Last, First, Middle Initial) of Debto National Nurses United Mailing Address 8630 Fenton Street Suite 1100 City	State	•	
	C. Full Name (Last, First, Middle Initial) of Debto National Nurses United Mailing Address 8630 Fenton Street Suite 1100 City Silver Spring	State	•	Travel
	C. Full Name (Last, First, Middle Initial) of Debto National Nurses United Mailing Address 8630 Fenton Street Suite 1100 City Silver Spring Outstanding Balance Beginning This Period	State MD	•	Travel
	C. Full Name (Last, First, Middle Initial) of Debto National Nurses United Mailing Address 8630 Fenton Street Suite 1100 City Silver Spring Outstanding Balance Beginning This Period 10684.48	State MD	20910	Transaction ID : D712600
1)	C. Full Name (Last, First, Middle Initial) of Debto National Nurses United Mailing Address 8630 Fenton Street Suite 1100 City Silver Spring Outstanding Balance Beginning This Period 10684.48 Amount Incurred This Period	State MD	ment This Period 10684.48	Transaction ID : D712600 Outstanding Balance at Close of This Period
	C. Full Name (Last, First, Middle Initial) of Debto National Nurses United Mailing Address 8630 Fenton Street Suite 1100 City Silver Spring Outstanding Balance Beginning This Period 10684.48 Amount Incurred This Period 0.00	State MD	20910 ment This Period 10684.48	Transaction ID : D712600 Outstanding Balance at Close of This Period 0.00
2)	C. Full Name (Last, First, Middle Initial) of Debto National Nurses United Mailing Address 8630 Fenton Street Suite 1100 City Silver Spring Outstanding Balance Beginning This Period 10684.48 Amount Incurred This Period 0.00 SUBTOTALS This Period This Page (optional)	State MD	20910 ment This Period 10684.48	Transaction ID : D712600 Outstanding Balance at Close of This Period 0.00 0.00

FOR LINE 24 OF FORM 3X	PAGE		OF	153
	FOR LI	NE 24	OF FO	ORM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protection		C C00490375
Check if 24-hour report 48-hour report New re	eport Amends report f	filed on M M / D D / Y Y Y Y Y
Full Name of Payee California Nurses Association	☐ Memo Item	Date of Public Distribution/Dissemination
		03 / 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 155 Grand Avenue		Amount
City State	Zip Code	40.00
Oakland CA	94612	Transaction ID : D711397 Date of Disbursement or Obligation
Purpose of Expenditure Online Ad	Category/ Type	04 01 / 2016
Name of Federal Candidate	X Support O	Office Sought: House District:00
Bernie Sanders		President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought		oisbursement For:
Full Name of Payee	☐ Memo Item	Date of Public Distribution/Dissemination
California Nurses Association		03 25 2016
Mailing Address 155 Grand Avenue		Amount
City State	Zip Code	100.00
Oakland CA	94612	Transaction ID : D711398 Date of Disbursement or Obligation
Purpose of Expenditure Online Ad	Category/ Type	04
Name of Federal Candidate	X Support C	Office Sought: House District: 00
Bernie Sanders	Oppose	President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures		140.00
(b) SUBTOTAL of Unitemized Independent Expenditures)	
(c) TOTAL Independent Expenditures	•	
Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
Martha Kuhl [Electro	onically Filed] Date	07 15 2016
Signature		

PAGE	44	OF	153			
FOR L	INE 24	OF F	ORM 3X			
DENTIFICATION NUMBER ▼						
DENTIFI	CATIO	N NUM	BER ▼			

			FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		F	EC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protection			C C00490375
Check if 24-hour report 48-hour report New repo	rt Amends repor	t filed on	M / D = D / Y = Y = Y
Full Name of Payee California Nurses Association	☐ Memo Ite	m Date of	Public Distribution/Dissemination
Mailing Address 455 Crand Avanua		O	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
155 Grand Avenue		Amount	
City State :	Zip Code		50.00
	94612		tion ID : D711399 Disbursement or Obligation
Purpose of Expenditure Online Ad	Category/ Type	M 0	4 01 / 2016
Name of Federal Candidate	X Support	Office Sought:	House District:00
Bernie Sanders	Oppose	X Presiden	state: DC
Calendar Year-To-Date Per Election for Office Sought	833324.95	Disbursement 2016 Oth	For: ☐ Primary ☐ General
Full Name of Payee	☐ Memo Iter		Public Distribution/Dissemination
California Nurses Association		M	03 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 155 Grand Avenue		Amount	
City State	Zip Code		50.00
Oakland CA	94612	1	tion ID: D711400 Disbursement or Obligation
Purpose of Expenditure Online Ad	Category/ Type	М	04 / 01 / 2016
Name of Federal Candidate	X Support	Office Sought:	House District:00
Bernie Sanders	Oppose	X Presider	nt Senate State: DC
Calendar Year-To-Date Per Election for Office Sought	833324.95	Disbursement 2016 Oth	For:
(a) SUBTOTAL of Itemized Independent Expenditures		· []	100.00
(b) SUBTOTAL of Unitemized Independent Expenditures		•	77
(c) TOTAL Independent Expenditures		•	7 1 7 1 7
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.			
Martha Kuhl [Electronic	cally Filed] Date	M M / 07	15 / 2016
Signature	_ = = = = = = = = = = = = = = = = = = =	ا لسا	

PAGE		OF E	153 ORM 3X
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DENTIF	ICATIO	14 14010	DEII V
C00490		IV IVOIV	DEIT V
		IV IVOIVI	

		FOR LINE 22	FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATIO	N NUMBER ▼
National Nurses United for Patient Protection		C C00490375	
Check if 24-hour report 48-hour report New rep	oort Amends repo	filed on	Y
Full Name of Payee	Memo Ite	m Date of Public Distribution/[Dissemination
California Nurses Association		03 / 25	2016
Mailing Address 155 Grand Avenue		Amount	
City State	Zip Code		50.00
Oakland CA	94612	Transaction ID : D711401 Date of Disbursement or O	bligation
Purpose of Expenditure Online Ad	Category/ Type	04 01 /	2016
Name of Federal Candidate	X Support	Office Sought: House [District: 00
Bernie Sanders	Oppose	President Senate	State: DC
Calendar Year-To-Date Per Election for Office Sought	833324.95	Disbursement For:	General
Full Name of Payee	☐ Memo Ite		Discomination
California Nurses Association		Date of Public Distribution/1	2016
Mailing Address 155 Grand Avenue		Amount	20.0
City State	Zip Code		250.00
Oakland CA	94612	Transaction ID : D711411 Date of Disbursement or O	bligation
Purpose of Expenditure Online Ad	Category/ Type	04 / 01 /	2016
Name of Federal Candidate	X Support	Office Sought: House	District:00
Bernie Sanders	Oppose	President Senate	State: DC
Calendar Year-To-Date Per Election for Office Sought	833324.95	Disbursement For:	General
(a) SUBTOTAL of Itemized Independent Expenditures			300.00
		7 7	
(b) SUBTOTAL of Unitemized Independent Expenditures		>	
(c) TOTAL Independent Expenditures		•	.45
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.			
Martha Kuhl [Electron	nically Filed] Date	07 15 2016	Y P Y
Signature			

PAGE		OF	153
FOR L	INE 24	OF F	ORM 3X

	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection	FEC IDENTIFICATION NUMBER ▼
Tradional nuises officed for Patient Protection	C C00490375
Check if 24-hour report 48-hour report Ne	ew report Amends report filed on Amends report
Full Name of Payee Outfront Media	Memo Item Date of Public Distribution/Dissemination
Mailing Address	04 / 25 / 2016
185 US Highway 46	Amount
City State	Zip Code 9375.00
Fairfield NJ	07004 Transaction ID : D712982 Date of Disbursement or Obligation
Purpose of Expenditure Billboard	Category/ Type 04 01 2016
Name of Federal Candidate	Support Office Sought: House District:00
Bernie Sanders	Oppose President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2016 ☐ Other (specify) ▶
	□ Manus 14-111
Full Name of Payee North Wood Advertising	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 1201 Fifteen Building	Amount
15 South Fifth	
City State	Zip Code 8184.80
Minneapolis MN	55402 Transaction ID : D744862 Date of Disbursement or Obligation
Purpose of Expenditure Radio	Category/ Type 04 01 7 2016
Name of Federal Candidate	Support Office Sought: House District:
BERNARD SANDERS	Oppose President Senate State: OH
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2016 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	
(b) SUBTOTAL of Unitemized Independent Expenditures)
(c) TOTAL Independent Expenditures	>
	ditures reported herein were not made in cooperation, consultation, or concert norized committee or agent of either, or (if the reporting entity is not a political
Martha Kuhl [E	lectronically Filed] Date 07 15 2016
Signature	

: 97 'A = G7 9 @ G B9 C I G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCFHZ'G7 < 98 I @ 'CF' + H9 A = N5 H+ CB

Form/Schedule: SE Transaction ID: D744862

Amount additional to original estimate.

Form/Schedule: Transaction ID:

PAGE 48 OF 153 FOR LINE 24 OF FORM 3X						
FEC IDENTIFICATION NUMBER ▼						
C C00490375						
M / D D / Y B Y B Y						
of Public Distribution/Dissemination						
04 / 01 / 2016						
nt						
181.25 ction ID : D744869						
of Disbursement or Obligation						
04 / 01 / 2016						
t: District: 00						
ent Senate State: DC						
t For: X Primary General						
of Public Distribution/Dissemination						
03 31 2016						
nt						
1150.00						
of Disbursement or Obligation						
04 / 04 / 2016						
nt: House District:00						
ent Senate State: DC						
nt For: X Primary General						
Other (specify)						
1331.25						

NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼						
National Nurses United for Pat		C C00490375				
Check if 24-hour report 48-hour report New report Amends report filed on						
Full Name of Payee		Memo It	em	Date of Public Distribution/Dissemination		
Alliance Graphics				04 / 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 1101 8th Street				Amount		
City	State	Zip Code		181.25		
Berkeley	CA	94710		Transaction ID : D744869 Date of Disbursement or Obligation		
Purpose of Expenditure Printing		Category/ Type		04 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate		Support	Office	Sought: House District: 00		
Bernie Sanders		Oppose	X	President Senate State: DC		
Calendar Year-To-Date Per Election for Office Sought		833324.95	Disbu 2016	rsement For:		
Full Name of Payee	· · · · · ·	☐ Memo Ite	em	Date of Public Distribution/Dissemination		
California Nurses Association	1			03 31 2016		
Mailing Address 155 Grand Avenue				Amount		
				4150.00		
City Oakland	State CA	Zip Code 94612		1150.00 Transaction ID : D711402		
Purpose of Expenditure		0-1	_	Date of Disbursement or Obligation		
Online Ad		Category/ Type		04 2016		
Name of Federal Candidate		Support	Office	Sought: House District: 00		
Bernie Sanders		Oppose	X	President Senate State: DC		
Calendar Year-To-Date Per Election for Office Sought		833324.95	Disbu 2016	rsement For:		
Tel Election for Office Sought				Other (specify) -		
(a) SUBTOTAL of Itemized Independent E	Expenditures		. •	1331.25		
(b) SUBTOTAL of Unitemized Independen	t Expenditures		. •			
(c) TOTAL Independent Expenditures						
	ny candidate or authorized			ade in cooperation, consultation, or concert r, or (if the reporting entity is not a political		
Martha Kuhl	[Flectroni	ically Filed]	M	7 15 2016		
Signature	_[Dictioni	Date	, 0	7 15 2016		

PAGE		OF	.00
FOR I	INE 24	OF F	ORM 3X

						FOR LINE 2	24 OF FORM 3X
NAME OF COMMITTEE	(In Full) United for Patient Pro	tootion			FEC	IDENTIFICATION	ON NUMBER ▼
National Nurses	United for Patient Pro	ntection			С	C00490375	
Check if 24-hour re	port 48-hour report	New repo	ort Amends	report filed	i on	/ D D /	Y Y Y Y Y
Full Name of Payee Outfront Media			☐ Mer	mo Item	Date of Pu	blic Distribution	/Dissemination
Mailing Address					04	25	2016
189	5 US Highway 46				Amount		
City		State	Zip Code				500.00
Fairfield		NJ	07004			ID: D712983 sbursement or 0	Obligation
Purpose of Expendit Billboard	ure		Category/ Type		04	04	2016
Name of Federal Ca	ndidate		X Suppo	rt Offic	e Sought:	House	District: 00
Bernie Sanders			Oppos	se X	President	Senate	State: CA
Calendar Year-T Per Election for	Office Sought	· · · · ·	2042683.54	Disbi 2016		:	General
Full Name of Davis		, ,	□ Mem	no Item			
Full Name of Payee North Wood A	dvertising		_ Men	io item	Date of Pu	iblic Distribution	/Dissemination 2016
Mailing Address 12	01 Fifteen Building				Amount	22	2010
15	South Fifth						
City		State	Zip Code				1265.18
Minneapolis		MN	55402			n ID: D711403 sbursement or (Obligation
Purpose of Expendit Video Production	ure		Category/ Type		04	05	2016
Name of Federal Ca	ndidate		Suppo	ort Offic	e Sought:	House	District:00
Bernie Sanders			Oppos	se X	President	Senate	State:DC
Calendar Year-T Per Election for		, , ,	833324.95	Disb 2016		: X Primary (specify) ►	/ General
(a) SUBTOTAL of Ite	mized Independent Expenditure:	S		······ •		7 1 1 7	1765.18
(b) SUBTOTAL of Ur	itemized Independent Expenditu	ıres		······ >		7 7	
(c) TOTAL Independe	ent Expenditures			······ >		7 7	
with, or at the reques	ary I certify that the independer t or suggestion of, any candidat political party committee or its a	e or authorized					
Martha I	Cuhl	[Electron	ically Filed]	Date C	DM / D		6 Y
Signature			_				

PAGE	50)	OF	- 1	153
FOR	LINE	24	OF	FOF	RM 3X

		TOTT LINE 24 OF TOTIM 3X			
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	rt Amends report fi	led on Man / Dad / Yayayay			
Full Name of Payee North Wood Advertising	Memo Item	Date of Public Distribution/Dissemination			
Mailing Address 4004 Fifees Building		03 / 22 / 2016			
1201 Fifteen Building		Amount			
15 South Fifth					
	Zip Code	14690.42			
Minneapolis MN	55402	Transaction ID : D711404 Date of Disbursement or Obligation			
Purpose of Expenditure Video Production	Category/ Type	04 05 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate	X Support Of	fice Sought: House District: 00			
Bernie Sanders		✓ President			
Colonday Vany To Date		sbursement For: X Primary General			
Calendar Year-To-Date Per Election for Office Sought		Other (specify) ►			
Full Name of Payee	☐ Memo Item	Date of Public Distribution/Dissemination			
CSULB	_	04 07 2016			
Mailing Address 1250 Bellflower Blvd		Amount			
SSPA 010B		Amount			
City State	Zip Code	860.00			
Long Beach CA	90840-4601	Transaction ID : D712065 Date of Disbursement or Obligation			
Purpose of Expenditure	Category/	M M / D D / Y Y Y Y			
Advertising	Туре	04 05 2016			
Name of Federal Candidate	Support Of	ffice Sought: House District: 00			
Bernie Sanders		☐ Senate State: CA			
Calendar Year-To-Date		sbursement For: X Primary General			
Per Election for Office Sought	2042683.54	Other (specify) Other			
(a) SUBTOTAL of Itemized Independent Expenditures		15550.42			
(b) SUBTOTAL of Unitemized Independent Expenditures	·····				
(c) TOTAL Independent Expenditures	······				
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.	•				
Martha Kuhl [Electroni	cally Filed]	07 15 2016			
Signature	Date	2010			

	PAGE 51 OF 153 FOR LINE 24 OF FORM 3X						
FEC I	IDENTIFICATION NUMBER ▼						
С	C00490375						
I = M	/ D = D / Y = Y = Y						
of Pub	lic Distribution/Dissemination						
04 ^M	18 / 2016						
ınt							
	10468.00						
	ID: D712727 oursement or Obligation						
04	05 / 2016						
nt:	House District: 00						
ent	Senate State: CA						
nt For:	Primary General						
ther (s	specify) ►						
of Pub	olic Distribution/Dissemination						
04	18 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
ınt							
	1250.00						
	ID : D712728 bursement or Obligation						
04	05 / 2016						
nt:	House District:00						
ent	Senate State: CA						
nt For:	Primary General						
Other (s	specify) ►						
-7	11718.00						
-							

NAME OF COMMITTEE (In Full)	ant Drataction			FEC IDENTIFICAT	ION NUMBER ▼
National Nurses United for Pati	ent Protection			C C00490375	
Check if 24-hour report 48-hour re	eport New repo	ort Amends repo		1 M / D D /	Y Y Y Y Y
Full Name of Payee		Memo Ite	em Date	of Public Distribution	n/Dissemination
Outfront Media				04 / D D /	2016
Mailing Address 185 US Highway 46			Amou	ınt	
City	State	Zip Code	<u> —</u> Г		10468.00
Fairfield	NJ	07004		oction ID : D712727 of Disbursement or	Obligation
Purpose of Expenditure Billboard		Category/ Type		04 05	2016
Name of Federal Candidate		Support	Office Sough	nt: House	District: 00
Bernie Sanders		Oppose	X Presid		State: CA
Calendar Year-To-Date Per Election for Office Sought		2042683.54	Disbursemer 2016	nt For: X Primar Other (specify) ►	y General
Full Name of Payee	-	☐ Memo Ite	m Date	of Public Distribution	n/Dissemination
UCLA Student Media			Г	M M / D D /	2016
Mailing Address 308 Westwood Plaza, Kh	1 -118		Amou	unt	
City	State	Zip Code			1250.00
Los Angeles	CA	90024		action ID : D712728 of Disbursement or	Obligation
Purpose of Expenditure Advertising		Category/ Type		04 / 05	2016
Name of Federal Candidate		Support	Office Sough	nt: House	District:00
Bernie Sanders		Oppose	X Presid		State: CA
Calendar Year-To-Date Per Election for Office Sought		2042683.54	2016	nt For:	y General
(a) SUBTOTAL of Itemized Independent E	xpenditures		.		11718.00
(b) SUBTOTAL of Unitemized Independent	Expenditures		•		
(c) TOTAL Independent Expenditures			•	7 7	
Under penalty of perjury I certify that the with, or at the request or suggestion of, an party committee) any political party commit	y candidate or authorized				
Martha Kuhl	[Electroni	ically Filed] Date	07 /	15 / 20	16
Signature		_ Date			

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		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼
ivational nuises officed for Patient Protection	C C00490375	
Check if 24-hour report 48-hour report New report	t Amends report	filed on Mam / Dab / Yayayay
Full Name of Payee	☐ Memo Item	Date of Public Distribution/Dissemination
Matrix Media		04 12 7 2016
Mailing Address 463 E Town St		Amount
City State Z	Zip Code	40673.46
	43215	Transaction ID : D711859 Date of Disbursement or Obligation
Purpose of Expenditure Print Advertising	Category/ Type	04 06 7 2016
Name of Federal Candidate	X Support C	Office Sought: House District:00
Bernie Sanders	Oppose	President Senate State: PA
Calendar Year-To-Date Per Election for Office Sought		oisbursement For:
Full Name of Payee	Memo Item	Date of Public Distribution/Dissemination
The Poly Post		04 12 2016
Mailing Address 3801 W. Temple Ave		Amount
City State Z	Zip Code	1140.00
Pomona CA 9	91768	Transaction ID : D712037 Date of Disbursement or Obligation
Purpose of Expenditure Advertising	Category/ Type	04 06 2016
Name of Federal Candidate	X Support C	Office Sought: House District:00
Bernie Sanders	Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Obsbursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures		41813.46
,	,	
(b) SUBTOTAL of Unitemized Independent Expenditures		7 7 7
(c) TOTAL Independent Expenditures)	
Under penalty of perjury I certify that the independent expenditures rewith, or at the request or suggestion of, any candidate or authorized of party committee) any political party committee or its agent.		
Martha Kuhl [Electronica	ally Filed] Date	07 15 2016
Signature	Bato	

PAGE 53 OF 153 FOR LINE 24 OF FORM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼
Tradional redises officed for Fatient Frotection		C C00490375
Check if 24-hour report 48-hour report New re	eport Amends report	filed on Man / Dad / Yayayay
Full Name of Payee Associated Students	☐ Memo Item	Date of Public Distribution/Dissemination
		04 13 7 2016
Mailing Address c/o The Lumberjack Newspaper		Amount
1 Harpst St	7's Oads	500.75
City State Arcata CA	Zip Code 95521	582.75 Transaction ID : D712067
7.100.00	95521	Date of Disbursement or Obligation
Purpose of Expenditure Advertising	Category/ Type	04 / 06 / 2016
Name of Federal Candidate	Support C	Office Sought: House District: 00
Bernie Sanders		✓ President ✓ Senate State: CA
Calendar Year-To-Date	D	Disbursement For: X Primary General
Per Election for Office Sought	2042683.54	Other (specify) Other
Full Name of Payee	Memo Item	Date of Public Distribution/Dissemination
Autumn Press		04 06 2016
Mailing Address 945 Camelia St		Amount
City State	Zip Code	582.83
Berkeley CA	94710-1437	Transaction ID : D744870 Date of Disbursement or Obligation
Purpose of Expenditure	Category/	M M / D D / Y Y Y Y
Printing	Туре	04 06 2016
Name of Federal Candidate	X Support C	Office Sought: House District: 00
Bernie Sanders	Oppose	President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General
Tel Election for Office Sought		Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures		1165.58
,	,	4
(b) SUBTOTAL of Unitemized Independent Expenditures)	7 7 7
(c) TOTAL Independent Expenditures		
	•	7 7 7
Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
Martha Kuhl [Electro	onically Filed] Date	07 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

PAGE		OF	153
FOR L	NE 24	OF F	ORM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼
Thational Nurses Officed for Patient Protection		C C00490375
Check if 24-hour report 48-hour report New report	port Amends report	filed on Mam / Dab / Yayayay
Full Name of Payee North Wood Advertising	☐ Memo Item	Date of Public Distribution/Dissemination
		03 22 7 2016
Mailing Address 1201 Fifteen Building		Amount
15 South Fifth		
City State Minneapolis MN	Zip Code	14544.37
	55402	Transaction ID : D711486 Date of Disbursement or Obligation
Purpose of Expenditure Video Production	Category/ Type	04 / 08 / 2016
Name of Federal Candidate	Support (Office Sought: House District:00
Bernie Sanders	Oppose	President Senate State: DC
Calendar Year-To-Date		Disbursement For: X Primary General
Per Election for Office Sought	833324.95	Other (specify) Other
Full Name of Payee	Memo Item	Date of Public Distribution/Dissemination
California Nurses Association		04 07 2016
Mailing Address 155 Grand Avenue		Amount
City State	Zip Code	100.00
Oakland CA	94612	Transaction ID : D711487 Date of Disbursement or Obligation
Purpose of Expenditure Online Ad	Category/	M = M / D = D / Y = Y = Y
Online Ad	Type	04 08 2016
Name of Federal Candidate	X Support	Office Sought: House District: 00
Bernie Sanders	Oppose	President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General 2016
		Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures		14644.37
(b) SUBTOTAL of Unitemized Independent Expenditures)
(c) TOTAL Independent Expenditures		
•		7 7 7
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
Martha Kuhl [Electron	nically Filed] Date	07 15 2016
Signature	Date	للتتا لنا لنا

