

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00490375
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>National Nurses United</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">06 / 07 / 2016</span>
Mailing Address 155 Grand Avenue	Amount <span style="border: 1px solid black; padding: 2px;">375.00</span>
City State Zip Code Oakland CA 94612	<b>Transaction ID : D743576</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">05 / 31 / 2016</span>
Purpose of Expenditure Site Rental	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate Bernie Sanders <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CA</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">2042683.54</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Campaign Workshop</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">06 / 13 / 2016</span>
Mailing Address 1129 20th Street, Suite 200	Amount <span style="border: 1px solid black; padding: 2px;">5882.00</span>
City State Zip Code Washington DC 20036	<b>Transaction ID : D746483</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">05 / 31 / 2016</span>
Purpose of Expenditure Digital Advertising	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate ERIC R. MR. KINGSON <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>24</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NY</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">5882.00</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">6257.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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 \_\_\_\_\_