SC ITE

Martha Kuhl

Signature

CHEDULE E (FEC Form 3X)				
EMIZED INDEPENDENT EXPENDITU	JRES			PAGE 55 OF 153 FOR LINE 24 OF FORM 3X
ME OF COMMITTEE (In Full)	1 Doubaction		F	EC IDENTIFICATION NUMBER ▼
lational Nurses United for Patier	it Protection			C C00490375
neck if 24-hour report 48-hour report	rt New re	report Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee		☐ Memo Ite	em Date of	Public Distribution/Dissemination
Latino Print Network			04	
Mailing Address 3445 Catalina Dr			Amount	
City	State	Zip Code		37500.00
Carlsbad	CA	92010		ion ID : D712985 Disbursement or Obligation
Purpose of Expenditure Advertising		Category/ Type		M / D D / Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Bernie Sanders		Oppose	President	
Calendar Year-To-Date Per Election for Office Sought		2042683.54	Disbursement F	For: X Primary General
Full Name of Payee Latino Print Network		☐ Memo Ite	m Date of	Public Distribution/Dissemination
Mailing Address 3445 Catalina Dr			Amount	
City	State	Zip Code		10400.00
Carlsbad	CA	92010		ion ID : D734750 Disbursement or Obligation
Purpose of Expenditure Advertising		Category/ Type	M 04	M / D D / Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District:00
Bernie Sanders		Oppose	President	
Calendar Year-To-Date Per Election for Office Sought		2042683.54	Disbursement F 2016 Other	For: X Primary General er (specify) ▶
(a) SUBTOTAL of Itemized Independent Expe	enditures		·	47900.00
(b) SUBTOTAL of Unitemized Independent Ex	xpenditures		•	7.1.7.1.0
(c) TOTAL Independent Expenditures			•	7 1 7 1 7
Under penalty of perjury I certify that the indewith, or at the request or suggestion of, any committee) any political party committee	candidate or authoriz			

[Electronically Filed]

07

Date

15

2016

	PAGE FOR LI		OF 1 OF F	153 DRM 3X	_
DENTIFICATION NUMBER ▼					

	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protection	C C00490375
Check if 24-hour report 48-hour report New report Amend	s report filed on
Full Name of Payee	lemo Item Date of Public Distribution/Dissemination
Mailing Address	05 / 13 / 2016
Mailing Address 3445 Catalina Dr	Amount
City State Zip Code	2400.00
Carlsbad CA 92010	Transaction ID : D734752 Date of Disbursement or Obligation
Purpose of Expenditure Advertising Category/ Type	04 / 08 / 2016
Name of Federal Candidate Supp	port Office Sought: House District: 00
Bernie Sanders Opp	ose President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought 2042683.54	Disbursement For: X Primary General 2016 Other (specify) ▶
Full Name of Payee	emo Item Date of Public Distribution/Dissemination
California Nurses Association	04 06 2016
Mailing Address 155 Grand Avenue	Amount
City State Zip Code	47.25
Oakland CA 94612	Transaction ID : D711488 Date of Disbursement or Obligation
Purpose of Expenditure Payroll Category/ Type	04 / 09 / 2016
Name of Federal Candidate Sup	port Office Sought: House District: 00
Bernie Sanders Opp	ose President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought 2042683.54	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	2447.25
(b) SUBTOTAL of Unitemized Independent Expenditures	············· >
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein with, or at the request or suggestion of, any candidate or authorized committee or a party committee) any political party committee or its agent.	
Martha Kuhl [Electronically Filed]	Date 07 15 2016
Signature	

PAGE		OF	153
FOR L	INE 24	OF F	ORM 3X

		TOTT LINE 24 OF TOTAL 3X
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼
National Nurses Officed for Patient Protection		C C00490375
Check if 24-hour report 48-hour report New r	report Amends report	filed on Mam / Dad / Yayayay
Full Name of Payee California Nurses Association	Memo Item	Date of Public Distribution/Dissemination
Mailing Address		04 / 07 / 2016
155 Grand Avenue		Amount
City State	Zip Code	270.00
Oakland CA	94612	Transaction ID : D711489 Date of Disbursement or Obligation
Purpose of Expenditure Payroll	Category/ Type	04 09 2016
Name of Federal Candidate	Support C	Office Sought: House District: 00
Bernie Sanders	Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General
Full Name of Davis	Memo Item	Other (specify)
Full Name of Payee Autumn Press	_ Memoriem	Date of Public Distribution/Dissemination 04 11 2016
Mailing Address 945 Camelia St		Amount
City State	Zip Code	4624.96
Berkeley CA	94710-1437	Transaction ID : D712006 Date of Disbursement or Obligation
Purpose of Expenditure Printing	Category/ Type	04 / 09 / 2016
Name of Federal Candidate	X Support (Office Sought: House District:00
Bernie Sanders	Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		4894.96
(b) SUBTOTAL of Unitemized Independent Expenditures	······	
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expenditur with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.	•	•
Martha Kuhl [Electi	ronically Filed] Date	07 15 2016
Signature		

	PAGE 58 OF 153 FOR LINE 24 OF FORM 3X
FEC II	DENTIFICATION NUMBER ▼
С	C00490375
= M /	D = D / Y = Y = Y
f Publi	c Distribution/Dissemination
04 ^M	13 / 2016
nt	
tion IE	1090.00 D : D712040
f Disbu	ursement or Obligation
04	09 / 2016
: [House District: 00
nt	Senate State: CA
For:	Primary General
her (sp	pecify) ►
	c Distribution/Dissemination
04	11 / 2016
nt	
	6143.88
of Disbu	D: D711860 ursement or Obligation
04	12 / 2016
t: [House District:00
nt	Senate State: PA
For:	X Primary General

NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protection		C C00490375
Check if 24-hour report 48-hour report New report	ort Amends repor	t filed on Man / Dab / Yayayay
Full Name of Payee	Memo Ite	m Date of Public Distribution/Dissemination
Golden Gate Xpress		04 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1600 Holloway Ave		Amount
HUM 307	7in Codo	1000.00
City State San Francisco CA	Zip Code 94132	1090.00 Transaction ID : D712040
Purpose of Expenditure	Category/	Date of Disbursement or Obligation
Advertising	Туре	04 09 2016
Name of Federal Candidate	X Support	Office Sought: House District:00
Bernie Sanders	Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	2042683.54	Disbursement For: Primary General 2016
		Other (specify) ▶
Full Name of Payee Outfront Media	☐ Memo Iten	Date of Public Distribution/Dissemination
Mailing Address		04 11 2016
185 US Highway 46		Amount
City State	Zip Code	6143.88
Fairfield NJ	07004	Transaction ID : D711860 Date of Disbursement or Obligation
Purpose of Expenditure Billboard	Category/ Type	04 12 7 2016
Name of Federal Candidate	Support	Office Sought: House District: 00
Bernie Sanders	Oppose	President Senate State: PA
Calendar Year-To-Date	119311.84	Disbursement For: Primary General 2016
Per Election for Office Sought	119311.04	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures		7233.88
(b) SUBTOTAL of Unitemized Independent Expenditures		>
(c) TOTAL Independent Expenditures		
(c) TOTAL Independent Experiances		•
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
Martha Kuhl [Electroni	cally Filed]	07 15 2016
Signature	Date	2010

PAGE	59	OF	153
FOR L	INE 24	OF F	ORM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼
TVALIONAL INUISES ONILEU IOI FALIENI PIOLECTION		C C00490375
Check if 24-hour report 48-hour report New report	port Amends repor	t filed on M M / D D / Y Y Y Y Y
Full Name of Payee Autumn Press	☐ Memo Ite	m Date of Public Distribution/Dissemination
Mailing Addrass		04 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
945 Camelia St		Amount
City State	Zip Code	415.33
Berkeley CA	94710-1437	Transaction ID : D712007 Date of Disbursement or Obligation
Purpose of Expenditure Printing	Category/ Type	04 / 13 / 2016
Name of Federal Candidate	X Support	Office Sought: House District:00
Bernie Sanders	Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	2042683.54	Disbursement For: X Primary General 2016 Other (specify) ▶
Full Name of Payee	Memo Iten	
National Nurses United		Date of Public Distribution/Dissernination M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 155 Grand Avenue		Amount
City State	Zip Code	289.00
Oakland CA	94612	Transaction ID: D712050 Date of Disbursement or Obligation
Purpose of Expenditure Equipment Expense	Category/ Type	04 / 13 / 2016
Name of Federal Candidate	X Support	Office Sought: House District:00
Bernie Sanders	Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	2042683.54	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		704.33
(b) SUBTOTAL of Unitemized Independent Expenditures		>
(c) TOTAL Independent Expenditures		•
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
Martha Kuhl [Electron	nically Filed] Date	07 15 2016
Signature		

PAGE	60	OF	153
FOR	LINE 24	OF F	FORM 3X

		TOTT LINE 24 OF TOTTWI 3X
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection	n	FEC IDENTIFICATION NUMBER ▼
TValional Nuises Office for Fatient Frotection	11	C C00490375
Check if 24-hour report 48-hour report No	ew report Amends report fil	ed on Mam / Dad / Yayayay
Full Name of Payee Alliance Graphics	Memo Item	Date of Public Distribution/Dissemination
Mailing Address		04 / 12 / 2016
1101 8th Street		Amount
City State	Zip Code	938.48
Berkeley CA	94710	Transaction ID : D712055 Date of Disbursement or Obligation
Purpose of Expenditure Printing	Category/ Type	04 13 2016
Name of Federal Candidate	Support Off	fice Sought: House District: 00
Bernie Sanders		President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	Dis 2042683.54 20	sbursement For: X Primary General
rei Election for Office Sought	100000	Other (specify) -
Full Name of Payee Santa Rosa Junior College	☐ Memo Item	Date of Public Distribution/Dissemination
Mailing Address Accounting		04 11 2016
1501 Mendocino Ave		Amount
City State	Zip Code	630.00
Santa Rosa CA	95401	Transaction ID : D712060 Date of Disbursement or Obligation
Purpose of Expenditure Ad	Category/ Type	04 / 13 / 2016
Name of Federal Candidate	X Support Of	fice Sought: House District: 00
Bernie Sanders		President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		sbursement For: Primary General
To Establish to Small Stagin	7	Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	·····	1568.48
(b) SUBTOTAL of Unitemized Independent Expenditures		
(b) 30BTOTAL of Officernized Independent Experiancies	·····	72 72 72
(c) TOTAL Independent Expenditures	·····	7 7
Under penalty of perjury I certify that the independent expend with, or at the request or suggestion of, any candidate or auth party committee) any political party committee or its agent.	•	
Martha Kuhl [E	Electronically Filed]	07 15 2016
Signature	Date	

NAME OF COMMITTEE (In Full)

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

National Nurses United for Patient Protection

	PAGE 61 FOR LINE 2	OF 153 24 OF FORM 3X
FEC I		ON NUMBER ▼
С	C00490375	
M /	D D /	Y W Y W Y
	Distribution	/Dissemination
04	13	2016
it		
		750.00
	: D712075 irsement or 0	Obligation
04	13	2016
: [House	District: 00
nt	Senate	State: CA
For:	Primary	General
her (sp	ecify) 🕨	
	c Distribution	/Dissemination
04	18	2016
nt		
-		190229.74
	D: D712729 ursement or 0	Obligation
04	13	2016
: [House	District: 00
nt	Senate	State: CA
For:	X Primary	/ General
her (sp	pecify) ▶	
_		

Check if 24-hour report 48-hour report New report Amends report filed on					
Full Name of Payee Date of Public Distribution/Dissem	nination				
04 13 20	016				
Mailing Address Chico Dept. of Journalism Amount					
Zip 600					
	50.00				
Chico CA 95926 Transaction ID : D712075 Date of Disbursement or Obligation	on				
	016				
Name of Federal Candidate Support Office Sought: House District:	:00				
Bernie Sanders Oppose President Senate State:	: <u>CA</u>				
Calendar Year-To-Date Per Election for Office Sought Disbursement For: Primary 2016 Other (specify) ▶	General				
Full Name of Payee	nination				
Campaign Workshop	2016				
Mailing Address 1129 20th Street, Suite 200 Amount					
City State Zip Code 1902	29.74				
Washington DC 20036 Transaction ID : D712729 Date of Disbursement or Obligation					
	2016				
Name of Federal Candidate Support Office Sought: House District:	: 00				
Bernie Sanders Oppose President Senate State:	:CA				
Calendar Year-To-Date Per Election for Office Sought Disbursement For: Primary 2016 Other (specify)	General				
(a) SUBTOTAL of Itemized Independent Expenditures	9.74				
(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 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 party committee) any political party committee or its agent.					
Marila Vali					
Martha Kuhl [Electronically Filed] Date 07 15 2016					

	PAGE FOR L		OF OF FO	153 DRM 3X	-
DENTIFICATION NUMBER ▼					
	ENTIFI	CATIO	N NUM	BER ▼	

		FOR LINE 24 OF FORM 3X			
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection FEC IDENTIFICATION NUMBER					
ivational nurses united for Patient Protection	C C00490375				
Check if 24-hour report 48-hour report New report	t Amends report	filed on Mam / Dab / Yayayay			
Full Name of Payee	Memo Item	Date of Public Distribution/Dissemination			
Outfront Media		04 18 2016			
Mailing Address 185 US Highway 46		Amount			
City State Z	ip Code	13300.00			
Fairfield NJ C	07004	Transaction ID : D712730 Date of Disbursement or Obligation			
Purpose of Expenditure Advertising	Category/ Type	04 / 13 / 2016			
Name of Federal Candidate	X Support C	Office Sought: House District: 00			
Bernie Sanders	Oppose	President Senate State: CA			
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:			
Full Name of Payee	☐ Memo Item				
Outfront Media	_ Memoritem	Date of Public Distribution/Dissemination 04 18 2016			
Mailing Address 185 US Highway 46		Amount			
City State Z	Zip Code	61861.25			
Fairfield NJ (07004	Transaction ID: D712731 Date of Disbursement or Obligation			
Purpose of Expenditure Advertising	Category/ Type	04 / 13 / 2016			
Name of Federal Candidate	X Support 0	Office Sought: House District:00			
Bernie Sanders	Oppose	President Senate State: CA			
Calendar Year-To-Date Per Election for Office Sought 2		Disbursement For:			
(a) SUBTOTAL of Itemized Independent Expenditures		75161.25			
(b) OUDTOTAL of Heiberies deleters and at Engage there					
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures rewith, or at the request or suggestion of, any candidate or authorized coparty committee) any political party committee or its agent.					
Martha Kuhl [Electronica	ally Filed] Date	07 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Signature	24.0				

	PAGE 63 OF 153 FOR LINE 24 OF FORM 3X
EC ID	ENTIFICATION NUMBER ▼
	C00490375
M /	D D
Public	Distribution/Dissemination
M /	18 / 2016
7	30.00
	: D712732 rsement or Obligation
M /	13 2016
	House District: 00

				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼		
National Nurses United for Patie		C C00490375		
Check if 24-hour report 48-hour rep	port New repo	ort Amends repo	rt filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		Memo It	em Date	e of Public Distribution/Dissemination
Javier Moreno Polllaroio				04 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1521 3rd Ave			Amo	punt
City	State	Zip Code	-	30.00
Oakland	CA	94606		saction ID : D712732 e of Disbursement or Obligation
Purpose of Expenditure Translation Services		Category/ Type		04 / 13 / 2016
Name of Federal Candidate		Support	Office Sou	ght: House District: 00
Bernie Sanders		Oppose	Presi	grit
Calendar Year-To-Date Per Election for Office Sought		2042683.54	Disburseme	
				Other (specify) -
Full Name of Payee National Nurses United		Memo Ite	m Date	e of Public Distribution/Dissemination
Mailing Address 155 Grand Avenue			Amo	04 21 2016 ount
City	State	Zip Code		1180.00
Oakland	CA	94612	I	saction ID : D712965 e of Disbursement or Obligation
Purpose of Expenditure Ad		Category/ Type		04 / 13 / 2016
Name of Federal Candidate		Support	Office Sou	ght: House District:00
Bernie Sanders		Oppose	X Pres	
Calendar Year-To-Date Per Election for Office Sought		2042683.54	Disburseme 2016	ent For:
(a) SUBTOTAL of Itemized Independent Ex	penditures			1210.00
(b) SUBTOTAL of Unitemized Independent	Expenditures			
				7 7
(c) TOTAL Independent Expenditures			•	7 7 7
Under penalty of perjury I certify that the in with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorized			
Martha Kuhl	[Electroni	ically Filed] Date	M M	15 2016
Signature		_ Date		

PAGE	64	ļ	OF		153
FOR	LINE	24	OF	FOF	RM 3X

		TOTT LINE 24 OF TOTAL 3X			
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	v report Amends report	t filed on M M / D D / Y Y Y Y Y			
Full Name of Payee	☐ Memo Ite	m Date of Public Distribution/Dissemination			
The DVC Inquirer		04 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 321 Golf Club Rd		Amount			
City State	Zip Code	720.00			
Pleasant Hill CA	94553	Transaction ID : D712966 Date of Disbursement or Obligation			
Purpose of Expenditure	Category/	M M / D D / Y Y Y Y			
Ad	Type	04 13 2016			
Name of Federal Candidate	X Support	Office Sought: House District:00			
Bernie Sanders	Oppose	President Senate State: CA			
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General 2016			
	7	U Other (specify) ►			
Full Name of Payee Outfront Media	☐ Memo Iten	Date of Public Distribution/Dissemination			
Mailing Address		04 25 2016			
185 US Highway 46		Amount			
City State	Zip Code	39752.50			
Fairfield NJ	07004	Transaction ID : D712981 Date of Disbursement or Obligation			
Purpose of Expenditure Billboard	Category/ Type	04 13 / 2016			
Name of Federal Candidate	X Support	Office Sought: House District:00			
Bernie Sanders	Oppose	President Senate State: CA			
Calendar Year-To-Date	00.40000.54	Disbursement For: Primary General			
Per Election for Office Sought	2042683.54	2016 Other (specify) ▶			
(a) SUBTOTAL of Itemized Independent Expenditures		40472.50			
(b) SUBTOTAL of Unitemized Independent Expenditures		>			
(c) TOTAL Independent Expenditures)			
Under penalty of perjury I certify that the independent expendir with, or at the request or suggestion of, any candidate or author party committee) any political party committee or its agent.	•				
Martha Kuhl [Ele	ectronically Filed] Date	07 15 2016			
Signature	Date				

PAGE	65	OF	153
FOR L	INE 24	OF F	ORM 3X

		FOR LINE 24 OF FORM 3X			
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	port Amends report	filed on Man / Dad / Yayayay			
Full Name of Payee Outfront Media	Memo Iter				
		05			
Mailing Address 185 US Highway 46		Amount			
City State	Zip Code	19949.00			
Fairfield NJ	07004	Transaction ID : D734721 Date of Disbursement or Obligation			
Purpose of Expenditure Billboard	Category/ Type	04 / 13 / 2016			
Name of Federal Candidate	X Support	Office Sought: House District:00			
Bernie Sanders	Oppose	President Senate State: CA			
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:			
Full Name of Payee	Memo Item				
Outfront Media		05 09 2016			
Mailing Address 185 US Highway 46		Amount			
City State	Zip Code	5600.00			
Fairfield NJ	07004	Transaction ID : D734756 Date of Disbursement or Obligation			
Purpose of Expenditure Billboard	Category/ Type	04 / 13 / 2016			
Name of Federal Candidate	X Support	Office Sought: House District:00			
Bernie Sanders	Oppose	President Senate State: CA			
Calendar Year-To-Date Per Election for Office Sought	2042683.54	Disbursement For:			
(a) SUBTOTAL of Itemized Independent Expenditures		25549.00			
,,					
(b) SUBTOTAL of Unitemized Independent Expenditures		>			
(c) TOTAL Independent Expenditures		>			
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.					
Martha Kuhl [Electro:	nically Filed] Date	07 15 2016			
Signature					

PAGE			OF		53
FOR	LINE	24	OF	FOR	М ЗХ

		TOTT LINE 24 OF TOTTWO 3X		
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection				
TVALIGNAL TVALSES OFFICE TOT FALIETT FOLECTION)	C C00490375		
Check if 24-hour report 48-hour report	New report Amends report file	ed on Mam / Dab / Yayayay		
Full Name of Payee Alliance Graphics	Memo Item	Date of Public Distribution/Dissemination		
Mailing Address				
1101 8th Street		Amount		
City State	Zip Code	2000.01		
Berkeley CA	94710	Transaction ID : D712733 Date of Disbursement or Obligation		
Purpose of Expenditure Printing	Category/ Type	04 / D D / Y Y Y Y Y Y 18 2016		
Name of Federal Candidate	Support Offi	ce Sought: House District:00		
Bernie Sanders	Oppose	President Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought	Dis 2042683.54			
		U Other (specify) ►		
Full Name of Payee California Nurses Association	☐ Memo Item	Date of Public Distribution/Dissemination		
Mailing Address 155 Grand Avenue		04 18 2016 Amount		
City State	Zip Code	100.00		
Oakland CA	94612	Transaction ID : D712735 Date of Disbursement or Obligation		
Purpose of Expenditure Online Ad	Category/ Type	04 / 18 / 2016		
Name of Federal Candidate	Support Offi	ice Sought: House District: 00		
BERNARD SANDERS		President Senate State: NY		
Calendar Year-To-Date Per Election for Office Sought	83425.04 Dis 20°	bursement For: Primary General Other (specify) Other		
(a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures	•	2100.01		
(c) TOTAL Independent Expenditures	· · · · · · · · · · · · · · · · · · ·			
Under penalty of perjury I certify that the independent experwith, or at the request or suggestion of, any candidate or au party committee) any political party committee or its agent.	•	· · · · · · · · · · · · · · · · · · ·		
Martha Kuhl	Electronically Filed] Date	07 15 2016		
Signature	Date			

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FOR L	INE 24	OF F	ORM 3X

		FOR LINE 24 OF FORM 3X		
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 48-hour report New report	Amends report fil	led on Man / Dab / Yayayay		
Full Name of Payee	Memo Item	Date of Public Distribution/Dissemination		
California Nurses Association		04 / 18 / 2016		
Mailing Address 155 Grand Avenue		Amount		
City State Zip Cod	le	445.50		
Oakland CA 94612		Transaction ID : D712736 Date of Disbursement or Obligation		
Purpose of Expenditure Payroll Category Ty	ory/ ype	04 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate	Support Of	fice Sought: House District: 00		
Bernie Sanders		X President Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought 2042683		sbursement For:		
Full Name of Page	☐ Memo Item			
Full Name of Payee Spartan Daily Advertising DBH 209i	_ Memoritem	Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address One Washington Square		Amount		
City State Zip Cod	de	1585.72		
San Jose CA 95192		Transaction ID : D712737 Date of Disbursement or Obligation		
Purpose of Expenditure Advertising Category Ty	ory/ ype	04 / 18 / 2016		
Name of Federal Candidate	Support Of	ffice Sought: House District:00		
Bernie Sanders	=	President Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought 2042683		sbursement For:		
(a) SUBTOTAL of Itemized Independent Expenditures		2031.22		
		7 1 7 1 7		
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	7 7 7		
(c) TOTAL Independent Expenditures	·····			
Under penalty of perjury I certify that the independent expenditures reported with, or at the request or suggestion of, any candidate or authorized committ party committee) any political party committee or its agent.				
Martha Kuhl [Electronically File	ed] Date	07 15 2016		
Signature	24.0			

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FOR L	INE 24	OF F	ORM 3X

		FOR LINE 24 OF FORM 3X		
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection FEC IDENTIFICATION NUMBER 1				
National Nurses United for Patient Protection		C C00490375		
Check if 24-hour report 48-hour report New rep	ort Amends repor	t filed on Man / Dab / Yayayay		
Full Name of Payee	☐ Memo Ite	m Date of Public Distribution/Dissemination		
Autumn Press		04 / 18 / 2016		
Mailing Address 945 Camelia St		Amount		
City State	Zip Code	3070.61		
Berkeley CA	94710-1437	Transaction ID : D712739 Date of Disbursement or Obligation		
Purpose of Expenditure Printing	Category/ Type	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate	X Support	Office Sought: House District:00		
Bernie Sanders	Oppose	President Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought	2042683.54	Disbursement For: X Primary General 2016 Other (specify) ▶		
Full Name of Payee	Memo Iten			
Campaign Workshop		04 25 2016		
Mailing Address 1129 20th Street, Suite 200		Amount		
City State	Zip Code	470513.75		
Washington DC	20036	Transaction ID : D712984 Date of Disbursement or Obligation		
Purpose of Expenditure Printing	Category/ Type	04 18 2016		
Name of Federal Candidate	X Support	Office Sought: House District:00		
Bernie Sanders	Oppose	President Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought	2042683.54	Disbursement For:		
(a) SUBTOTAL of Itemized Independent Expenditures		473584.36		
		7 7 7		
(b) SUBTOTAL of Unitemized Independent Expenditures		•		
(c) TOTAL Independent Expenditures		•		
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.				
Martha Kuhl [Electron	ically Filed] Date	07 15 2016		
Signature				

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		FOR LINE 24 OF FORM 3X		
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection FEC IDENTIFICATION NUMBER **The committee of the				
National Nurses Officed for Patient Protection		C C00490375		
Check if 24-hour report 48-hour report New report	port Amends report	filed on M M / D D / Y Y Y Y Y		
Full Name of Payee National Nurses United	☐ Memo Iter	Date of Public Distribution/Dissemination		
Mailing Address		04 / 28 / 2016		
155 Grand Avenue		Amount		
City State	Zip Code	856.00		
Oakland CA	94612	Transaction ID : D734673 Date of Disbursement or Obligation		
Purpose of Expenditure Ad	Category/ Type	04 / 18 / 2016		
Name of Federal Candidate	X Support	Office Sought: House District:00		
Bernie Sanders	Oppose	President Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:		
Full Name of Payee	☐ Memo Item			
California Nurses Association	_ memo rem	Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 155 Grand Avenue		Amount		
City State	Zip Code	175.00		
Oakland CA	94612	Transaction ID: D734676 Date of Disbursement or Obligation		
Purpose of Expenditure Online Ad	Category/ Type	04 / 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate	X Support	Office Sought: House District:00		
Bernie Sanders	Oppose	President Senate State: DC		
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: X Primary General 2016 Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures		1031.00		
(b) SUBTOTAL of Unitemized Independent Expenditures		•		
(c) TOTAL Independent Expenditures		•		
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.				
Martha Kuhl [Electron	nically Filed] Date	07 15 2016		
Signature				

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	FOR LINE 24 OF FORM 3X			
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection FEC IDENTIFICATION NUMBER				
rvational nuises officed for Patient Protection	C C00490375			
Check if 24-hour report 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y			
Full Name of Payee	Date of Public Distribution/Dissemination			
Bus Bank	04 / 29 / 2016			
Mailing Address 820 West Jackson	Amount			
Suite 815				
City State Zip Code Chicago IL 60607	17634.79 Transaction ID : D734678			
	Date of Disbursement or Obligation			
Purpose of Expenditure Travel Category/ Type	M M / 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate Support Office	Sought: House District: 00			
Dannia Candara	President Senate State: DC			
Calendar Year-To-Date Per Election for Office Sought 833324.95 Disbu 2016	rrsement For: X Primary General			
	Other (specify) -			
Full Name of Payee	Date of Public Distribution/Dissemination			
Mailing Address 820 West Jackson	05 09 2016 Amount			
Suite 815				
City State Zip Code	70539.13			
Chicago IL 60607	Transaction ID: D734753 Date of Disbursement or Obligation			
Purpose of Expenditure Travel Category/ Type	04 / 18 / 2016			
Name of Federal Candidate Support Office	e Sought: House District:00			
• •	President Senate State: CA			
Calendar Year-To-Date Disbut	ursement For:			
Per Election for Office Sought 2042683.54 2016	Other (specify) -			
(a) SUBTOTAL of Itemized Independent Expenditures	88173.92			
(b) SUBTOTAL of Unitemized Independent Expenditures				
	7 7			
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.				
Martha Kuhl [Electronically Filed] Date	7 15 2016			
Signature				

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		TOTT LINE 24 OF TOTAL 3X		
NAME OF COMMITTEE (In Full) National Number ■ FEC IDENTIFICATION NUMBER ■				
National Nurses United for Patient Protection C C00490375				
Check if 24-hour report 48-hour report New report	t Amends report fi	led on Man / Dad / Yayayay		
Full Name of Payee	☐ Memo Item	Date of Public Distribution/Dissemination		
Bus Bank		05 03 / 2016		
Mailing Address 820 West Jackson		Amount		
Suite 815				
	Zip Code	14695.65		
	60607	Transaction ID: D734754 Date of Disbursement or Obligation		
Purpose of Expenditure Travel	Category/ Type	04 18 2016		
Name of Federal Candidate	X Support Of	ffice Sought: House District: 00		
Bernie Sanders	Oppose	President Senate State: OR		
Calendar Year-To-Date Per Election for Office Sought		sbursement For: X Primary General 116 Other (specify) ▶		
Full Name of Payee	Memo Item	Date of Public Distribution/Dissemination		
Bus Bank		04 27 2016		
Mailing Address 820 West Jackson		Amount		
Suite 815	7'- O-d-	5878.26		
	Zip Code 60607	Transaction ID : D734755		
Purpose of Expenditure	0-1	Date of Disbursement or Obligation		
Travel	Category/ Type	04 18 2016		
Name of Federal Candidate	X Support Of	ffice Sought: House District:00		
Bernie Sanders		President Senate State: WV		
Calendar Year-To-Date		isbursement For: X Primary General		
Per Election for Office Sought	3676.20	Other (specify) -		
(a) SUBTOTAL of Itemized Independent Expenditures	·····	20573.91		
(b) SUBTOTAL of Unitemized Independent Expenditures	·····			
(c) TOTAL Independent Expenditures	······································			
Under penalty of perjury I certify that the independent expenditures rewith, or at the request or suggestion of, any candidate or authorized of party committee) any political party committee or its agent.		·		
Martha Kuhl [Electronica	ally Filed]	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Signature	Date			

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		FOR LINE 24 OF FORM 3X		
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection FEC IDENTIFICATION NUMBER **The committee of the				
TVALIGNAL TVALSES OFFICE TO FALLETT FTOLECTION		C C00490375		
Check if 24-hour report 48-hour report New re	port Amends report	filed on Man / Dad / Yayayay		
Full Name of Payee Bus Bank	Memo Item	Date of Public Distribution/Dissemination		
Mailing Address		04 / 18 / 2016		
820 West Jackson		Amount		
Suite 815 City State	Zip Code	20573.91		
Chicago IL	60607	Transaction ID : D712762 Date of Disbursement or Obligation		
Purpose of Expenditure Travel	Category/ Type	04 19 2016		
Name of Federal Candidate	Support C	Office Sought: House District:00		
Bernie Sanders		President Senate State: PA		
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:		
Full Name of Payee	☐ Memo Item	Date of Public Distribution/Dissemination		
Autumn Press		04 20 / Y Y 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	2005.27		
Berkeley CA	94710-1437	Transaction ID : D712949 Date of Disbursement or Obligation		
Purpose of Expenditure Printing	Category/ Type	04 / 19 / 2016		
Name of Federal Candidate	X Support C	Office Sought: House District:00		
Bernie Sanders	Oppose	President Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:		
(a) SUBTOTAL of Itemized Independent Expenditures		22579.18		
	,			
(b) SUBTOTAL of Unitemized Independent Expenditures		·		
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.				
Martha Kuhl [Electro	nically Filed] Date	07 15 2016		
Signature				

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FOR	LINE	24	OF	FOF	RM	ЗХ

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NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼
National Nurses Office for Patient Protection		C C00490375
Check if 24-hour report 48-hour report New report	ort Amends report	filed on M M M / D D / Y Y Y Y Y Y
Full Name of Payee Bus Bank	Memo Item	Date of Public Distribution/Dissemination
Mailing Address		04 25 / 2016
820 West Jackson		Amount
Suite 815 City State	Zip Code	5878.26
Chicago IL	60607	Transaction ID : D712986 Date of Disbursement or Obligation
Purpose of Expenditure Travel	Category/ Type	04 19 / 2016
Name of Federal Candidate	Support C	Office Sought: House District: 00
Bernie Sanders	Oppose	President Senate State: MD
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:
Full Name of Payee	☐ Memo Item	Date of Public Distribution/Dissemination
California Nurses Association		04 18 2016
Mailing Address 155 Grand Avenue		Amount
City State	Zip Code	100.00
Oakland CA	94612	Transaction ID : D734677 Date of Disbursement or Obligation
Purpose of Expenditure Online Ad	Category/ Type	04 / 19 / 2016
Name of Federal Candidate	Support C	Office Sought: House District:00
Bernie Sanders	Oppose	President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures)	5978.26
(b) SUBTOTAL of Unitemized Independent Expenditures		
		7 7 7
(c) TOTAL Independent Expenditures)	
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.	•	
Martha Kuhl [Electron	ically Filed] Date	07 15 2016
Signature	_ Date	

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			FOR LINE 24 OF FORM 3X	
NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER TO STATE OF THE PROPERTY OF THE PROPE				
National Nurses United for Patient Protection		C C00490375		
Check if 24-hour report 48-hour report New report	ort Amends repor	t filed on	M / D D / Y D Y D	
Full Name of Payee	☐ Memo Ite	m Date of	Public Distribution/Dissemination	
National Nurses United			04 18 2016	
Mailing Address 155 Grand Avenue		Amount	t	
City State	Zip Code		384.75	
Oakland CA	94612		tion ID: D712961 Disbursement or Obligation	
Purpose of Expenditure Payroll	Category/ Type	М	04 20 / Y Y Y Y Y Y	
Name of Federal Candidate	Support	Office Sought:	House District: 00	
Bernie Sanders	Oppose	X Presider		
Calendar Year-To-Date Per Election for Office Sought	2042683.54	Disbursement 2016	For:	
Full Name of Payee	Memo Iter	.		
National Nurses United	_ memorite	Date of	f Public Distribution/Dissemination 17 2016	
Mailing Address 155 Grand Avenue		Amoun	لىننى لىا ك	
City State	Zip Code		121.50	
Oakland CA	94612		tion ID: D712962 f Disbursement or Obligation	
Purpose of Expenditure Payroll	Category/ Type	M	04 20 2016	
Name of Federal Candidate	X Support	Office Sought:	House District: 00	
Bernie Sanders	Oppose	Presider	nt Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought	2042683.54	Disbursement 2016 Oth	For:	
(a) SUBTOTAL of Itemized Independent Expenditures			506.25	
			7 7 7	
(b) SUBTOTAL of Unitemized Independent Expenditures		•	7	
(c) TOTAL Independent Expenditures		· [7	
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.				
Martha Kuhl [Electroni	ically Filed] Date	M M /	15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Signature				

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FOR L	INE 24	OF FO	ORM 3X		
DENTIFICATION NUMBER ▼					

		TOTT LINE 24 OF TOTHW 3X
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼
TVALIONAL INCISES OFFICE TOFF ALIENT FOLECTION		C C00490375
Check if 24-hour report 48-hour report New report	Amends report filed	on M M / D D / Y Y Y Y Y
Full Name of Payee National Nurses United	Memo Item	Date of Public Distribution/Dissemination
Mailing Address 455 Crand Avenue		04 / 16 / 2016
155 Grand Avenue		Amount
City State Zip	Code	94.50
Oakland CA 94	612	Transaction ID: D712963 Date of Disbursement or Obligation
Purpose of Expenditure Payroll C	ategory/ Type	M 04 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office	Sought: House District:00
Bernie Sanders		President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought 204	Disbut 42683.54 2016	rsement For: Primary General
		Other (specify) -
Full Name of Payee National Nurses United	Memo Item	Date of Public Distribution/Dissemination
Mailing Address 155 Grand Avenue		04 19 2016 Amount
City State Zip	o Code	175.00
		Transaction ID : D712964 Date of Disbursement or Obligation
Purpose of Expenditure Online Ad	ategory/ Type	04 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support Office	Sought: House District: 00
Bernie Sanders		President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	Disbu 2016	rsement For:
(a) SUBTOTAL of Itemized Independent Expenditures		269.50
	,	7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	····	7 7
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent expenditures rep with, or at the request or suggestion of, any candidate or authorized corparty committee) any political party committee or its agent.		·
Martha Kuhl [Electronicall	ly Filed] Date 07	7 15 2016
Signature	Date	

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FOR L	NE 24	OF F	ORM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protection		C C00490375
Check if 24-hour report 48-hour report New rep	port Amends report	filed on Man / Dad / Yayayay
Full Name of Payee	Memo Iter	n Date of Public Distribution/Dissemination
The Oakstone Company Mailing Address 5757 W Control Physics		04 / 29 / 2016
5757 W Century Blvd		Amount
#700 City State	Zin Codo	26500.00
City State Los Angeles CA	Zip Code 90045	Transaction ID : D734684 Date of Disbursement or Obligation
Purpose of Expenditure Ad	Category/ Type	04 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support	Office Sought: House District: 00
Bernie Sanders	Oppose	President Senate State: CA
		Disbursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought		Other (specify) ►
Full Name of Payee	☐ Memo Item	Date of Public Distribution/Dissemination
Michael Konopacki		04 21 Y Y Y Y
Mailing Address PO Box 1917		Amount
City State	Zip Code	1800.00
Madison WI	53701-1917	Transaction ID: D712950 Date of Disbursement or Obligation
Purpose of Expenditure Cartoon	Category/ Type	04 / 21 / 2016
Name of Federal Candidate	Support	Office Sought: House District: 00
Bernie Sanders	Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		28300.00
(b) SUBTOTAL of Unitemized Independent Expenditures		>
(c) TOTAL Independent Expenditures		•
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
Martha Kuhl [Electron	nically Filed] Date	07 15 2016
Signature		

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FOR L	INE 24	OF F	ORM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protection		C C00490375
Check if 24-hour report 48-hour report New report	port Amends report	filed on Mam / Dab / Yayayay
Full Name of Payee Javier Moreno Polllaroio	Memo Iter	n Date of Public Distribution/Dissemination
Mailing Address 4524 2rd Ave		04 / 21 / 2016
1521 3rd Ave		Amount
City State	Zip Code	30.00
Oakland CA	94606	Transaction ID : D712951 Date of Disbursement or Obligation
Purpose of Expenditure Translation Services	Category/ Type	04 / 21 / 2016
Name of Federal Candidate	X Support	Office Sought: House District: 00
Bernie Sanders	Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:
Full Name of Payee	☐ Memo Item	
Autumn Press		Date of Public Distribution/Dissernination
Mailing Address 945 Camelia St		Amount
City State	Zip Code	1870.90
Berkeley CA	94710-1437	Transaction ID: D712952 Date of Disbursement or Obligation
Purpose of Expenditure Printing	Category/ Type	04 / 21 / 2016
Name of Federal Candidate	X Support	Office Sought: House District:00
Bernie Sanders	Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		1900.90
(b) SUBTOTAL of Unitemized Independent Expenditures		>
(c) TOTAL Independent Expenditures		>
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
Martha Kuhl [Electro	onically Filed] Date	07 15 2016
Signature		

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FOR LI	NE 24	OF	FORM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protection		C C00490375
Check if 24-hour report 48-hour report New	report Amends report fi	iled on
Full Name of Payee	☐ Memo Item	Date of Public Distribution/Dissemination
Alliance Graphics Mailing Address 4404 8th Street		04 21 2016
1101 8th Street		Amount
City State	Zip Code	3639.63
Berkeley CA	94710	Transaction ID: D712953 Date of Disbursement or Obligation
Purpose of Expenditure Printing	Category/ Type	04 21 / 2016
Name of Federal Candidate	Support Of	ffice Sought: House District:00
Bernie Sanders		President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		isbursement For: Primary General Other (specify) ▶
Full Name of Payee	☐ Memo Item	Date of Public Distribution/Dissemination
Alliance Graphics		04 21 2016
Mailing Address 1101 8th Street		Amount
City State	Zip Code	20247.37
Berkeley CA	94710	Transaction ID : D712954 Date of Disbursement or Obligation
Purpose of Expenditure Printing	Category/ Type	04 21 7 2016
Name of Federal Candidate	X Support O	office Sought: House District:00
Bernie Sanders		President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		isbursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures		23887.00
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	•	
Under penalty of perjury I certify that the independent expenditu with, or at the request or suggestion of, any candidate or author party committee) any political party committee or its agent.		
Martha Kuhl [Elec	tronically Filed] Date	07 15 2016
Signature		

PAGE	79	OF		
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		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼
TVALIGNAL TVALSES OFFICE TOFF ALIENT TOTECTION		C C00490375
Check if 24-hour report 48-hour report New re	port Amends report	filed on Mam / Dab / Yayayay
Full Name of Payee National Nurses United	☐ Memo Iten	Date of Public Distribution/Dissemination
Mailing Address 455 Crand Avenue		04 / 20 / Y Y Y Y Y
155 Grand Avenue		Amount
City State	Zip Code	276.75
Oakland CA	94612	Transaction ID : D712955 Date of Disbursement or Obligation
Purpose of Expenditure Payroll	Category/ Type	04 / 21 / 2016
Name of Federal Candidate	Support (Office Sought: House District:00
Bernie Sanders	Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☐ General Other (specify) ►
Full Name of Payee	Memo Item	Date of Public Distribution/Dissemination
National Nurses United		04 20 2016
Mailing Address 155 Grand Avenue		Amount
City State	Zip Code	100.00
Oakland CA	94612	Transaction ID : D712956 Date of Disbursement or Obligation
Purpose of Expenditure Online Ad	Category/ Type	04 / 21 / 2016
Name of Federal Candidate	X Support	Office Sought: House District:00
Bernie Sanders	Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		376.75
(b) SUBTOTAL of Unitemized Independent Expenditures		>
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
Martha Kuhl [Electro	onically Filed] Date	07 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

PAGE	80	OF	153
FOR LI	NE 24	OF FO	ORM 3X
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NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼
National Nurses Officed for Patient Protection		C C00490375
Check if 24-hour report 48-hour report New report	ort Amends report	filed on Mam / Dab / Yayayay
Full Name of Payee National Nurses United	☐ Memo Iten	Date of Public Distribution/Dissemination
Mailing Address		04 / 19 / 2016
155 Grand Avenue		Amount
City State	Zip Code	364.50
Oakland CA	94612	Transaction ID : D712957 Date of Disbursement or Obligation
Purpose of Expenditure Payroll	Category/ Type	04 / 21 / 2016
Name of Federal Candidate	Support (Office Sought: House District: 00
Bernie Sanders	Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General
		Other (specify) ▶
Full Name of Payee National Nurses United	☐ Memo Item	M M / D D / Y Y Y Y
Mailing Address 155 Grand Avenue		04
City State	Zip Code	324.00
Oakland CA	94612	Transaction ID : D712958 Date of Disbursement or Obligation
Purpose of Expenditure Payroll	Category/ Type	04 21 2016
Name of Federal Candidate	Support	Office Sought: House District:00
Bernie Sanders	Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		688.50
(b) CUPTOTAL of Heiteriand Independent Formediture		
(b) SUBTOTAL of Unitemized Independent Expenditures)
(c) TOTAL Independent Expenditures		>
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.	•	
Martha Kuhl [Electroni	ically Filed]	07 15 2016
Signature	Date Date	

PAGE 81 OF 153 FOR LINE 24 OF FORM 3X
FEC IDENTIFICATION NUMBER ▼
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ate of Public Distribution/Dissemination
04 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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nsaction ID : D712959 ate of Disbursement or Obligation
04 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ught: House District: 00
esident Senate State: <u>CA</u>
ment For: X Primary General
Other (specify)
ate of Public Distribution/Dissemination
04 16 2016
mount
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nsaction ID : D712960 ate of Disbursement or Obligation
04 / 21 / 2016
ought: House District: 00
esident Senate State: CA
ment For: X Primary General
Other (specify) ▶
390.25

	ME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protection				
				C C00490375
Check if 24-hour report 48-hour report New report Amends report filed on				
П	Full Name of Payee	☐ Memo Ite	em	Date of Public Distribution/Dissemination
	National Nurses United			M M / D D / Y Y Y Y
	Mailing Address			04 15 2016
	155 Grand Avenue			Amount
ı	City State	Zip Code		290.25
	Oakland CA	94612		Transaction ID : D712959 Date of Disbursement or Obligation
	Purpose of Expenditure Payroll	Category/ Type		04 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate	Support	Office	Sought: House District: 00
	Bernie Sanders	Oppose		President Senate State: CA
ı	Calendar Year-To-Date		Disbu	rsement For: X Primary General
	Per Election for Office Sought	2042683.54	2016	Other (specify)
	Full Name of Payee	☐ Memo Ite	m	Date of Public Distribution/Dissemination
	National Nurses United			04 16 2016
	Mailing Address 155 Grand Avenue			Amount
	City	7:- Cada		100.00
	City State Oakland CA	Zip Code		Transaction ID : D712960
	Oakland CA	94612		Date of Disbursement or Obligation
	Purpose of Expenditure Online Ad	Category/ Type		04 21 2016
	Name of Federal Candidate	V 0	0(:	Sought: House District: 00
	Bernie Sanders	Support		riouse District.
	Define Sanders	Oppose	X	President Senate State: CA
	Calendar Year-To-Date Per Election for Office Sought	2042683.54	Disbu 2016	
	7			Other (specify) -
	(a) SUBTOTAL of Itemized Independent Expenditures			390.25
	(b) SUBTOTAL of Unitemized Independent Expenditures			
	· ,			7 7 1 7
	(c) TOTAL Independent Expenditures			
	•			195 1 195 1 105
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 [Electron	nically Filed]	M 0	7 15 2016
	Signature	Date		2010

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			FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		F	FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protection			C C00490375
Check if 24-hour report 48-hour report New report	ort Amends repo	t filed on	M / D D / Y D Y D
Full Name of Payee	☐ Memo Ite	m Date of	Public Distribution/Dissemination
Alliance Graphics			04 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1101 8th Street		Amoun	t
City State	Zip Code		1437.82
Berkeley CA	94710		tion ID : D712978 Disbursement or Obligation
Purpose of Expenditure Printing	Category/ Type	М	04 / 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support	Office Sought:	House District: 00
Bernie Sanders	Oppose	X Presider	
Calendar Year-To-Date Per Election for Office Sought	2042683.54	Disbursement 2016 Oth	For:
Full Name of Payee	Memo Iter	.	
National Nurses United	_ memo itel	Date of	f Public Distribution/Dissemination
Mailing Address 155 Grand Avenue		Amoun	لىننى لىا ك
City State	Zip Code		200.00
Oakland CA	94612		tion ID : D712975 f Disbursement or Obligation
Purpose of Expenditure Online Ad	Category/ Type	M	04 / 22 / 2016
Name of Federal Candidate	X Support	Office Sought:	House District: 00
Bernie Sanders	Oppose	X Presider	nt Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	2042683.54	Disbursement 2016 Oth	For:
(a) SUBTOTAL of Itemized Independent Expenditures			1637.82
			7 1 7 1 7
(b) SUBTOTAL of Unitemized Independent Expenditures		-	7 7 7
(c) TOTAL Independent Expenditures		•	7 7 7
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.			
Martha Kuhl [Electroni	ically Filed] Date	M M / / 07	15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	Bate		

NAME OF COMMITTEE (In Full)

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FEC IDENTIFICATION NUMBER ▼
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04 23 7 2016
t
1870.90
tion ID : D712976 f Disbursement or Obligation
04 / 22 / 2016
: House District:00
nt Senate State: <u>CA</u>
For: Primary General
her (specify)
f Public Distribution/Dissemination
04 22 7 2016
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ction ID: D712977 If Disbursement or Obligation

National Nurses United for Patient Protection		C C00490375	
Check if 24-hour report 48-hour report New rep	port Amends repor	t filed on	
Full Name of Payee	Memo Ite	m Date of Public Distribution/Dissemination	
Autumn Press		04 23 Y Y 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	1870.90	
Berkeley CA	94710-1437	Transaction ID : D712976 Date of Disbursement or Obligation	
Purpose of Expenditure Printing	Category/ Type	04 / 22 / 2016	
Name of Federal Candidate	X Support	Office Sought: House District:00	
Bernie Sanders	Oppose	President Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought	2042683.54	Disbursement For:	
Full Name of Payee	☐ Memo Iter	n Date of Public Distribution/Dissemination	
Alliance Graphics		04	
Mailing Address 1101 8th Street		Amount	
City State	Zip Code	1603.33	
Berkeley CA	94710	Transaction ID : D712977 Date of Disbursement or Obligation	
Purpose of Expenditure Printing	Category/ Type	04 22 2016	
Name of Federal Candidate	Support	Office Sought: House District:00	
Bernie Sanders	Oppose	President Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought	2042683.54	Disbursement For: Primary General 2016	
1 of Elocation to Samos Googin		Other (specify) ►	
(a) SUBTOTAL of Itemized Independent Expenditures		3474.23	
(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 [Electron	nically Filed]	07 15 2016	
Signature	Date	2010	

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FOR LI	NE 24	OF F	ORM 3X	
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	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protection	C C00490375
Check if 24-hour report 48-hour report New report Amends	report filed on
	emo Item Date of Public Distribution/Dissemination
National Nurses United	04
Mailing Address 155 Grand Avenue	Amount
City State Zip Code	891.00
Oakland CA 94612	Transaction ID: D712979 Date of Disbursement or Obligation
Purpose of Expenditure Payroll Category/ Type	04 22 7 2016
Name of Federal Candidate Suppo	ort Office Sought: House District:00
Bernie Sanders Oppos	
Calendar Year-To-Date Per Election for Office Sought 2042683.54	Disbursement For:
Full Name of Payee	
The Golden Rain Foundation	Date of Public Distribution/Dissemination 04 04 07 08 09 09 09 09 09 09 09 09 09
Mailing Address 800 Rockview Dr	Amount
City State Zip Code	1300.00
Walnut Creek CA 94595	Transaction ID: D734681 Date of Disbursement or Obligation
Purpose of Expenditure Ad Category/ Type	04 DDD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Suppo	ort Office Sought: House District: 00
Bernie Sanders Oppos	
Calendar Year-To-Date Per Election for Office Sought 2042683.54	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	2191.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	······································
Under penalty of perjury I certify that the independent expenditures reported herein with, or at the request or suggestion of, any candidate or authorized committee or agreement party committee) any political party committee or its agent.	
Martha Kuhl [Electronically Filed]	Date 07 15 2016
Signature	

PAGE	85	,	OF	=	153	
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		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼
Tradional rivinses officed for Patient Protection		C C00490375
Check if 24-hour report 48-hour report New rep	port Amends report	filed on MMM / DDD / YYYYY
Full Name of Payee Herburger Publications, Inc.	☐ Memo Iter	m Date of Public Distribution/Dissemination
Mailing Addrass		04 / 27 / 2016
604 N Lincoln Way		Amount
City State	Zip Code	1386.00
Galt CA	95632	Transaction ID : D734682 Date of Disbursement or Obligation
Purpose of Expenditure Ad	Category/ Type	04 / 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support	Office Sought: House District:00
Bernie Sanders	Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:
Full Name of Payee	Memo Item	
Latino Print Network	_	05 01 2016
Mailing Address 3445 Catalina Dr		Amount
City State	Zip Code	47300.00
Carlsbad CA	92010	Transaction ID : D734719 Date of Disbursement or Obligation
Purpose of Expenditure Ad	Category/ Type	M 04 / D2D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support	Office Sought: House District:00
Bernie Sanders	Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	2042683.54	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		48686.00
(b) SUBTOTAL of Unitemized Independent Expenditures		>
(c) TOTAL Independent Expenditures		•
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
Martha Kuhl [Electron	nically Filed] Date	07 15 2016
Signature		

PAGE	86	OF	153			
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			FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		I	FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protection			C C00490375
Check if 24-hour report 48-hour report New report	ort Amends repor		M / D D / Y D Y D
Full Name of Payee	☐ Memo Ite	m Date of	f Public Distribution/Dissemination
National Nurses United			04
Mailing Address 155 Grand Avenue		Amoun	t
City State	Zip Code		100.00
Oakland CA	94612		tion ID : D712987 f Disbursement or Obligation
Purpose of Expenditure Online Ad	Category/ Type	M	04 / 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support	Office Sought:	: House District:00
Bernie Sanders	Oppose	X Presider	
Calendar Year-To-Date Per Election for Office Sought	833324.95	Disbursement 2016 Oth	For:
Full Name of Payee	☐ Memo Iter	.	f Public Distribution/Dissemination
National Nurses United		M	04 23 2016
Mailing Address 155 Grand Avenue		Amoun	nt
City State	Zip Code		162.00
Oakland CA	94612	I	tion ID: D712994 f Disbursement or Obligation
Purpose of Expenditure Payroll	Category/ Type	M	04 25 2016
Name of Federal Candidate	X Support	Office Sought	: House District:00
Bernie Sanders	Oppose	X Preside	nt Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	2042683.54	Disbursement 2016 Ott	For: X Primary General her (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			262.00
(b) SUBTOTAL of Unitemized Independent Expenditures		•	
(c) TOTAL Independent Expenditures		•	47. 1 47. 1 47. 1
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.			
Martha Kuhl [Electron.	ically Filed] Date	M M /	15 / Y = Y = Y = Y
Signature	_		

PAGE	87	OF	153 ORM 3X
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NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protection		C C00490375
Check if 24-hour report 48-hour report New report	ort Amends report	t filed on
Full Name of Payee	Memo Ite	m Date of Public Distribution/Dissemination
National Nurses United		04 23 7 2016
Mailing Address 155 Grand Avenue		Amount
City State	Zip Code	112.00
Oakland CA	94612	Transaction ID : D734667 Date of Disbursement or Obligation
Purpose of Expenditure Payroll	Category/ Type	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support	Office Sought: House District:00
Bernie Sanders	Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General Other (specify) Other
Full Name of Payee	Memo Iten	
National Nurses United	_ memo nem	Date of Public Distribution/Dissemination 04 04 04 04 04 05 06 07 07 07 07 07 07 07 07 07
Mailing Address 155 Grand Avenue		Amount
City State	Zip Code	108.00
Oakland CA	94612	Transaction ID : D734669 Date of Disbursement or Obligation
Purpose of Expenditure Payroll	Category/ Type	04 / 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support	Office Sought: House District:00
Bernie Sanders	Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	2042683.54	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		220.00
(b) SUBTOTAL of Unitemized Independent Expenditures		· // // // // // // // // // // // // //
(c) TOTAL Independent Expenditures		·
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
Martha Kuhl [Electroni	cally Filed] Date	07 15 / 2016
Signature		

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nt:	House [District:	00
	Senate	State: _	CA
	Primary		eneral
Other (speci	_		
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NAME OF COMMITTEE (In Full) Name of Light of far Dations Drate stick FEC IDENTIFICATION NUMBER ▼					
National Nurses United for Patier		C C00490375			
Check if 24-hour report 48-hour report New report Amends report filed on					
Full Name of Payee National Nurses United		☐ Memo It	em	Date of Public Distribution/Dissemination	
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Mailing Address 155 Grand Avenue				Amount	
City	State	Zip Code		506.25	
Oakland	CA	94612		Transaction ID: D734670 Date of Disbursement or Obligation	
Purpose of Expenditure Payroll		Category/ Type		04 26 2016	
Name of Federal Candidate		Support	Office	Sought: House District: 00	
Bernie Sanders		Oppose	X	President Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought		2042683.54	Disbu 2016	rsement For:	
Full Name of Payee		☐ Memo Ite	em	Date of Public Distribution/Dissemination	
National Nurses United				04 26 2016	
Mailing Address 155 Grand Avenue				Amount	
				475.00	
City Oakland	State CA	Zip Code 94612		175.00 Transaction ID : D734674	
Purpose of Expenditure		1		Date of Disbursement or Obligation	
Online Ad		Category/ Type	_	04 / 26 / 2016	
Name of Federal Candidate		X Support	Office	Sought: House District: 00	
Bernie Sanders		Oppose	X	President Senate State: CA	
Calendar Year-To-Date		2042683.54	Disbu 2016	rsement For: X Primary General	
Per Election for Office Sought		20.2000		Other (specify) >	
(a) SUBTOTAL of Itemized Independent Expe	enditures		▶	681.25	
(b) SUBTOTAL of Unitemized Independent E	xpenditures		▶	1 1 7 1 1 7 1 1 7 1	
(c) TOTAL Independent Expenditures			▶		
Under penalty of perjury I certify that the ind with, or at the request or suggestion of, any oparty committee) any political party committee	candidate or authorized				
Martha Kuhl	[Flactron	ically Filed]	M	M / D D / Y Y Y Y	
Signature	[Electroni	Date	9 07	7 15 2016	

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		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼
Tradional Nuises Office for Fallett Frotection		C C00490375
Check if 24-hour report 48-hour report New rep	port Amends report	filed on M M / D D / Y Y Y Y Y
Full Name of Payee The Cabrillo Voice	☐ Memo Iter	Date of Public Distribution/Dissemination
Mailing Address		04 / 26 / 2016
6500 Soquel Dr		Amount
City State	Zip Code	275.00
Aptos CA	95003	Transaction ID : D734680 Date of Disbursement or Obligation
Purpose of Expenditure Ad	Category/ Type	04 / 26 / 2016
Name of Federal Candidate	Support	Office Sought: House District:00
Bernie Sanders	Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General Other (opening)
	☐ Memo Item	Other (specify)
Full Name of Payee Bus Bank		Date of Public Distribution/Dissemination 02 22 2016
Mailing Address 820 West Jackson		Amount
Suite 815		
City State	Zip Code	15842.85
Chicago IL	60607	Transaction ID: D734651 Date of Disbursement or Obligation
Purpose of Expenditure Travel	Category/ Type	04 / 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support	Office Sought: House District:00
Bernie Sanders	Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	<u> </u>	16117.85
(b) SURTOTAL of Unitamized Independent Expanditures		
(b) SUBTOTAL of Unitemized Independent Expenditures		•
(c) TOTAL Independent Expenditures		>
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
Martha Kuhl [Electron	nically Filed] Date	07 15 2016
Signature	Bale	

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Form/Schedule: SE Transaction ID: D734651

Overage costs related to previously paid and reported expense.

Form/Schedule: Transaction ID:

DENTIFICATION NUMBER ▼ C00490375		PAGE FOR	91		OF OF FC	153 PRM 3X	-
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		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protection		C C00490375
Check if 24-hour report 48-hour report New report	ort Amends repor	t filed on M M / D D / Y Y Y Y Y
Full Name of Payee	☐ Memo Ite	Date of Public Distribution/Dissemination
National Nurses United		04 / 26 / Y Y Y Y Y Y Y
Mailing Address 155 Grand Avenue		Amount
City State	Zip Code	1113.75
Oakland CA	94612	Transaction ID : D734672 Date of Disbursement or Obligation
Purpose of Expenditure Payroll	Category/ Type	04 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support	Office Sought: House District: 00
Bernie Sanders	Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	2042683.54	Disbursement For: Primary General 2016 Other (specify)
Full Name of Payee	☐ Memo Iten	
National Nurses United	_ Memorien	Date of Public Distribution/Dissemination 04 27 2016
Mailing Address 155 Grand Avenue		Amount
City State	Zip Code	290.25
Oakland CA	94612	Transaction ID: D734679 Date of Disbursement or Obligation
Purpose of Expenditure Payroll	Category/ Type	04 / 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support	Office Sought: House District:00
Bernie Sanders	Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	2042683.54	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		1404.00
(b) SUBTOTAL of Unitemized Independent Expenditures		·
(c) TOTAL Independent Expenditures		•
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
Martha Kuhl [Electronic	cally Filed] Date	07 15 2016
Signature		

PAGE	92	OF	153 DRM 3X
FOR L	INE 24	OF FO	ORM 3X

			FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protection			C C00490375
Check if 24-hour report 48-hour report New report	ort Amends repo		M / D D / Y B Y B Y
Full Name of Payee	☐ Memo Ite	em Date o	of Public Distribution/Dissemination
Autumn Press			04 30 / 2016
Mailing Address 945 Camelia St		Amour	nt
City State	Zip Code		6348.59
Berkeley CA	94710-1437		ction ID : D734685 of Disbursement or Obligation
Purpose of Expenditure Printing	Category/ Type	M	04 29 / 2016
Name of Federal Candidate	X Support	Office Sought	: House District: 00
Bernie Sanders	Oppose	X Preside	
Calendar Year-To-Date Per Election for Office Sought	2042683.54	Disbursement 2016 Ot	t For:
Full Name of Payee	☐ Memo Ite		of Public Distribution/Dissemination
Alliance Graphics			04 30 2016
Mailing Address 1101 8th Street		Amoui	
City State	Zip Code	— I	3143.43
Berkeley CA	94710		ction ID : D743577 of Disbursement or Obligation
Purpose of Expenditure Printing	Category/ Type		04
Name of Federal Candidate	X Support	Office Sough	t: House District:00
Bernie Sanders	Oppose	X Preside	
Calendar Year-To-Date Per Election for Office Sought	2042683.54	Disbursement 2016 O	t For:
(a) SUBTOTAL of Itemized Independent Expenditures		.	9492.02
			7 1 7 1 7 1
(b) SUBTOTAL of Unitemized Independent Expenditures		•	7 7
(c) TOTAL Independent Expenditures		•	
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.			
Martha Kuhl [Electron	ically Filed] Date	M M /	15 2016
Signature			

SC ITE

Martha Kuhl

Signature

SCHEDULE E (FEC Form 3X)				
TEMIZED INDEPENDENT EXPENDIT	rures			PAGE 93 OF 153 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patie	ent Protection			C C00490375
Check if 24-hour report 48-hour report	port New re	eport Amends repo	ort filed or	n
Full Name of Payee		Memo It	tem r	Date of Public Distribution/Dissemination
Autumn Press				05 / 02 / 2016
Mailing Address 945 Camelia St			1	Amount
City	State	Zip Code		2019.53
Berkeley	CA	94710-1437		ransaction ID : D734722 Date of Disbursement or Obligation
Purpose of Expenditure Printing		Category/ Type		05 / 02 / 2016
Name of Federal Candidate		Support	Office S	Sought: House District: 00
Bernie Sanders		Oppose		President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		2042683.54	Disburse 2016	sement For:
Full Name of Payee Autumn Press		☐ Memo Ite	im l	Date of Public Distribution/Dissemination
Mailing Address 945 Camelia St				05 02 2016 Amount
City	State	Zip Code		4239.06
Berkeley	CA	94710-1437		ransaction ID : D734723 Date of Disbursement or Obligation
Purpose of Expenditure Printing		Category/ Type		05 / 02 / 2016
Name of Federal Candidate			Office S	Sought: House District: 00
Bernie Sanders		Oppose		President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		2042683.54	Disburs 2016	sement For:
(a) SUBTOTAL of Itemized Independent Ex	penditures		· [6258.59
(b) SUBTOTAL of Unitemized Independent	Expenditures		·· •	
(c) TOTAL Independent Expenditures			·· • [
Under penalty of perjury I certify that the ir with, or at the request or suggestion of, any party committee) any political party committee	y candidate or authorize			

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Date

PAGE	94	OF	153
FOR L	INE 24	OF	FORM 3X

		FOR LINE 24 OF FORM 3X		
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 re	port Amends report	filed on Man / Dad / Yayayay		
Full Name of Payee National Nurses United	Memo Iter	Date of Public Distribution/Dissemination		
		04 / 29 / 2016		
Mailing Address 155 Grand Avenue		Amount		
City State	Zip Code	411.75		
Oakland CA	94612	Transaction ID : D734724 Date of Disbursement or Obligation		
Purpose of Expenditure Payroll	Category/ Type	05 / 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate	X Support	Office Sought: House District: 00		
Bernie Sanders	Oppose	President Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General		
Full Name of Page	☐ Memo Item	Other (specify)		
Full Name of Payee National Nurses United	Memorien	M = M / D = D / Y = Y = Y		
Mailing Address 155 Grand Avenue		04		
City State	Zip Code	904.50		
Oakland CA	94612	Transaction ID : D734725 Date of Disbursement or Obligation		
Purpose of Expenditure Payroll	Category/ Type	05 / 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate	Support	Office Sought: House District:00		
Bernie Sanders	Oppose	President Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought	2042683.54	Disbursement For:		
(a) SUBTOTAL of Itemized Independent Expenditures		1316.25		
`,				
(b) SUBTOTAL of Unitemized Independent Expenditures		>		
(c) TOTAL Independent Expenditures		>		
Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.				
Martha Kuhl [Electro	onically Filed] Date	07 15 2016		
Signature				

PAGE 95 OF 153 FOR LINE 24 OF FORM 3X
EC IDENTIFICATION NUMBER ▼
C00490375
M / D = D / Y = Y = Y
Public Distribution/Dissemination
5 09 / Y Y Y Y Y
42500.00
on ID: D734751 Disbursement or Obligation
5 / 02 / 2016
House District: 00

	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protection	C C00490375
Check if 24-hour report 48-hour report New report Amends re	port filed on Man / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Launo Finit Network	05 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3445 Catalina Dr	Amount
City State Zip Code	42500.00
Carlsbad CA 92010	Transaction ID : D734751 Date of Disbursement or Obligation
Purpose of Expenditure Advertising Category/ Type	05 02 / 2016 2016
Name of Federal Candidate Support	Office Sought: House District: 00
Bernie Sanders Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought 2042683.54	Disbursement For:
Full Name of Payee	
National Nurses United	05 01 2016
Mailing Address 155 Grand Avenue	Amount
City State Zip Code	50.00
Oakland CA 94612	Transaction ID : D734748
Purpose of Expenditure Category/	Date of Disbursement or Obligation
Online Ad Type	05 03 2016
Name of Federal Candidate Support	Office Sought: House District: 00
Bernie Sanders Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought 2042683.54	Disbursement For: Primary General 2016
Per Election for Office Sought 2042683.54	Other (specify) ►
() OUD () () () () () () () () (
(a) SUBTOTAL of Itemized Independent Expenditures	42550.00
(b) SUBTOTAL of Unitemized Independent Expenditures	···· >
(c) TOTAL Independent Expenditures	
(C) TOTAL INdependent Experialities	····· •
Under penalty of perjury I certify that the independent expenditures reported herein wer with, or at the request or suggestion of, any candidate or authorized committee or agent party committee) any political party committee or its agent.	
Martha Kuhl	M M / D D / Y Y Y Y
[Electronically Filed] Signature	ate 07 15 2016

PAGE 96 OF 153 FOR LINE 24 OF FORM 3X

		TOTT LINE 24 OF TOTAL 3X		
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 rep	ort Amends report	filed on Mam / Dad / Yayayay		
Full Name of Payee National Nurses United	☐ Memo Item	Date of Public Distribution/Dissemination		
Mailing Address		05 / 02 / 2016		
155 Grand Avenue		Amount		
City State	Zip Code	350.00		
Oakland CA	94612	Transaction ID : D734749 Date of Disbursement or Obligation		
Purpose of Expenditure Online Ad	Category/ Type	05		
Name of Federal Candidate	Support C	Office Sought: House District: 00		
Bernie Sanders	Oppose	President Senate State: DC		
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: X Primary General O16 Other (specify) ►		
Full Name of Payee	☐ Memo Item			
National Nurses United	_ memo nem	Date of Public Distribution/Dissemination 05 02 2016		
Mailing Address 155 Grand Avenue		Amount		
City State	Zip Code	486.00		
Oakland CA	94612	Transaction ID : D734746 Date of Disbursement or Obligation		
Purpose of Expenditure Payroll	Category/ Type	05 / 04 / 2016		
Name of Federal Candidate	Support (Office Sought: House District:00		
Bernie Sanders	Oppose	President Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:		
(a) SUBTOTAL of Itemized Independent Expenditures		836.00		
(b) SUBTOTAL of Unitemized Independent Expenditures				
		7 7 7		
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.	•			
Martha Kuhl [Electron	ically Filed] Date	07 15 2016		
Signature	_ Date			

PAGE	97 LINE 24	OF	153
FOR	LINE 24	OF FO	ORM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼
National Nurses Office for Patient Protection		C C00490375
Check if 24-hour report 48-hour report New report Ar	mends report filed	i on Man / Dab / Yayayay
Full Name of Payee National Nurses United	Memo Item	Date of Public Distribution/Dissemination
		05 03 7 2016
Mailing Address 155 Grand Avenue		Amount
City State Zip Code		50.00
Oakland CA 94612		Transaction ID : D734747 Date of Disbursement or Obligation
Purpose of Expenditure Online Ad Category, Type		05 04 7 2016
Name of Federal Candidate	Support Office	e Sought: House District: 00
Bernie Sanders	Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought 2042683.5		ursement For:
Full Name of Payee	Memo Item	Date of Public Distribution/Dissemination
C.J.M. Productions	_	05 01 2016
Mailing Address 2015 Longhorn Cir		Amount
City State Zip Code		1086.00
Santa Rosa CA 95401		Transaction ID : D734757 Date of Disbursement or Obligation
Purpose of Expenditure Advertising Category, Type		05 04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office	e Sought: House District: 00
Bernie Sanders		President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		ursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	·····	1136.00
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	•	
Under penalty of perjury I certify that the independent expenditures reported h with, or at the request or suggestion of, any candidate or authorized committee party committee) any political party committee or its agent.		
Martha Kuhl [Electronically Filed]	Date 0	07 15 2016
Signature	- 32	

PAGE 98 FOR LINE 24	OF 153 4 OF FORM 3X				
FEC IDENTIFICATIO					
C C00490375					
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nsaction ID : D734745	924.75				
te of Disbursement or O	oligation				
05 05	2016				
ught: House D	District: 00				
sident Senate	State: CA				
nent For: X Primary General					
Other (specify)					
ate of Public Distribution/I					
ate of Public Distribution/I	Dissemination 2016				
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05 / 06 / nount	Y . Y . Y . Y				
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mount / 05 / 06 / nount	20.00				
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nount nsaction ID: D734766 ate of Disbursement or O oscillated of Disbursement or O ught: House II ssident Senate ment For: Primary	20.00 bligation 2016 2016 Colored Colored General 944.75				

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection Check if 24-hour report 48-hour report New report Amends report filed on Full Name of Payee Memo Item Dat **National Nurses United** Mailing Address 155 Grand Avenue Αm City State Zip Code CA Oakland 94612 Tran Purpose of Expenditure Category/ Payroll Type Name of Federal Candidate X Support Office So Bernie Sanders Oppose X Pre Disbursen Calendar Year-To-Date 2016 2042683.54 Per Election for Office Sought Memo Item Full Name of Payee Da National Nurses United Mailing Address 155 Grand Avenue An City State Zip Code Oakland CA 94612 Trar Da Purpose of Expenditure Category/ Online Ad Type Name of Federal Candidate Office Sor X Support Bernie Sanders Oppose X Pre Disburser Calendar Year-To-Date 2042683.54 2016 Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures..... (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] 2016 15 Date Signature

PAGE	99	OF	
FOR L	INE 24	OF FO	ORM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼
Tradional nuises officed for Fallent Flotection		C C00490375
Check if 24-hour report 48-hour report New report	port Amends report	filed on Mam / Dab / Yayayay
Full Name of Payee National Nurses United	☐ Memo Iten	Date of Public Distribution/Dissemination
Mailing Address		05 / 09 / 2016
155 Grand Avenue		Amount
City State	Zip Code	675.00
Oakland CA	94612	Transaction ID : D734767 Date of Disbursement or Obligation
Purpose of Expenditure Payroll	Category/ Type	05 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support	Office Sought: House District: 00
Bernie Sanders	Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General
Full Name of Davis	☐ Memo Item	Other (specify)
Full Name of Payee National Nurses United	□ Memortem	Date of Public Distribution/Dissemination Date of Public Distribution/Dissemination 05 05 2016
Mailing Address 155 Grand Avenue		Amount
City State	Zip Code	769.50
Oakland CA	94612	Transaction ID : D734768 Date of Disbursement or Obligation
Purpose of Expenditure Payroll	Category/ Type	05 / 09 / 2016
Name of Federal Candidate	X Support	Office Sought: House District: 00
Bernie Sanders	Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		1444.50
		7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures		•
(c) TOTAL Independent Expenditures		•
Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
Martha Kuhl [Electro	nically Filed] Date	07 15 2016
Signature	Date	

PAGE	100	OF	153 DRM 3X
FOR L	INE 24	OF F	ORM 3X

		FOR LINE 24 OF	FURIVI 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NU	MBER ▼
National Nurses United for Patient Protection		C C00490375	
Check if 24-hour report 48-hour report New rep	oort Amends repo		/ II Y II Y
Full Name of Payee	Memo Ite	m Date of Public Distribution/Disser	nination
Javier Moreno Polllaroio			2016
Mailing Address 1521 3rd Ave		Amount	
City State	Zip Code		20.00
Oakland CA	94606	Transaction ID : D734769 Date of Disbursement or Obligati	on
Purpose of Expenditure Translation Services	Category/ Type	M M / D D / Y	2016
Name of Federal Candidate	X Support	Office Sought: House Distric	:00
Bernie Sanders	Oppose	President Senate State	:CA
Calendar Year-To-Date Per Election for Office Sought	2042683.54	Disbursement For:	General
Full Name of Payee	☐ Memo Iter		
Autumn Press	_ memorica	M M / D D / Y	nination Y Y Y Y 2016
Mailing Address 945 Camelia St		Amount	2010
City State	Zip Code	55	556.90
Berkeley CA	94710-1437	Transaction ID : D734821 Date of Disbursement or Obligat	on
Purpose of Expenditure Printing	Category/ Type	M = M / D = D / Y =	2016
Name of Federal Candidate	X Support	Office Sought: House Distric	t:00
Bernie Sanders	Oppose	President Senate State	e:CA
Calendar Year-To-Date Per Election for Office Sought	2042683.54	Disbursement For:	General
(a) SUBTOTAL of Itemized Independent Expenditures		555	76.90
		7 7	T
(b) SUBTOTAL of Unitemized Independent Expenditures		>	-
(c) TOTAL Independent Expenditures		•	
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.			
Martha Kuhl [Electron	nically Filed] Date	07 15 / 2016	1
Signature			4

PAGE		OF	
FOR L	INE 24	OF F	ORM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	tion.	FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protec	uon	C C00490375
Check if 24-hour report 48-hour report	New report Amends report fi	led on Mam / Dab / Yayayay
Full Name of Payee Javier Moreno Polllaroio	☐ Memo Item	Date of Public Distribution/Dissemination
Mailing Address		03 31 / 2016
1521 3rd Ave		Amount
City Stat	e Zip Code	20.00
Oakland CA	94606	Transaction ID : D734823 Date of Disbursement or Obligation
Purpose of Expenditure Translation Services	Category/ Type	05 10 / 2016
Name of Federal Candidate	X Support Of	ffice Sought: House District:00
Bernie Sanders	Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		sbursement For: X Primary General 116 Other (specify) ▶
Full Name of Payee	Memo Item	Date of Public Distribution/Dissemination
Autumn Press		05 11 2016
Mailing Address 945 Camelia St		Amount
City Sta:	te Zip Code	3062.30
Berkeley CA	94710-1437	Transaction ID : D734822 Date of Disbursement or Obligation
Purpose of Expenditure Printing	Category/ Type	05 D 11 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support Of	ffice Sought: House District: 00
Bernie Sanders	Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		isbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		3082.30
(b) SUBTOTAL of Unitemized Independent Expenditures.		
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent ex with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent	authorized committee or agent of ei	
Martha Kuhl	[Electronically Filed] Date	07 15 2016
Signature	Date	

PAGE 102 OF 153 FOR LINE 24 OF FORM 3X							
FEC IDENTIFICATION NUMBER ▼							
C C00490375							
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of Public Distribution/Dissemination							
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	F COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Natio	nal Nurses United for Pat	ient Protection			C C00490375
Check if	24-hour report 48-hour r	eport New repo	ort Amends repo	rt filed	on M M / D D / Y Y Y Y Y
Full N	Name of Payee		Memo Ite	em	Date of Public Distribution/Dissemination
Jav	rier Moreno Polllaroio				05 12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailir	ng Address 1521 3rd Ave				Amount
City		State	Zip Code		38.52
Oakla	and	CA	94606		Transaction ID : D734824 Date of Disbursement or Obligation
	ose of Expenditure slation Services		Category/ Type		05 11 2016
Name	e of Federal Candidate		Support	Office	e Sought: House District: 00
Bern	ie Sanders		Oppose		President Senate State: CA
	Calendar Year-To-Date Per Election for Office Sought	7 7	2042683.54	Disbu 2016	ursement For:
	Name of Payee		☐ Memo Ite	m	Date of Public Distribution/Dissemination
	tional Nurses United				05 06 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Maili	ng Address 155 Grand Avenue				Amount
City		State	Zip Code		54.00
Oak	land	CA	94612		Transaction ID: D734825 Date of Disbursement or Obligation
Purp Payı	ose of Expenditure roll		Category/ Type		05 / 11 / 2016
Nam	e of Federal Candidate		X Support	Office	e Sought: House District:00
Bern	nie Sanders		Oppose	X	President Senate State: CA
	Calendar Year-To-Date Per Election for Office Sought		2042683.54	Disbu 2016	ursement For:
					Other (speedify)?
(a) SI	JBTOTAL of Itemized Independent E	Expenditures		•	92.52
(b) Sl	JBTOTAL of Unitemized Independer	t Expenditures		•	
(c) TC	OTAL Independent Expenditures			•	
with, c		ny candidate or authorized			ade in cooperation, consultation, or concert r, or (if the reporting entity is not a political
	Martha Kuhl	[Electroni	ically Filed] Date	M 0	7 15 2016
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PAGE 103 OF 153 FOR LINE 24 OF FORM 3X
FEC IDENTIFICATION NUMBER ▼
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of Public Distribution/Dissemination
05 7 7 2016
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of Disbursement or Obligation
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nt: House District: 00
ent Senate State: CA
nt For: X Primary General
Other (specify) -
of Public Distribution/Dissemination
05 / 09 / 2016
ınt
513.00 action ID : D734827
of Disbursement or Obligation
05 / 11 / 2016
nt: House District:00
ent Senate State: CA
nt For: Primary General
Other (specify)
600.75

NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protection	C C00490375
	C C00490375
	M = M / D = D / Y = Y = Y
Check if 24-hour report 48-hour report New report Amends report file	d on
Full Name of Payee Memo Item	Date of Public Distribution/Dissemination
National Nurses United	M M / D D / Y Y Y Y
Mailing Address	05 07 2016
155 Grand Avenue	Amount
City State Zip Code	87.75
Oakland CA 94612	Transaction ID : D734826
Purpose of Expenditure	Date of Disbursement or Obligation
Payroll Category/ Type	05 11 2016
Name of Federal Candidate Support Office	ce Sought: House District:00
Daniela Canadana	President Senate State: CA
	pursement For: Primary General
Per Election for Office Sought 2042683.54 2010	6 —
Full Name of Pavee	Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
	05 09 2016
Mailing Address 155 Grand Avenue	Amount
City State Zip Code	513.00
Oakland CA 94612	Transaction ID : D734827
	Date of Disbursement or Obligation
Purpose of Expenditure Payroll Category/ Type	05 11 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	ce Sought: House District: 00
Bernie Sanders Oppose	President Senate State: CA
	bursement For: X Primary General
Per Election for Office Sought 2042683.54 201	6 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	600.75
	4 4
(b) SUBTOTAL of Unitemized Independent Expenditures	
	7 7 7
(c) TOTAL Independent Expenditures	
	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not n with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	
Martha Kuhl [Electronically Filed] Date	07 15 2016
Signature	

PAGE					
FOR	LINE	24	OF	FORM 3X	

			FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		F	FEC IDENTIFICATION NUMBER ▼
Tradional Nuises Office for Fatient Frotection			C C00490375
Check if 24-hour report 48-hour report New rep	port Amends repor	t filed on	/ D D / Y D Y D
Full Name of Payee Pacific News Service dba New America Media	☐ Memo Ite	m Date of	Public Distribution/Dissemination
			05 12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 209 9th St		Amount	
Suite 200	Zin Codo		44622.62
City State San Francisco CA	Zip Code 94103		44623.63 tion ID : D734828
Purpose of Expenditure	Category/	Date of	Disbursement or Obligation
Ad	Type		11 2016
Name of Federal Candidate	X Support	Office Sought:	House District: 00
Bernie Sanders	Oppose	X Presider	Senate State: CA
Calendar Year-To-Date	0040000 54	Disbursement	For: Primary General
Per Election for Office Sought	2042683.54	2016 Oth	ner (specify) ►
Full Name of Payee Pacific News Service dba New America Media	☐ Memo Iter	n Date of	Public Distribution/Dissemination
Facilic News Service upa New America Media			05 24 2016
Mailing Address 209 9th St		Amoun	<u> </u>
Suite 200			
City State San Francisco CA	Zip Code 94103	Transac	90599.48 tion ID : D734829
	94103		Disbursement or Obligation
Purpose of Expenditure Ad	Category/ Type		05 / 11 / 2016
Name of Federal Candidate	X Support	Office Sought:	House District:00
Bernie Sanders	Oppose	X Presider	nt Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	2042683.54	Disbursement 2016	
			ner (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures		•	135223.11
(b) SUBTOTAL of Unitemized Independent Expenditures		.	7
(a) TOTAL Independent Evrenditures			
(c) TOTAL Independent Expenditures		-	45 45 45
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.			
Martha Kuhl [Electron	nically Filed] Date	M M / / / / / / / / / / / / / / / / / /	15 2016
Signature			للثبيا لل

	aye# 201007 139020397290	= #1			
	CHEDULE E (FEC Form 3)				
	EMIZED INDEPENDENT EXPEND	HIUKES			PAGE 105 OF 153 FOR LINE 24 OF FORM 3X
NΔ	AME OF COMMITTEE (In Full)			—	<u> </u>
	National Nurses United for Pat	tient Protection			FEC IDENTIFICATION NUMBER ▼
_	ational Parious Stitles 13. 1				C C00490375
Ch	neck if 24-hour report 48-hour r	report New report	port Amends repo	ort filed	I on Man / Dad / Yayayay
	Full Name of Payee		☐ Memo It	tem	Date of Public Distribution/Dissemination
	National Nurses United				05 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 155 Grand Avenue				Amount
	City	State	Zip Code		735.75
-	Oakland	State	2ip Code 94612		735.75 Transaction ID : D734892
-		<u></u>	94012		Date of Disbursement or Obligation
	Purpose of Expenditure Payroll		Category/ Type		05 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate		Support	Office	e Sought: House District: 00
	Bernie Sanders		Oppose		President Senate State: CA
	Calendar Year-To-Date Per Election for Office Sought		2042683.54	Disbu 2016	
	Fel Election for Office Sought		20120311		Other (specify) ▶
	Full Name of Payee		☐ Memo Ite	em	Date of Public Distribution/Dissemination
	National Nurses United				05 11 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 155 Grand Avenue				Amount
	City	State	Zip Code		452.25
	Oakland	CA	94612		Transaction ID : D734897
					Date of Disbursement or Obligation
	Purpose of Expenditure Payroll		Category/ Type		05 / 12 / 2016
	Name of Federal Candidate		Support	Office	e Sought: House District:00
	Bernie Sanders		Oppose		President Senate State: CA
	Calendar Year-To-Date Per Election for Office Sought		2042683.54	Disbu 2016	ursement For: Primary General Other (specify)
_					
	(a) SUBTOTAL of Itemized Independent I	Expenditures		▶	1188.00
	(b) SUBTOTAL of Unitemized Independent	nt Expenditures		·· •	
	(c) TOTAL Independent Expenditures			·· •	
_	Under penalty of periury I certify that the	independent expenditures	reported herein were	not m	ade 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	07	15	/	2016
Signature						

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FOR L	INE 24	OF FO	ORM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼
Tradional nuises officed for Fatient Protection		C C00490375
Check if 24-hour report 48-hour report New re	eport Amends report	filed on M M / D D / Y Y Y Y Y
Full Name of Payee National Nurses United	☐ Memo Iten	Date of Public Distribution/Dissemination
Mailing Address		05 / 12 / 2016
155 Grand Avenue		Amount
City State	Zip Code	50.00
Oakland CA	94612	Transaction ID : D734943 Date of Disbursement or Obligation
Purpose of Expenditure Online Ad	Category/ Type	05 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support	Office Sought: House District:00
Bernie Sanders	Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☐ General Other (specify) ►
Full Name of Payee	☐ Memo Item	
UPTE UCLA	_ Memoricin	Date of Public Distribution/Dissemination Date of Public Distribution/Dissemination 17 2016
Mailing Address 1015 Gayley Ave		Amount
Suite 301		
City State	Zip Code	150.00
Los Angeles CA	91506	Transaction ID : D734944 Date of Disbursement or Obligation
Purpose of Expenditure Site Rental	Category/ Type	05 / 13 / 2016
Name of Federal Candidate	X Support	Office Sought: House District:00
Bernie Sanders	Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:
(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 expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
Martha Kuhl [Electro	onically Filed] Date	07 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

PAGE 107	OF 24 OF F	153 ORM 3X
DENTIFICATI	ON NUM	IBER ▼

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼
National Nurses Officed for Patient Protection		C C00490375
Check if 24-hour report 48-hour report New report	ort Amends report f	iled on Mam / Dad / Yayayay
Full Name of Payee UPTE UCLA	Memo Item	Date of Public Distribution/Dissemination
Mailing Address		05 31 / 2016
1015 Gayley Ave		Amount
Suite 301 City State	Zip Code	150.00
Los Angeles CA	91506	Transaction ID : D734946 Date of Disbursement or Obligation
Purpose of Expenditure Site Rental	Category/ Type	05 13 2016
Name of Federal Candidate	Support O	ffice Sought: House District:00
Bernie Sanders		President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		isbursement For: X Primary General 016 Other (specify) ▶
Full Name of Payee	Memo Item	Date of Public Distribution/Dissemination
National Nurses United		Date of Public Distribution/Dissernination M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 155 Grand Avenue		Amount
City State	Zip Code	3807.00
Oakland CA	94612	Transaction ID: D734962 Date of Disbursement or Obligation
Purpose of Expenditure Phone Banking	Category/ Type	05 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support O	office Sought: House District: 00
Bernie Sanders	Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		isbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		3957.00
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
Martha Kuhl [Electroni	cally Filed] Date	07 / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

mage# 201607159020597299 SCHEDULE E (FEC Form 3X)						
TEMIZED INDEPENDENT EXPENDITURES					PAGE 108	OF 153 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	. ((°			FEC I	DENTIFICATI	ON NUMBER ▼
National Nurses United for Patient Pro	otection			C	C00490375	
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	M = M	/ D D /	Y Y Y Y Y
Full Name of Payee Latino Print Network		☐ Memo Ite	em D	M M	/ D D /	/Dissemination
Mailing Address 3445 Catalina Dr			A	mount	23	2016
City	State	Zip Code	— [42500.00
Carlsbad	CA	92010			D: D734963 ursement or 0	
Purpose of Expenditure Advertising		Category/ Type		05	13	2016
Name of Federal Candidate		Support Support	Office So	ought:	House	District: 00
Bernie Sanders		Oppose	X Pr	esident	Senate	State: CA
Calendar Year-To-Date Per Election for Office Sought	7	2042683.54	Disburse 2016	ement For: Other (s	Primary	/ General
Full Name of Payee	_	☐ Memo Ite	m D	ate of Publ	ic Distribution	n/Dissemination
UPTE UCLA				05	24	2016
Mailing Address 1015 Gayley Ave			А	mount		
Suite 301	Ctata	Zin Codo	<u> —</u> г			150.00
City Los Angeles	State CA	Zip Code 91506			D : D735531 oursement or	
Purpose of Expenditure Site Rental		Category/ Type		M M M	13	2016
Name of Federal Candidate		X Support	Office S	ought:	House	District:00
Bernie Sanders		Oppose	X Pr	esident	Senate	State: CA
Calendar Year-To-Date Per Election for Office Sought	7 7	2042683.54	Disburse 2016	ement For:	Primary	y General
(a) SUBTOTAL of Itemized Independent Expenditure	es		, _[42650.00

				7			-7-				
(b) SUBTOTAL of Unitemized Independent Expenditures	г	7		_	7	-	_	_	_	_	
(b) COBTOTAL OF CHIROTIES OF Macportociti Exportations		-	-	-7-	-	-	-7-	_	_	-50	
(c) TOTAL Independent Expenditures	П	_			7				_	_	
C) 13 12 mosperidon Experididades	L	-	-	-7-	-	-	-7-	-	-	-	
								—	—	—	

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	07 /	15	/	2016
Signature						

	PAGE 109 OF 150 FOR LINE 24 OF FORM	
	DENTIFICATION NUMBER C00490375	▲
M /	D D / Y Y Y	Y
Public 5	c Distribution/Dissemination	n Y
Disbu	75.00 D: D734985 ursement or Obligation	
5 /	16 2016	Y
	House District: 00	_
t	Senate State: CA	\
For:	Primary Gene	eral
er (sp	pecify)	
	c Distribution/Disseminatio	n Y

NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protection				C C00490375
Check if 24-hour report	48-hour report New	report Amends repo	rt filed o	on M = M / D = D / Y = Y = Y
Full Name of Payee		☐ Memo Ite	em	Date of Public Distribution/Dissemination
National Nurses United				05
Mailing Address 155 Grand A	venue			Amount
City	State	Zip Code		75.00
Oakland	CA	94612		ransaction ID : D734985 Date of Disbursement or Obligation
Purpose of Expenditure Online Ad		Category/ Type		05
Name of Federal Candidate		X Support	Office	Sought: House District: 00
Bernie Sanders		Oppose		President Senate State: CA
Calendar Year-To-Date Per Election for Office So	pught	2042683.54	Disburs 2016	sement For: Primary General
		,		Other (specify) ►
Full Name of Payee National Nurses Unite	ed	Memo Ite	m	Date of Public Distribution/Dissemination
Mailing Address				05 12 2016
155 Grand A	venue			Amount
City	State	Zip Code		702.00
Oakland	CA	94612	1	Transaction ID : D734986 Date of Disbursement or Obligation
Purpose of Expenditure Payroll		Category/ Type		05 / 16 / 2016
Name of Federal Candidate		X Support	Office	Sought: House District:00
Bernie Sanders		Oppose	X	President Senate State: CA
Calendar Year-To-Date Per Election for Office So	pught	2042683.54	Disbur 2016	sement For: Primary General
		,		Other (specify)
(a) SUBTOTAL of Itemized Ind	ependent Expenditures		•	777.00
(b) SUBTOTAL of Unitemized	Independent Expenditures		•	
(c) TOTAL Independent Expen	ditures		•	7 7 7
	estion of, any candidate or authori			de in cooperation, consultation, or concert or (if the reporting entity is not a political
Martha Kuhl	[Elect	ronically Filed] Date	M 07	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	<u> </u>	Date		

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FOR L	INE 24	OF F	ORM 3X

		FOR LINE 24 OF FORM 3X				
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	port Amends report	filed on M M / D D / Y Y Y Y Y				
Full Name of Payee	☐ Memo Iten	Date of Public Distribution/Dissemination				
Alliance Graphics Mailing Address 4404 9th Street		05 / 16 / 2016				
1101 8th Street		Amount				
City State	Zip Code	42731.22				
Berkeley CA	94710	Transaction ID : D734987 Date of Disbursement or Obligation				
Purpose of Expenditure Printing	Category/ Type	05 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Name of Federal Candidate	X Support	Office Sought: House District:00				
Bernie Sanders	Oppose	President Senate State: CA				
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:				
Full Name of Payee	Memo Item					
Autumn Press		05 16 2016				
Mailing Address 945 Camelia St		Amount				
City State	Zip Code	1624.78				
Berkeley CA	94710-1437	Transaction ID : D734988 Date of Disbursement or Obligation				
Purpose of Expenditure Printing	Category/ Type	05 / 16 / 2016				
Name of Federal Candidate	X Support	Office Sought: House District:00				
Bernie Sanders	Oppose	President Senate State: CA				
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:				
(a) SUBTOTAL of Itemized Independent Expenditures		44356.00				
(b) SUBTOTAL of Unitemized Independent Expenditures		•				
(c) TOTAL Independent Expenditures		>				
Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.						
Martha Kuhl [Electro.	nically Filed] Date	07 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Signature						

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FOR I	INE 24	OF FO	ORM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼	
National Nurses United for Patient Protection	C C00490375	
Check if 24-hour report 48-hour report New report	Amends report file	ed on Man / Dab / Yayayay
Full Name of Payee	Memo Item	Date of Public Distribution/Dissemination
The Rossmoor News		05 18 2016
Mailing Address 1006 Stanley Dollar Drive		Amount
City State Zip Co	ode	1300.00
Walnut Creek CA 94595		Transaction ID : D734989 Date of Disbursement or Obligation
Purpose of Expenditure Advertising Category	gory/ Type	M 05 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support Off	ice Sought: House District: 00
Bernie Sanders		President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought 204268		bursement For: Primary General Other (specify) Other
Full Name of Payer	Memo Item	
Full Name of Payee Bus Bank	Memoricin	Date of Public Distribution/Dissemination 04 19 2016
Mailing Address 820 West Jackson		Amount
Suite 815		
City State Zip Co		13999.35
Chicago IL 60607	7	Transaction ID : D742539 Date of Disbursement or Obligation
Purpose of Expenditure Travel Category	gory/ Type	M 05 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support Off	ice Sought: House District: 00
Bernie Sanders		President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought 20426		sbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	·····	15299.35
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	7 7 7
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent expenditures reporte with, or at the request or suggestion of, any candidate or authorized comm party committee) any political party committee or its agent.		
Martha Kuhl [Electronically Fi	iled] Date	07 15 2016
Signature	24.0	

: 97 'A = G7 9 @ G B9 C I G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCFHZ'G7 < 98 I @ 'CF' + H9 A = N5 H+ CB

Form/Schedule: SE Transaction ID: D742539

Overage costs related to previously paid and reported expense.

Form/Schedule: Transaction ID:

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FOR	LINE	24	OF	FORM 3X

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NAME OF COMMITTEE (In Full) National Nurses United for Patient Prote	ection			FEC IDENTIFICATION	ON NUMBER ▼
National Nuises Officed for Fatient Prote	:CHOH			C C00490375	
Check if 24-hour report 48-hour report	New report	Amends repor		M / D D /	YIYIY
Full Name of Payee National Nurses United		Memo Ite	m Date	of Public Distribution,	Dissemination
Mailing Address				05 / 16	2016
155 Grand Avenue			Amou	nt	
City	tate Zip Coo	de	- [200.00
Oakland C	CA 94612			ction ID : D735199 of Disbursement or 0	Obligation
Purpose of Expenditure Online Ad	Categ T	ory/ jype		05 / 17	2016
Name of Federal Candidate		Support	Office Sough	t: House	District: 00
Bernie Sanders		Oppose	X Preside	ent Senate	State: CA
Calendar Year-To-Date Per Election for Office Sought	204268	3.54	Disbursemen 2016	-	General
	, , , , , , , , , , , , , , , , , , , ,	☐ Memo Iter	.	ther (specify) ►	
Full Name of Payee National Nurses United		Memoriter	Date	of Public Distribution	/Dissemination 2016
Mailing Address 155 Grand Avenue			Amou	اندا اند	2010
City	tate Zip Co	de	$-\Gamma$		492.75
Oakland	CA 94612			of Disbursement or 0	Obligation
Purpose of Expenditure Payroll	Categ T	ory/ jype		05 / 17	2016
Name of Federal Candidate		Support	Office Sough	nt: House	District: 00
Bernie Sanders		Oppose	X Presid	ent Senate	State: CA
Calendar Year-To-Date Per Election for Office Sought	204268	3.54	Disbursemer 2016	nt For:	General
(a) SUBTOTAL of Itemized Independent Expenditures			. [692.75
(b) SUBTOTAL of Unitemized Independent Expenditures	S		•		
(c) TOTAL Independent Expenditures			•	- A-	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate of party committee) any political party committee or its age	or authorized commit				
Martha Kuhl	[Electronically Fil	ed] Date	M M /	15 / Y Y Y 201	6 Y
Signature		Dale		نتا لنا	

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FOR L	INE 24	OF F	ORM 3X

		FOR LINE 24 OF FO	HIVI 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUME	BER ▼	
National Nurses United for Patient Protection	C C00490375		
Check if 24-hour report 48-hour report New report	rt Amends report	filed on M / D D / Y Y	Y
Full Name of Payee	Memo Ite	n Date of Public Distribution/Dissemina	ation
National Nurses United		05 / D D / Y Y Y 201	
Mailing Address 155 Grand Avenue		Amount	
City State	Zip Code	141.	75
Oakland CA	94612	Transaction ID : D735201 Date of Disbursement or Obligation	
Purpose of Expenditure Payroll	Category/ Type	05 / D D / Y 2010	6
Name of Federal Candidate	X Support	Office Sought: House District: _	00
Bernie Sanders	Oppose	President Senate State:	СА
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: X Primary G 2016 Other (specify) ►	eneral
Full Name of Price	☐ Memo Item		
Full Name of Payee National Nurses United		Date of Fubilic Distribution/Disserning	Υ ¥ Y
Mailing Address 155 Grand Avenue		Amount	
City State	Zip Code	20.	25
Oakland CA	94612	Transaction ID: D735202 Date of Disbursement or Obligation	
Purpose of Expenditure Payroll	Category/ Type	05 / 17 / Y Y 20	
Name of Federal Candidate	Support	Office Sought: House District: _	00
Bernie Sanders	Oppose	President Senate State:	CA
Calendar Year-To-Date Per Election for Office Sought	2042683.54	Disbursement For: X Primary G 2016 Other (specify) ▶	ieneral
(a) SUBTOTAL of Itemized Independent Expenditures		162.0	00
(b) SUBTOTAL of Unitemized Independent Expenditures)	
(c) TOTAL Independent Expenditures		•	
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.			
Martha Kuhl [Electronic	cally Filed] Date	07 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Signature			

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FOR L	INE 24	OF FO	ORM 3X

		FOR LII	NE 24 OF FORM 3X		
NAME OF COMMITTEE (In Full)	FEC IDENTIFIC	ATION NUMBER ▼			
National Nurses United for Patient Protection C c00490375					
Check if 24-hour report 48-hour report New report	rt Amends report	filed on M M / D D	/		
Full Name of Payee	Memo Iter	Date of Public Distribu	tion/Dissemination		
Autumn Press		05 / D D D D D D D D D D D D D D D D D D	2016		
Mailing Address 945 Camelia St		Amount			
City State Z	Zip Code		826.64		
Berkeley CA 9	94710-1437	Transaction ID : D7352 Date of Disbursement			
Purpose of Expenditure Printing	Category/ Type	05 / D D D 17	2016		
Name of Federal Candidate	X Support	Office Sought: House	e District: 00		
Bernie Sanders	Oppose	President Senat	e State: CA		
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:	mary General		
Full Name of Payee	☐ Memo Item	Date of Public Distribu	ution/Dissemination		
Alliance Graphics		04 / 21	_		
Mailing Address 1101 8th Street		Amount			
City State 2	Zip Code		694.62		
Berkeley CA	94710	Transaction ID : D7352 Date of Disbursement			
Purpose of Expenditure Printing	Category/ Type	05 / 17			
Name of Federal Candidate	X Support	Office Sought: House	e District: 00		
Bernie Sanders	Oppose	President Senat	te State: DC		
Calendar Year-To-Date Per Election for Office Sought	833324.95	Disbursement For: X Prin 2016 Other (specify) ►	mary General		
(a) SUBTOTAL of Itemized Independent Expenditures			1521.26		
		7	7		
(b) SUBTOTAL of Unitemized Independent Expenditures		-	7 7		
(c) TOTAL Independent Expenditures		7	4		
Under penalty of perjury I certify that the independent expenditures rewith, or at the request or suggestion of, any candidate or authorized of party committee) any political party committee or its agent.					
Martha Kuhl [Electronica	ally Filed] Date	07 15 Y	2016		
Signature	2410				

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FOR L	INE 24	OF F	ORM 3X

		TOTALINE 24 OF TOTAL 3X
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼
National Nuises Office for Fatient Frotection		C C00490375
Check if 24-hour report 48-hour report New r	report Amends report	filed on Man / Dab / Yayayay
Full Name of Payee National Nurses United	Memo Item	Date of Public Distribution/Dissemination
Mailing Address		05 / 16 / 2016
155 Grand Avenue		Amount
City State	Zip Code	492.75
Oakland CA	94612	Transaction ID : D735229 Date of Disbursement or Obligation
Purpose of Expenditure Payroll	Category/ Type	05 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support	Office Sought: House District:00
Bernie Sanders	Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:
Full Name of Payee	Memo Item	
National Nurses United	_ memo nem	Date of Public Distribution/Dissemination Date of Public Distribution/Dissemination Date of Public Distribution/Dissemination
Mailing Address 155 Grand Avenue		Amount
City State	Zip Code	627.75
Oakland CA	94612	Transaction ID : D735231 Date of Disbursement or Obligation
Purpose of Expenditure Payroll	Category/ Type	05 18 2016
Name of Federal Candidate	X Support	Office Sought: House District:00
Bernie Sanders	Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		1120.50
(b) SUBTOTAL of Unitemized Independent Expenditures		•
(c) TOTAL Independent Expenditures		•
Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.	•	
Martha Kuhl [Electr	ronically Filed]	07 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	Date Date	3. 10 2010

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		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protection		C C00490375
Check if 24-hour report 48-hour report New re	eport Amends repo	rt filed on
Full Name of Payee National Nurses United	☐ Memo Ite	Date of Public Distribution/Dissemination
Mailing Address 455 Crond Avenue		05 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
155 Grand Avenue		Amount
City State	Zip Code	75.00
Oakland CA	94612	Transaction ID : D735232 Date of Disbursement or Obligation
Purpose of Expenditure Online Ad	Category/ Type	05 / 18 / 2016
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	833324.95	Disbursement For: ☐ Primary ☐ General 2016 ☐ Other (specify) ▶
Full Name of Payee	☐ Memo Iter	
Campaign Workshop		05 20 2016
Mailing Address 1129 20th Street, Suite 200		Amount
City State	Zip Code	30364.00
Washington DC	20036	Transaction ID : D735235 Date of Disbursement or Obligation
Purpose of Expenditure Printing	Category/ Type	05 / 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support	Office Sought: House District: 00
BERNARD SANDERS	Oppose	President Senate State: NV
Calendar Year-To-Date Per Election for Office Sought	178971.61	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		30439.00
(b) SUBTOTAL of Unitemized Independent Expenditures		·
(c) TOTAL Independent Expenditures		•
Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
Martha Kuhl [Electro	onically Filed] Date	07 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

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		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protection	C C00490375	
Check if 24-hour report 48-hour report New	report Amends repo	rt filed on
Full Name of Payee Campaign Workshop	☐ Memo Ite	Date of Public Distribution/Dissemination
Mailing Addrass		05 / 23 / 2016
1129 20th Street, Suite 200		Amount
City State	Zip Code	30337.17
Washington DC	20036	Transaction ID : D735236 Date of Disbursement or Obligation
Purpose of Expenditure Printing	Category/ Type	05 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support	Office Sought: House District: 00
Bernie Sanders	Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	2042683.54	Disbursement For:
Full Name of Payee	☐ Memo Itel	
Latino Print Network	_	05 23 2016
Mailing Address 3445 Catalina Dr		Amount
City State	Zip Code	42500.00
Carlsbad CA	92010	Transaction ID : D735233 Date of Disbursement or Obligation
Purpose of Expenditure Advertising	Category/ Type	05 / DDD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support	Office Sought: House District: 00
Bernie Sanders	Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	2042683.54	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		72837.17
(b) SUBTOTAL of Unitemized Independent Expenditures		·
(c) TOTAL Independent Expenditures		•
Under penalty of perjury I certify that the independent expenditu with, or at the request or suggestion of, any candidate or authori party committee) any political party committee or its agent.		
Martha Kuhl [Elect	tronically Filed] Date	07 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

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			FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC	IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protection		С	C00490375
Check if 24-hour report 48-hour report New rep	oort Amends repor	filed on	/ D = D / Y = Y = Y
Full Name of Payee	☐ Memo Ite	m Date of Pub	olic Distribution/Dissemination
Latino Print Network		05	23 / 2016
Mailing Address 3445 Catalina Dr		Amount	
City State	Zip Code		50100.00
Carlsbad CA	92010		ID: D735234 bursement or Obligation
Purpose of Expenditure Advertising	Category/ Type	05	19 / 2016
Name of Federal Candidate	X Support	Office Sought:	House District: 00
Bernie Sanders	Oppose	President	Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	2042683.54	Disbursement For: 2016 Other (Primary General Specify) ▶
Full Name of Payee	☐ Memo Iter	.	
Alliance Graphics	_ Memories	Date of Pul	blic Distribution/Dissemination 20 2016
Mailing Address 1101 8th Street		Amount	2010
City State	Zip Code		3848.51
Berkeley CA	94710		ID: D735324 sbursement or Obligation
Purpose of Expenditure Printing	Category/ Type	M M 05	19 / 2016
Name of Federal Candidate	Support	Office Sought:	House District:00
Bernie Sanders	Oppose	President	Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	2042683.54	Disbursement For: 2016 Other (: X Primary General (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures		.	53948.51
(b) SUBTOTAL of Unitemized Independent Expenditures		>	7 7
(c) TOTAL Independent Expenditures		•	7-1-7-1-7-1
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.			
Martha Kuhl [Electron	nically Filed] Date	07 / 15	2016
Signature			

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FOR L	INE 24	OF F	ORM 3X

			FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		ı	FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protection			C C00490375
Check if 24-hour report 48-hour report New report	ort Amends repor		M / D D / Y Y Y Y Y
Full Name of Payee	☐ Memo Ite	m Date of	f Public Distribution/Dissemination
National Nurses United			05 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 155 Grand Avenue		Amoun	t
City State	Zip Code		100.00
Oakland CA	94612		tion ID: D735328 f Disbursement or Obligation
Purpose of Expenditure Online Ad	Category/ Type	M	05 19 2016
Name of Federal Candidate	Support	Office Sought:	: House District: 00
Bernie Sanders	Oppose	X Presider	
Calendar Year-To-Date Per Election for Office Sought	2042683.54	Disbursement 2016	
Full Name of Days	☐ Memo Iter	.	her (specify) -
Full Name of Payee Javier Moreno Polllaroio		Date 0	f Public Distribution/Dissemination 05 20 2016
Mailing Address 1521 3rd Ave		Amoun	
City State	Zip Code		30.00
Oakland CA	94606	I	ction ID: D735447 f Disbursement or Obligation
Purpose of Expenditure Translation Services	Category/ Type		05 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support	Office Sought	: House District:00
Bernie Sanders	Oppose	X Preside	nt Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	2042683.54	Disbursement 2016 Ott	For:
(a) SUBTOTAL of Itemized Independent Expenditures			130.00
			7
(b) SUBTOTAL of Unitemized Independent Expenditures		•	7 7
(c) TOTAL Independent Expenditures		•	7 7 7
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.			
Martha Kuhl [Electron	ically Filed] Date	M M / / 07	15 / Y = Y = Y = Y
Signature			

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FOR	LINE	24	OF	FORM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼
National Nurses Officed for Patient Protection		C C00490375
Check if 24-hour report 48-hour report New re	port Amends report	filed on Man / Dad / Yayayay
Full Name of Payee Autumn Press	Memo Iter	m Date of Public Distribution/Dissemination
Mailing Address		05 / 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
945 Camelia St		Amount
City State	Zip Code	894.99
Berkeley CA	94710-1437	Transaction ID : D735478 Date of Disbursement or Obligation
Purpose of Expenditure Printing	Category/ Type	05 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support	Office Sought: House District:00
Bernie Sanders	Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:
Full Name of Payee	☐ Memo Item	
Campaign Workshop		05 23 2016
Mailing Address 1129 20th Street, Suite 200		Amount
City State	Zip Code	100173.55
Washington DC	20036	Transaction ID : D735479 Date of Disbursement or Obligation
Purpose of Expenditure Advertising	Category/ Type	05 / 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support	Office Sought: House District:00
Bernie Sanders	Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	2042683.54	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		101068.54
(b) OUDTOTAL of the book and bedome death 5 money from		7 7 7
(b) SUBTOTAL of Unitermized Independent Expenditures		· // // // // // // // // // // // // //
(c) TOTAL Independent Expenditures		>
Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
Martha Kuhl [Electro	onically Filed] Date	07 15 2016
Signature		

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FOR L	INE 24	OF F	ORM 3X

			FOR LINE 24 OF FORM 3X	
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection FEC IDENTIFICATION NUMBER **The committee of the				
C C00490375				
Check if 24-hour report 48-hour report New report	ort Amends repo		M / D = D / Y = Y = Y	
Full Name of Payee	☐ Memo Ite	em Date	of Public Distribution/Dissemination	
Campaign Workshop		M	05 / 23 / 2016	
Mailing Address 1129 20th Street, Suite 200		Amou	nt	
City State	Zip Code		137.65	
Washington DC	20036		ction ID: D735480 of Disbursement or Obligation	
Purpose of Expenditure Printing	Category/ Type	M	05 23 / 2016	
Name of Federal Candidate	Support	Office Sough	t: House District:00	
Bernie Sanders	Oppose	X Preside		
Calendar Year-To-Date Per Election for Office Sought	2042683.54	Disbursemen 2016	t For:	
Full Name of Payee	Memo Iter			
Michael Konopacki	_ memo ice	Date	of Public Distribution/Dissemination 05 20 2016	
Mailing Address PO Box 1917		Amou		
City State	Zip Code		600.00	
Madison WI	53701-1917		oction ID : D735481 of Disbursement or Obligation	
Purpose of Expenditure Cartoon	Category/ Type			
Name of Federal Candidate	X Support	Office Sough	nt: House District: 00	
Bernie Sanders	Oppose	X Preside	ent Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought	2042683.54	Disbursement 2016	other (specify) ►	
(a) SUBTOTAL of Itemized Independent Expenditures		, [737.65	
(b) SUBTOTAL of Unitemized Independent Expenditures		•	7 7	
(c) TOTAL Independent Expenditures		· [
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.				
Martha Kuhl [Electroni	ically Filed] Date	M M /	15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Signature				

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	ENTIFIC	-	NUM	BER ▼	

			FOR LINE 24 OF FORM 3X	
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection FEC IDENTIFICATION NUMBER **Text				
C C00490375				
Check if 24-hour report 48-hour report New report	t Amends repor	t filed on	M / D D / Y T Y T Y	
Full Name of Payee National Nurses United	☐ Memo Ite	m Date of	Public Distribution/Dissemination	
			05 18 2016	
Mailing Address 155 Grand Avenue		Amoun	t	
City State Z	Zip Code		384.75	
Oakland CA 9	94612		tion ID : D735482 Disbursement or Obligation	
Purpose of Expenditure Payroll	Category/ Type	М	05 / 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate	X Support	Office Sought:	House District:00	
Bernie Sanders	Oppose	X Presider	nt Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought	2042683.54	Disbursement 2016 Oth	For: X Primary General	
Full Name of Payee	☐ Memo Iter		f Public Distribution/Dissemination	
National Nurses United		M	05 19 2016	
Mailing Address 155 Grand Avenue		Amoun		
City State 2	Zip Code		810.00	
Oakland CA	94612		tion ID: D735483 f Disbursement or Obligation	
Purpose of Expenditure Payroll	Category/ Type	M	05 / 23 / 2016	
Name of Federal Candidate	X Support	Office Sought:	: House District:00	
Bernie Sanders	Oppose	X Presider		
Calendar Year-To-Date Per Election for Office Sought	2042683.54	Disbursement 2016 Oth	For:	
(a) SUBTOTAL of Itemized Independent Expenditures		•	1194.75	
(b) SUBTOTAL of Unitemized Independent Expenditures		.	7 7 7	
(c) TOTAL Independent Expenditures		•	7 7 7	
Under penalty of perjury I certify that the independent expenditures rewith, or at the request or suggestion of, any candidate or authorized oparty committee) any political party committee or its agent.				
Martha Kuhl [Electronic	ally Filed] Date	M M /	15 / Y = Y = Y = Y	
Signature	24.0			

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		FOR LINE 24 OF FORM 3X	
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection FEC IDENTIFICATION NUMBER ▼			
Tradional nuises officed for Fallett Flotection		C C00490375	
Check if 24-hour report 48-hour report New report	port Amends report	i filed on	
Full Name of Payee National Nurses United	Memo Ite	m Date of Public Distribution/Dissemination	
Mailing Addrass		05 / 20 / Y Y Y Y Y	
155 Grand Avenue		Amount	
City State	Zip Code	411.75	
Oakland CA	94612	Transaction ID : D735528 Date of Disbursement or Obligation	
Purpose of Expenditure Payroll	Category/ Type	05 24 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate	X Support	Office Sought: House District:00	
Bernie Sanders	Oppose	President Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General 2016	
F. III Name of Process	☐ Memo Iten	Other (specify)	
Full Name of Payee National Nurses United	Memorien	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 155 Grand Avenue		Amount	
City State	Zip Code	40.50	
Oakland CA	94612	Transaction ID : D735529 Date of Disbursement or Obligation	
Purpose of Expenditure Payroll	Category/ Type	05 / 24 / 2016	
Name of Federal Candidate	X Support	Office Sought: House District:00	
Bernie Sanders	Oppose	President Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought	2042683.54	Disbursement For:	
(a) SUBTOTAL of Itemized Independent Expenditures		452.25	
		7 7	
(b) SUBTOTAL of Unitemized Independent Expenditures		>	
(c) TOTAL Independent Expenditures)	
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.			
Martha Kuhl [Electro	nically Filed] Date	07 15 2016	
Signature			

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FOR L	INE 24	OF F	ORM 3X			
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NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection FEC IDENTIFICATION NUMBER ▼					
National Nurses Office for Patient Protection		C C00490375			
Check if 24-hour report 48-hour report New report	Amends report filed on	M = M / D = D / Y = Y = Y			
Full Name of Payee National Nurses United	☐ Memo Item ☐ Da	ate of Public Distribution/Dissemination			
Mailing Address		05 / 22 / Y Y Y Y Y Y			
155 Grand Avenue	Ar	mount			
City State Zip Coo	le	229.50			
Oakland CA 94612		nsaction ID: D735530 ate of Disbursement or Obligation			
Purpose of Expenditure Payroll Category Times and the second sec		05 / D D / 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	esident Senate State: CA			
Calendar Year-To-Date Per Election for Office Sought 204268:		ment For:			
Full Name of Payee	Memo Item D				
Michael Konopacki	_ memo item _ Da	ate of Public Distribution/Dissemination 05 22 2016			
Mailing Address PO Box 1917	Ar	mount			
City State Zip Coc	de	1200.00			
Madison WI 53701-	1011	insaction ID : D742529 ate of Disbursement or Obligation			
Purpose of Expenditure Cartoon Category		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate	Support Office Sc	ought: House District:00			
Bernie Sanders	Oppose Pre	esident Senate State: DC			
Calendar Year-To-Date Per Election for Office Sought 83332		ment For:			
(a) SUBTOTAL of Itemized Independent Expenditures	>	1429.50			
(b) SUBTOTAL of Unitemized Independent Expenditures	(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures					
· · · · · · · · · · · · · · · · · · ·	•				
Under penalty of perjury I certify that the independent expenditures reported with, or at the request or suggestion of, any candidate or authorized committed party committee) any political party committee or its agent.					
Martha Kuhl [Electronically File	ed] Date 07	15 2016			
Signature	Date 07	2010			

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FOR L	INE 24	OF F	ORM 3X	
ENTIFICATION NUMBER -				

		FOR LINE 24 OF FORM 3X		
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	port Amends report	filed on M M / D D / Y Y Y Y Y		
Full Name of Payee National Nurses United	☐ Memo Iten			
		05 23 2016		
Mailing Address 155 Grand Avenue		Amount		
City State	Zip Code	688.50		
Oakland CA	94612	Transaction ID : D742530 Date of Disbursement or Obligation		
Purpose of Expenditure Payroll	Category/ Type	05 / 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate	Support (Office Sought: House District: 00		
Bernie Sanders	Oppose	President Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: X Primary General 2016 Other (specify) ▶		
Full Name of Payee	☐ Memo Item	Date of Public Distribution/Dissemination		
National Nurses United		05 28 2016		
Mailing Address 155 Grand Avenue		Amount		
City State	Zip Code	1365.00		
Oakland CA	94612	Transaction ID : D742531 Date of Disbursement or Obligation		
Purpose of Expenditure Site Rental	Category/ Type	05 / 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate	X Support	Office Sought: House District:00		
Bernie Sanders	Oppose	President Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:		
(a) SUBTOTAL of Itemized Independent Expenditures		2053.50		
(b) SUBTOTAL of Unitemized Independent Expenditures		>		
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.				
Martha Kuhl [Electro.	nically Filed] Date	07 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Signature				

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NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection FEC IDENTIFICATION NUMBER ▼				
Tradional red sets officed for Fatient Protection		C C00490375		
Check if 24-hour report 48-hour report New report	port Amends report	filed on M M / D D / Y Y Y Y Y		
Full Name of Payee National Nurses United	☐ Memo Iten	Date of Public Distribution/Dissemination		
Mailing Address 455 Crand Avenue		05 / 24 / 2016		
155 Grand Avenue		Amount		
City State	Zip Code	573.75		
Oakland CA	94612	Transaction ID : D742532 Date of Disbursement or Obligation		
Purpose of Expenditure Payroll	Category/ Type	05 26 7 2016		
Name of Federal Candidate	X Support	Office Sought: House District: 00		
Bernie Sanders	Oppose	President Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:		
Full Name of Payee	☐ Memo Item			
Alliance Graphics	_ Memorican	Date of Public Distribution/Dissemination Date of Public Distribution/Dissemination Date of Public Distribution/Dissemination		
Mailing Address 1101 8th Street		Amount		
City State	Zip Code	1803.46		
Berkeley CA	94710	Transaction ID : D742533 Date of Disbursement or Obligation		
Purpose of Expenditure Printing	Category/ Type	05 / 26 / Y 2016		
Name of Federal Candidate	X Support	Office Sought: House District:00		
Bernie Sanders	Oppose	President Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:		
(a) SUBTOTAL of Itemized Independent Expenditures		2377.21		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures		>		
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.				
Martha Kuhl [Electro	nically Filed] Date	07 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Signature				

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FOR	LINE	24	OF	FO	RM	ЗХ

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protection		C C00490375
Check if 24-hour report 48-hour report New re	port Amends report	filed on M M / D D / Y Y Y Y Y
Full Name of Payee Autumn Press	Memo Iter	m Date of Public Distribution/Dissemination
Mailing Address		05 / 26 / 2016
945 Camelia St		Amount
City State	Zip Code	894.99
Berkeley CA	94710-1437	Transaction ID : D742534 Date of Disbursement or Obligation
Purpose of Expenditure Printing	Category/ Type	05 / 26 / Y 2016
Name of Federal Candidate	X Support	Office Sought: House District:00
Bernie Sanders	Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:
Full Name of Payee	Memo Item	
National Nurses United		Date of Public Distribution/Dissernination Date of Public Distribution/Dissernination
Mailing Address 155 Grand Avenue		Amount
City State	Zip Code	150.00
Oakland CA	94612	Transaction ID: D742585 Date of Disbursement or Obligation
Purpose of Expenditure Online Ad	Category/ Type	05 / 27 / 2016
Name of Federal Candidate	X Support	Office Sought: House District:00
Bernie Sanders	Oppose	President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought	833324.95	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		1044.99
(b) OUDTOTAL of Heiberies deletered and Especialist		1111111111
(b) SUBTOTAL of Unitemized Independent Expenditures		•
(c) TOTAL Independent Expenditures		>
Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
Martha Kuhl [Electro.	nically Filed] Date	07 15 2016
Signature		

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FOR L	INE 24	OF F	ORM 3X

		TOTT LINE 24 OF TOTAL 3X
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼
TVALIGHAL TVALSES OFFICE TOFF ALIEFICE FOLECTION		C C00490375
Check if 24-hour report 48-hour report New re	eport Amends report f	iled on Mam / Dad / Yayayay
Full Name of Payee Campaign Workshop	Memo Item	Date of Public Distribution/Dissemination
Mailing Address		05 31 / Y 2016
1129 20th Street, Suite 200		Amount
City State	Zip Code	21747.32
Washington DC	20036	Transaction ID : D742580 Date of Disbursement or Obligation
Purpose of Expenditure Printing	Category/ Type	05 31 Y Y Y Y Y
Name of Federal Candidate	Support O	office Sought: House District: 00
Bernie Sanders		President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought		isbursement For: Primary General Other (specify) ►
Full Name of Payee	Memo Item	
Campaign Workshop		Date of Public Distribution/Dissemination 06 13 2016
Mailing Address 1129 20th Street, Suite 200		Amount
City State	Zip Code	21732.00
Washington DC	20036	Transaction ID : D742581 Date of Disbursement or Obligation
Purpose of Expenditure Digital Advertising	Category/ Type	05 / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support C	Office Sought: X House District: 19
ZEPHYR TEACHOUT	Oppose	President Senate State: NY
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		43479.32
(b) SUBTOTAL of Unitemized Independent Expenditures		7 7
(c) TOTAL Independent Expenditures	·······	
Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.	•	• • • • • • • • • • • • • • • • • • • •
Martha Kuhl [Electro	onically Filed] Date	07 15 2016
Signature	Date	التتا لنا لــــ

PAGE		OF	153			
FOR L		OF F	ORM 3X			
DENTIFICATION NUMBER ▼						

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	lian	FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protect	UON	C C00490375
Check if 24-hour report 48-hour report	New report Amends report filed on	T = M / D = D / Y = Y = Y = Y
Full Name of Payee Campaign Workshop	☐ Memo Item Date	of Public Distribution/Dissemination
Campaign workshop	[**	07 07 2016
Mailing Address 1129 20th Street, Suite 200	Amou	unt
City Stat	e Zip Code	21732.00
Washington DC		of Disbursement or Obligation
Purpose of Expenditure Digital Advertising		05
Name of Federal Candidate	Support Office Sough	nt: X House District:07
PRAMILA JAYAPAL	Oppose Presid	10/0
Calendar Year-To-Date	Disbursemer	nt For: Primary General
Per Election for Office Sought	21732.00	Other (specify)
Full Name of Payee Campaign Workshop		of Public Distribution/Dissemination
Mailing Address 44.00 20th Street Suits 200		08 15 2016
1129 20th Street, Suite 200	Amou	unt
City Stat	e Zip Code	21732.00
Washington DC	20000	of Disbursement or Obligation
Purpose of Expenditure	Category/	M M / D D / Y Y Y Y
Digital Advertising	Type	05 31 2016
Name of Federal Candidate	Support Office Sough	ht: X House District: 23
TIMOTHY A. CANOVA	Oppose Presid	lent Senate State: FL
Calendar Year-To-Date Per Election for Office Sought	21732.00 Disbursement 2016	nt For:
(a) SUBTOTAL of Itemized Independent Expenditures	\	43464.00
(b) SUBTOTAL of Unitemized Independent Expenditures		7 1 7 1 4
(c) TOTAL Independent Expenditures	· .	7
Under penalty of perjury I certify that the independent exp with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent	authorized committee or agent of either, or (if	
Martha Kuhl	[Electronically Filed] Date 07	15 / Y - Y - Y - Y - Y - Y - Y - Y - Y - Y
Signature		

	PAGE 131 FOR LINE 2	OF 153 4 OF FORM 3X
FEC IDE	NTIFICATIO	ON NUMBER ▼
	00490375	
/ M /	D D /	Y = Y = Y
of Public	Distribution/	Dissemination
05 /	27	2016
unt		
		100.00
action ID :		Obligation
of Disburs	sement or C	Doligation
05	31	2016
nt:	House	
ent	Senate	State: CA
nt For:	X Primary	General
Other (spe	cify) ►	
	Distribution/	Dissemination
05	25	2016
unt		
		148.50
	D742586 sement or C	Obligation
05	31	2016
ht:	House	District:00
lent	Senate	State: CA
nt For:	Y Primary	General
Other (spe	cify) 🕨	
		248.50

NAME OF COMMITTEE (In Full)				FEC IDENT	IFICATION NUMBER ▼
National Nurses United for Patie	nt Protection			C C004	90375
Check if 24-hour report 48-hour report	ort New repo	ort Amends repo	rt filed on	M = M / D	D / Y = Y = Y
Full Name of Payee		Memo Ite	em Dat	e of Public Dist	tribution/Dissemination
National Nurses United					27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 155 Grand Avenue			Am	ount	
City	State	Zip Code	<u> —</u> Г		100.00
Oakland	CA	94612		saction ID : D7	42584
Purpose of Expenditure Online Ad		Category/ Type	Dat	M = M / D	ent or Obligation 31 2016
Name of Federal Candidate		Support	Office Sou	ight: U	ouse District: 00
Bernie Sanders		Support Oppose	X Pres		enate State: CA
Calendar Year-To-Date		2042683.54	Disbursem 2016		Primary General
Per Election for Office Sought	7 7			Other (specify)) >
Full Name of Payee National Nurses United		☐ Memo Ite	m Dat		tribution/Dissemination
Mailing Address 155 Grand Avenue				05	25 2016
155 Gland Avenue			Am	ount	
City	State	Zip Code			148.50
Oakland	CA	94612		saction ID : D7 te of Disbursem	742586 nent or Obligation
Purpose of Expenditure Payroll		Category/ Type		05 / D	31 / 2016
Name of Federal Candidate		X Support	Office Sou	ıght: He	ouse District: 00
Bernie Sanders		Oppose	X Pres		enate State: CA
Calendar Year-To-Date Per Election for Office Sought		2042683.54	Disbursem 2016	nent For: X	Primary General
	, ,			Other (specify	
(a) SUBTOTAL of Itemized Independent Exp	enditures		•	7	248.50
(b) SUBTOTAL of Unitemized Independent E	xpenditures		•		7
(c) TOTAL Independent Expenditures			•		7
Under penalty of perjury I certify that the inc with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorized				
Martha Kuhl	[Electron	ically Filed]	М = M 07	/ 15 /	2016
Signature	•	Date	<u> </u>		

	PAGE		OF		
	FOR L	INE 24	OF F	ORM 3X	
DENTIFICATION NUMBER -					

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼
Tradional runses officed for Fatient Frotection		C C00490375
Check if 24-hour report 48-hour report New rep	port Amends report	i filed on
Full Name of Payee National Nurses United	Memo Iter	Date of Public Distribution/Dissemination
Mailing Address 455 Crand Avenue		05 / 26 / Y Y Y Y Y
155 Grand Avenue		Amount
City State	Zip Code	283.50
Oakland CA	94612	Transaction ID : D742587 Date of Disbursement or Obligation
Purpose of Expenditure Payroll	Category/ Type	05 / 31 / Y Y Y Y
Name of Federal Candidate	X Support	Office Sought: House District:00
Bernie Sanders	Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General
5	□ Marra Itar	Other (specify) -
Full Name of Payee National Nurses United	☐ Memo Item	M = M / D = D / Y = Y = Y
Mailing Address 155 Grand Avenue		05 27 2016 Amount
City State	Zip Code	236.25
Oakland CA	94612	Transaction ID : D742588 Date of Disbursement or Obligation
Purpose of Expenditure Payroll	Category/ Type	05 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support	Office Sought: House District:00
Bernie Sanders	Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	2042683.54	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		519.75
		7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures		•
(c) TOTAL Independent Expenditures		•
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
Martha Kuhl [Electron	nically Filed] Date	07 15 2016
Signature		

SCHEDULE E (FEC For ITEMIZED INDEPENDENT EX

MIZED INDEPENDENT EXPENDITU	KES			PAGE 133 OF 153 FOR LINE 24 OF FORM 3X
ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
ational Nurses United for Patien	t Protection			C C00490375
ck if 24-hour report 48-hour repor	t New r	eport Amends repo	ort filed	on M = M / D = D / Y = Y = Y
Full Name of Payee National Nurses United		☐ Memo It	em	Date of Public Distribution/Dissemination 05 28 2016
Mailing Address 155 Grand Avenue				Amount
City	State	Zip Code		13.50
Oakland	CA	94612		Transaction ID : D742589 Date of Disbursement or Obligation
Purpose of Expenditure Payroll		Category/ Type		05 / 31 / 2016
Name of Federal Candidate		Support	Office	Sought: House District: 00
Bernie Sanders		Oppose		President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		2042683.54	-	rsement For:
Full Name of Payee National Nurses United		☐ Memo Ite	em	Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 155 Grand Avenue				Amount
City	State	Zip Code		240.00
Oakland	CA	94612	-	Transaction ID : D742590 Date of Disbursement or Obligation
Purpose of Expenditure Site Rental		Category/ Type		05 / 31 / 2016
Name of Federal Candidate		Support	Office	Sought: House District: 00
Bernie Sanders		Oppose	X	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		2042683.54	Disbui 2016	rsement For:
a) SUBTOTAL of Itemized Independent Exper	nditures		. •	253.50
b) CURTOTAL of Heitersiand bedan and ant Fu	nandituras			
b) SUBTOTAL of Unitemized Independent Ex	perialitares			

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	07	15	2016
Signature					

PAGE		OF	
FOR L	INE 24	OF F	ORM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼
National Nuises Officed for Patient Protection		C C00490375
Check if 24-hour report 48-hour report New re	eport Amends report	filed on M M / D D / Y Y Y Y Y
Full Name of Payee National Nurses United	Memo Item	Date of Public Distribution/Dissemination
Mailing Address		06 / 01 / 2016
155 Grand Avenue		Amount
City State	Zip Code	75.00
Oakland CA	94612	Transaction ID : D742591 Date of Disbursement or Obligation
Purpose of Expenditure Site Rental	Category/ Type	05 31 2016
Name of Federal Candidate	X Support C	Office Sought: House District:00
Bernie Sanders	Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:
Full Name of Payee	☐ Memo Item	Date of Public Distribution/Dissemination
National Nurses United		06 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 155 Grand Avenue		Amount
City State	Zip Code	360.00
Oakland CA	94612	Transaction ID : D742592 Date of Disbursement or Obligation
Purpose of Expenditure Site Rental	Category/ Type	05 / 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support	Office Sought: House District: 00
Bernie Sanders	Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		435.00
(b) SUBTOTAL of Unitemized Independent Expenditures		>
(c) TOTAL Independent Expenditures		·
Under penalty of perjury I certify that the independent expenditur with, or at the request or suggestion of, any candidate or authoriz party committee) any political party committee or its agent.		
Martha Kuhl [Electr	conically Filed] Date	07 15 2016
Signature		

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FOR L	INE 24	OF F	ORM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼
National Nurses Officed for Patient Protection		C C00490375
Check if 24-hour report 48-hour report New report	port Amends report	filed on M M / D D / Y Y Y Y Y
Full Name of Payee National Nurses United	☐ Memo Iten	Date of Public Distribution/Dissemination
Mailing Addrass		06 / 03 / 2016
155 Grand Avenue		Amount
City State	Zip Code	165.00
Oakland CA	94612	Transaction ID : D742593 Date of Disbursement or Obligation
Purpose of Expenditure Site Rental	Category/ Type	05 31 2016
Name of Federal Candidate	X Support	Office Sought: House District:00
Bernie Sanders	Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:
Full Name of Payee	☐ Memo Item	
Alliance Graphics	_ memorican	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 1101 8th Street		Amount
City State	Zip Code	1825.81
Berkeley CA	94710	Transaction ID : D743575 Date of Disbursement or Obligation
Purpose of Expenditure Printing	Category/ Type	05 / 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support	Office Sought: House District:00
Bernie Sanders	Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: X Primary General 2016 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		1990.81
(b) SUBTOTAL of Unitemized Independent Expenditures)
(c) TOTAL Independent Expenditures		>
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
Martha Kuhl [Electro	nically Filed] Date	07 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

PAGE	136	OF	153	
FOR L	INE 24	OF FO	ORM 3X	
DENTIFICATION NUMBER ▼				

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼
Thational Nurses Officed for Patient Protection		C C00490375
Check if 24-hour report 48-hour report New re	eport Amends report	filed on M M / D D / Y Y Y Y Y
Full Name of Payee National Nurses United	Memo Iter	Date of Public Distribution/Dissemination
Mailing Address		06 / 07 / Y Y Y Y Y Y Y
155 Grand Avenue		Amount
City State	Zip Code	375.00
Oakland CA	94612	Transaction ID : D743576 Date of Disbursement or Obligation
Purpose of Expenditure Site Rental	Category/ Type	05 31 2016
Name of Federal Candidate	X Support	Office Sought: House District:00
Bernie Sanders	Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:
Full Name of Payee	☐ Memo Item	
Campaign Workshop	_ memorican	Date of Public Distribution/Dissemination 06 13 2016
Mailing Address 1129 20th Street, Suite 200		Amount
City State	Zip Code	5882.00
Washington DC	20036	Transaction ID: D746483 Date of Disbursement or Obligation
Purpose of Expenditure Digital Advertising	Category/ Type	05 / 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support	Office Sought: X House District: 24
ERIC R. MR. KINGSON	Oppose	President Senate State: NY
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		6257.00
(b) SUBTOTAL of Unitemized Independent Expenditures		>
(c) TOTAL Independent Expenditures		•
Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
Martha Kuhl [Electro	onically Filed] Date	07 15 2016
Signature		

PAGE 137 OF 153 FOR LINE 24 OF FORM 3X
C IDENTIFICATION NUMBER ▼
C00490375
/ / D = D / Y = Y = Y = Y
Public Distribution/Dissemination
M / 04 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
75.00 on ID: D742604 Disbursement or Obligation
01 / 2016
House District: 00
Senate State: CA

NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼				
National Nurses United for Patient Protection C c00490375				
Check if 24-hour report 48-hour re	eport New repo	ort Amends repo	ort filed	i on Man / Dab / Yayayay
Full Name of Payee		☐ Memo It	em	Date of Public Distribution/Dissemination
National Nurses United				06
Mailing Address 155 Grand Avenue				Amount
City	State	Zip Code		75.00
Oakland	CA	94612		Transaction ID : D742604 Date of Disbursement or Obligation
Purpose of Expenditure Site Rental		Category/ Type		06 01 2016
Name of Federal Candidate		Support	Offic	e Sought: House District: 00
Bernie Sanders		Oppose	X	
Calendar Year-To-Date Per Election for Office Sought		2042683.54	Disb 2016	ursement For:
Full Name of Payee		☐ Memo Ite	m	Date of Public Distribution/Dissemination
National Nurses United				06 06 2016
Mailing Address 155 Grand Avenue				Amount
City	State	Zip Code		150.00
Oakland	CA	94612		Transaction ID : D742605 Date of Disbursement or Obligation
Purpose of Expenditure Site Rental		Category/ Type		06 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Offic	e Sought: House District:00
Bernie Sanders		Oppose		President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		2042683.54	Disb 2016	
				Other (specify) -
(a) SUBTOTAL of Itemized Independent E	xpenditures		. •	225.00
(b) SUBTOTAL of Unitemized Independen	t Expenditures			
				7 7
(c) TOTAL Independent Expenditures			•	
	ny candidate or authorized			ade in cooperation, consultation, or concert er, or (if the reporting entity is not a political
Martha Kuhl	[Electron	ically Filed]	M	77 15 2016
Signature		Date		

PAGE	138	OF	153
FOR L	INE 24	OF F	ORM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼
National Nurses Officed for Patient Protection		C C00490375
Check if 24-hour report 48-hour report New re	port Amends report	filed on M M / D D / Y Y Y Y Y
Full Name of Payee National Nurses United	Memo Iter	Date of Public Distribution/Dissemination
Mailing Addrass		06 / 07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
155 Grand Avenue		Amount
City State	Zip Code	150.00
Oakland CA	94612	Transaction ID : D742606 Date of Disbursement or Obligation
Purpose of Expenditure Site Rental	Category/ Type	06 / 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support	Office Sought: House District: 00
Bernie Sanders	Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:
Full Name of Payee	☐ Memo Item	
Autumn Press		Date of Public Distribution/Dissernination Date of Public Distribution/Dissernination
Mailing Address 945 Camelia St		Amount
City State	Zip Code	738.85
Berkeley CA	94710-1437	Transaction ID: D742654 Date of Disbursement or Obligation
Purpose of Expenditure Printing	Category/ Type	06 / 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support	Office Sought: House District:00
Bernie Sanders	Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	2042683.54	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		888.85
(b) SUBTOTAL of Unitemized Independent Expenditures)
(c) TOTAL Independent Expenditures		>
Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
Martha Kuhl [Electro	onically Filed] Date	07 15 2016
Signature		

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SCHEDULE E (FEC Form 3X) TEMIZED INDEPENDENT EXPENDITURES		PAGE 139 OF 153
		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protection	1	C C00490375
Check if 24-hour report 48-hour report New	ew report Amends repor	ort filed on M = M / D = D / Y = Y = Y
Full Name of Payee National Nurses United	☐ Memo Ite	M M / D D / Y Y Y Y
Mailing Address 155 Grand Avenue		05 31 2016 Amount
City State	Zip Code	70.00
Oakland CA	94612	Transaction ID : D742655 Date of Disbursement or Obligation
Purpose of Expenditure Online Ad	Category/ Type	Date of Disbursement of Obligation M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support	Office Sought: House District: 00
Bernie Sanders	Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	2042683.54	Disbursement For: ☐ Primary ☐ General 2016 ☐ Other (specify) ▶
Full Name of Payee National Nurses United	☐ Memo Iter	Date of Public Distribution/Dissemination Date of Public Distribution/Dissemination Date of Public Distribution/Dissemination
Mailing Address 155 Grand Avenue		Amount
City State	Zip Code	81.00
Oakland CA	94612	Transaction ID : D742728 Date of Disbursement or Obligation
Purpose of Expenditure Payroll	Category/ Type	Date of Disputsement of Obligation M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support	Office Sought: House District: 00
Bernie Sanders	Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	2042683.54	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		▶ 151.00
(b) SUBTOTAL of Unitemized Independent Expenditures		. >
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expendi		not made in cooperation, consultation, or concert 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	07 /	15	/	2016
Signature						

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FOR L	INE 24	OF F	ORM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼
TVALIONAL INVISES ONICEU IOI FALIENI FIOLECTION		C C00490375
Check if 24-hour report 48-hour report New rep	port Amends report	filed on Man / Dad / Yayayay
Full Name of Payee National Nurses United	☐ Memo Iter	Bate of Fabric Blottibation Blocommatter
		05 / 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 155 Grand Avenue		Amount
City State	Zip Code	168.75
Oakland CA	94612	Transaction ID : D742729 Date of Disbursement or Obligation
Purpose of Expenditure Payroll	Category/ Type	06 / 03 / 2016
Name of Federal Candidate	Support	Office Sought: House District:00
Bernie Sanders	Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:
Full Name of Payee	☐ Memo Item	
National Nurses United		05 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 155 Grand Avenue		Amount
City State	Zip Code	337.50
Oakland CA	94612	Transaction ID: D742730 Date of Disbursement or Obligation
Purpose of Expenditure Payroll	Category/ Type	06 / 03 / 2016
Name of Federal Candidate	Support	Office Sought: House District: 00
Bernie Sanders	Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	2042683.54	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		506.25
(-)		7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures		>
(c) TOTAL Independent Expenditures		•
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
Martha Kuhl [Electron	nically Filed] Date	07 15 / Y = Y = Y = Y
Signature		

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FOR LI	NE 24	OF F	FORM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼
Tradional nuises officed for Patient Protection		C C00490375
Check if 24-hour report 48-hour report New re	port Amends report	filed on M M / D D / Y Y Y Y Y
Full Name of Payee National Nurses United	☐ Memo Iter	
Mailing Address		06 01 2016
155 Grand Avenue		Amount
City State	Zip Code	187.50
Oakland CA	94612	Transaction ID : D742731 Date of Disbursement or Obligation
Purpose of Expenditure Payroll	Category/ Type	06 / 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Support	Office Sought: House District:00
Bernie Sanders	Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:
Full Name of Payee	☐ Memo Item	
National Nurses United		Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 155 Grand Avenue		Amount
City State	Zip Code	100.00
Oakland CA	94612	Transaction ID : D743320 Date of Disbursement or Obligation
Purpose of Expenditure Online Ad	Category/ Type	06 / 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support	Office Sought: House District:00
Bernie Sanders	Oppose	President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		287.50
(b) SUBTOTAL of Unitemized Independent Expenditures		>
(c) TOTAL Independent Expenditures		•
Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
Martha Kuhl [Electro	onically Filed] Date	07 15 2016
Signature		

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FOR L	INE 24	OF FO	ORM 3X

			FOR LINE 24 OF FORM 3X	
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 48-hour report New report	ort Amends repo	rt filed on	/ D D / Y Y Y Y	
Full Name of Payee National Nurses United	☐ Memo Ite	Date of	Public Distribution/Dissemination	
Mailing Address 455 Coord Avenue			06 05 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
155 Grand Avenue		Amoun	t	
City State	Zip Code		250.00	
Oakland CA	94612		tion ID: D742732 f Disbursement or Obligation	
Purpose of Expenditure Online Ad	Category/ Type	М	06 / 06 / 2016	
Name of Federal Candidate	X Support	Office Sought:	House District: 00	
Bernie Sanders	Oppose	X Presider	nt Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought	2042683.54	Disbursement 2016	For:	
Full Name of Payee	☐ Memo Ite		f Public Distribution/Dissemination	
National Nurses United		M	06 03 2016	
Mailing Address 155 Grand Avenue		Amoun		
City State	Zip Code		200.00	
Oakland CA	94612		tion ID : D742733 f Disbursement or Obligation	
Purpose of Expenditure Online Ad	Category/ Type	M	06 / 06 / 2016	
Name of Federal Candidate	Support	Office Sought:	: House District: 00	
Bernie Sanders	Oppose	X Presider	nt Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought	2042683.54	Disbursement 2016 Oth	For:	
(a) SUBTOTAL of Itemized Independent Expenditures		· [450.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		•		
(c) TOTAL Independent Expenditures		•	17117112	
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.				
Martha Kuhl [Electroni	ically Filed] Date	M M / / 07	15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Signature		السا		

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FOR L	INE 24	OF F	ORM 3X

			FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		ı	FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protection			C C00490375
Check if 24-hour report 48-hour report New report	ort Amends repor		M / D D / Y B Y B Y B Y
Full Name of Payee	☐ Memo Ite	m Date of	f Public Distribution/Dissemination
National Nurses United			06 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 155 Grand Avenue		Amoun	t
City State	Zip Code		391.50
Oakland CA	94612		tion ID: D742734 f Disbursement or Obligation
Purpose of Expenditure Payroll	Category/ Type	М	06 06 2016
Name of Federal Candidate	Support	Office Sought:	: House District: 00
Bernie Sanders	Oppose	X Presider	
Calendar Year-To-Date Per Election for Office Sought	2042683.54	Disbursement 2016	
Full Name of Davis	☐ Memo Iter		her (specify)
Full Name of Payee National Nurses United		Date 0	f Public Distribution/Dissemination 06 03 2016
Mailing Address 155 Grand Avenue		Amoun	
City State	Zip Code		60.75
Oakland CA	94612		etion ID: D742735 f Disbursement or Obligation
Purpose of Expenditure Payroll	Category/ Type	M	06 / 06 / 2016
Name of Federal Candidate	X Support	Office Sought	: House District: 00
Bernie Sanders	Oppose	X Preside	nt Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	2042683.54	Disbursement 2016 Ott	For:
(a) SUBTOTAL of Itemized Independent Expenditures			452.25
			7
(b) SUBTOTAL of Unitemized Independent Expenditures		•	7 7
(c) TOTAL Independent Expenditures		•	7 7 7
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.			
Martha Kuhl [Electroni	ically Filed] Date	M M /	15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature			

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		FOR LINE 24 OF FORM 3X		
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection				
National Nurses United for Patient Protection C C00490375				
Check if 24-hour report 48-hour report N	lew report Amends report	filed on M M / D D / Y Y Y Y Y		
Full Name of Payee National Nurses United	☐ Memo Item	Date of Fability Distribution, Discontinuation		
Mailing Address 455 Crond Avenue		06 / 05 / 2016		
155 Grand Avenue		Amount		
City State	Zip Code	3360.00		
Oakland CA	94612	Transaction ID : D742736 Date of Disbursement or Obligation		
Purpose of Expenditure Phone Banking	Category/ Type	06 06 2016		
Name of Federal Candidate	X Support	Office Sought: House District: 00		
Bernie Sanders	Oppose	President Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:		
Full Name of Payee	☐ Memo Item	Date of Public Distribution/Dissemination		
National Nurses United		06 05 2016		
Mailing Address 155 Grand Avenue		Amount		
City State	Zip Code	67.50		
Oakland CA	94612	Transaction ID : D743318 Date of Disbursement or Obligation		
Purpose of Expenditure Payroll	Category/ Type	06 07 7 2016		
Name of Federal Candidate	Support (Office Sought: House District: 00		
Bernie Sanders	Oppose	President Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:		
(a) SUBTOTAL of Itemized Independent Expenditures		3427.50		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent exper with, or at the request or suggestion of, any candidate or aut party committee) any political party committee or its agent.				
Martha Kuhl	Electronically Filed] Date	07 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Signature				

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FOR L	INE 24	OF F	ORM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼
National Nuises Office for Patient Protection		C C00490375
Check if 24-hour report 48-hour report New report	port Amends repor	t filed on M M / D D / Y Y Y Y Y
Full Name of Payee National Nurses United	☐ Memo Ite	m Date of Public Distribution/Dissemination
Mailing Addrass		06 / 06 / Y 2016
155 Grand Avenue		Amount
City State	Zip Code	168.75
Oakland CA	94612	Transaction ID : D743319 Date of Disbursement or Obligation
Purpose of Expenditure Payroll	Category/ Type	06 / 07 / ¥ ¥ ¥ ¥ ¥ ¥ ¥ ¥ ¥ ¥ ¥ ¥ ¥ ¥ ¥ ¥ ¥ ¥
Name of Federal Candidate	X Support	Office Sought: House District:00
Bernie Sanders	Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	2042683.54	Disbursement For: Primary General 2016
5 11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	☐ Memo Iten	Other (specify)
Full Name of Payee National Nurses United		M = M / D = D / Y = Y = Y = Y
Mailing Address 155 Grand Avenue		06 07 2016 Amount
City State	Zip Code	35.00
Oakland CA	94612	Transaction ID: D743321 Date of Disbursement or Obligation
Purpose of Expenditure Online Ad	Category/ Type	06 / DO7 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support	Office Sought: House District:00
Bernie Sanders	Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	2042683.54	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		203.75
(b) SUBTOTAL of Unitemized Independent Expenditures		>
(c) TOTAL Independent Expenditures		•
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
Martha Kuhl [Electron	nically Filed] Date	07 15 2016
Signature	Date	

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FOR L	INE 24	OF	FORM 3X

		FOR LINE 24 OF FORM 3X		
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection FEC IDENTIFICATION NUMBER ▼				
C coo490375				
Check if 24-hour report 48-hour report New re	port Amends report	filed on M M / D D / Y Y Y Y Y		
Full Name of Payee National Nurses United	Memo Iter	Date of Public Distribution/Dissemination		
Mailing Address		06 / 07 / Y Y Y Y Y Y		
155 Grand Avenue		Amount		
City State	Zip Code	3338.00		
Oakland CA	94612	Transaction ID : D743322 Date of Disbursement or Obligation		
Purpose of Expenditure Phone Banking	Category/ Type	06 07 2016		
Name of Federal Candidate	X Support	Office Sought: House District: 00		
Bernie Sanders	Oppose	President Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:		
Full Name of Payee	☐ Memo Item			
National Nurses United	_ memo item	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 155 Grand Avenue		Amount		
City State	Zip Code	100.00		
Oakland CA	94612	Transaction ID: D743323 Date of Disbursement or Obligation		
Purpose of Expenditure Online Ad	Category/ Type	06 / 07 / 2016		
Name of Federal Candidate	X Support	Office Sought: House District:00		
Bernie Sanders	Oppose	President Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:		
(a) SUBTOTAL of Itemized Independent Expenditures		3438.00		
(b) SUBTOTAL of Unitemized Independent Expenditures		>		
(c) TOTAL Independent Expenditures		•		
Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.				
Martha Kuhl [Electro	onically Filed] Date	07 15 2016		
Signature				

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FOR L	INE 24	OF F	ORM 3X

		FOR LINE 24 OF FORM 3X		
National Nurses United for Patient Protection FEC IDENTIFICATION NUMBER ▼				
C c00490375				
Check if 24-hour report 48-hour report New repo	ort Amends report	filed on Man / Dab / Yayayay		
Full Name of Payee National Nurses United	☐ Memo Item	Date of Public Distribution/Dissemination		
Mailing Address		06 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
155 Grand Avenue		Amount		
City State	Zip Code	33.00		
Oakland CA	94612	Transaction ID : D743327 Date of Disbursement or Obligation		
Purpose of Expenditure Online Ad	Category/ Type	06 07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate	Support C	Office Sought: House District: 00		
Bernie Sanders		President Senate State: NJ		
Calendar Year-To-Date Per Election for Office Sought		Other (appoint) Other (appoint)		
	Memo Item	Other (specify)		
Full Name of Payee National Nurses United	Memoricin	Date of Public Distribution/Dissemination 06 07 2016		
Mailing Address 155 Grand Avenue		Amount		
City State	Zip Code	33.00		
Oakland CA	94612	Transaction ID : D743328 Date of Disbursement or Obligation		
Purpose of Expenditure Online Ad	Category/ Type	06 / 07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate	X Support C	Office Sought: House District:00		
Bernie Sanders	Oppose	President Senate State: ND		
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:		
(a) SUBTOTAL of Itemized Independent Expenditures		66.00		
	,			
(b) SUBTOTAL of Unitemized Independent Expenditures)			
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.				
Martha Kuhl [Electronic	cally Filed] Date	07 15 2016		
Signature	Dale			

		OF 153 4 OF FORM 3X
C IE	DENTIFICATIO	N NUMBER ▼
	C00490375	
/	D D /	Y Y Y Y Y
ublic	c Distribution/[Dissemination
И	07	2016
		33.00
	D: D743329 ursement or O	bligation
И	07 /	2016

			_	TOTT LINE 24 OF TOTAL 3X
NAME OF COMMITTEE (In Full)	nt Drotoction			FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protection C C00490375				
Check if 24-hour report 48-hour report	ort New rep	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		☐ Memo It	em Da	te of Public Distribution/Dissemination
National Nurses United				06 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 155 Grand Avenue			An	nount
City	State	Zip Code		33.00
Oakland	CA	94612		nsaction ID : D743329 tte of Disbursement or Obligation
Purpose of Expenditure Online Ad		Category/ Type		06 07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		X Support	Office So	ught: House District:00
Bernie Sanders		Oppose		sident Senate State: NM
Calendar Year-To-Date Per Election for Office Sought		33.00	Disburser 2016	
				Other (specify) ▶
Full Name of Payee National Nurses United		Memo Ite	m Da	ate of Public Distribution/Dissemination
Mailing Address 155 Grand Avenue				06 07 2016
			AI	nount
City	State	Zip Code		33.00
Oakland	CA	94612	-	nsaction ID : D743330 ate of Disbursement or Obligation
Purpose of Expenditure Online Ad		Category/ Type		06 07 2016
Name of Federal Candidate		X Support	Office So	ught: House District:00
Bernie Sanders		Oppose	X Pre	
Calendar Year-To-Date Per Election for Office Sought		33.00	Disburser 2016	ment For:
(a) SUBTOTAL of Itemized Independent Exp	enditures			66.00
(b) SUBTOTAL of Unitemized Independent E	Expenditures			
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the inc with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorized			•
Martha Kuhl	[Electron	ically Filed]	M M M M	15 2016
Signature	-	Date	, ,,	

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FOR L	INE 24	OF F	ORM 3X

		FOR LINE 24 OF FORM 3X		
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 48-hour report New report	ort Amends report	filed on M M / D D / Y Y Y Y Y		
Full Name of Payee National Nurses United	Memo Iter	Date of Public Distribution/Dissemination		
Mailing Addrass		06 / 07 / Y Y Y Y Y Y Y		
155 Grand Avenue		Amount		
City State	Zip Code	33.00		
Oakland CA	94612	Transaction ID : D743331 Date of Disbursement or Obligation		
Purpose of Expenditure Online Ad	Category/ Type	06 07 7 2016		
Name of Federal Candidate	X Support	Office Sought: House District:00		
Bernie Sanders	Oppose	President Senate State: MT		
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General		
F. II Name of Page	☐ Memo Item	Other (specify)		
Full Name of Payee Autumn Press	Memo item	M M / D D / Y Y Y Y Y		
Mailing Address 945 Camelia St		06		
City State	Zip Code	589.98		
Berkeley CA	94710-1437	Transaction ID: D743332 Date of Disbursement or Obligation		
Purpose of Expenditure Printing	Category/ Type	06 / 07 / 2016		
Name of Federal Candidate	X Support	Office Sought: House District:00		
Bernie Sanders	Oppose	President Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:		
(a) SUBTOTAL of Itemized Independent Expenditures		622.98		
,,				
(b) SUBTOTAL of Unitemized Independent Expenditures		>		
(c) TOTAL Independent Expenditures		•		
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.				
Martha Kuhl [Electron	ically Filed] Date	07 15 2016		
Signature				

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FOR L	INE 24	OF	FORM 3X

		FOR LINE 24 OF FORM 3X		
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 48-hour report New rep	port Amends report	i filed on Man / Dan / Yayayay		
Full Name of Payee National Nurses United	☐ Memo Iter			
		M 06 / D D / Y 2016		
Mailing Address 155 Grand Avenue		Amount		
City State	Zip Code	100.00		
Oakland CA	94612	Transaction ID : D743324 Date of Disbursement or Obligation		
Purpose of Expenditure Online Ad	Category/ Type	06 / 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate	Support	Office Sought: House District:00		
Bernie Sanders	Oppose	President Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:		
Full Name of Payee	Memo Item			
Erin L FitzGerald	_	06 07 2016		
Mailing Address 1028 Florida Street		Amount		
City State	Zip Code	1260.00		
Vallejo CA	94590	Transaction ID : D743325 Date of Disbursement or Obligation		
Purpose of Expenditure Video	Category/ Type	06 / 09 / 2016		
Name of Federal Candidate	Support	Office Sought: House District:00		
Bernie Sanders	Oppose	President Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought	2042683.54	Disbursement For:		
(a) SUBTOTAL of Itemized Independent Expenditures	·	1360.00		
(-)		7 7		
(b) SUBTOTAL of Unitemized Independent Expenditures)		
(c) TOTAL Independent Expenditures		>		
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.				
Martha Kuhl [Electron	nically Filed] Date	07 15 2016		
Signature				

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		TOTT LINE 24 OF TOTAL 3X		
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 rep	oort Amends report	filed on M M / D D / Y Y Y Y Y		
Full Name of Payee Alliance Graphics	Memo Iter	Date of Public Distribution/Dissemination		
Mailing Address		06 / 16 / 2016		
1101 8th Street		Amount		
City State	Zip Code	750.26		
Berkeley CA	94710	Transaction ID : D743326 Date of Disbursement or Obligation		
Purpose of Expenditure Printing	Category/ Type	06 13 2016		
Name of Federal Candidate	Support Support	Office Sought: House District: 00		
Bernie Sanders	Oppose	President Senate State: DC		
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:		
Full Name of Payee	☐ Memo Item			
Autumn Press		06 07 2016		
Mailing Address 945 Camelia St		Amount		
City State	Zip Code	738.85		
Berkeley CA	94710-1437	Transaction ID: D743348 Date of Disbursement or Obligation		
Purpose of Expenditure Printing	Category/ Type	M M / D 14 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate	X Support	Office Sought: House District: 00		
Bernie Sanders	Oppose	President Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:		
(a) SUBTOTAL of Itemized Independent Expenditures		1489.11		
		7 7 7		
(b) SUBTOTAL of Unitemized Independent Expenditures		>		
(c) TOTAL Independent Expenditures		>		
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.	•			
Martha Kuhl [Electron	nically Filed]	07 15 2016		
Signature	Date			

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		TOTI LINE 24 OF TOTIN 3X		
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		
Full Name of Payee Javier Moreno Polllaroio	☐ Memo Item ☐ Da	ate of Public Distribution/Dissemination		
Mailing Address		05 / 01 / 2016		
1521 3rd Ave	Ar	mount		
City State Zip Co	ode	60.00		
Oakland CA 94606	Tra	insaction ID : D744807 ate of Disbursement or Obligation		
Purpose of Expenditure Translation Services Category		M M / D D / Y Y Y Y Y Y 2016		
Name of Federal Candidate	X Support Office Sc	ought: House District: 00		
Bernie Sanders		esident Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought 204268		ment For: X Primary General		
Per Election for Office Sought		Other (specify) ►		
Full Name of Payee Bus Bank	☐ Memo Item ☐	ate of Public Distribution/Dissemination		
Mailing Address 820 West Jackson		04 19 2016		
Suite 815	A	mount		
City State Zip Co	ode	11920.59		
Chicago IL 60607		ansaction ID: D744804 ate of Disbursement or Obligation		
Purpose of Expenditure Travel Category	gory/ Type	M 06 / 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate	X Support Office So	ought: House District:00		
Bernie Sanders		esident Senate State: PA		
Calendar Year-To-Date Per Election for Office Sought		ment For: Primary General		
		Other (specify)		
(a) SUBTOTAL of Itemized Independent Expenditures	······ >	11980.59		
(b) SUBTOTAL of Unitemized Independent Expenditures	·····			
(c) TOTAL Independent Expenditures	-			
(e) 10112 masponasti Exponataros	•	1961707.89		
Under penalty of perjury I certify that the independent expenditures reporte with, or at the request or suggestion of, any candidate or authorized commit party committee) any political party committee or its agent.		·		
Martha Kuhl [Electronically Fi	[led] Date 07	15 2016		
Signature	Date 07	2010		

: 97 'A = G7 9 @ G B9 C I G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCFHZ'G7 < 98 I @ 'CF' + H9 A = N5 H+ CB

Form/Schedule: SE Transaction ID: D744804

Additional payment to original estimate of payment paid and reported 4/19/16.

Form/Schedule: Transaction ID: