

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

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection
FEC IDENTIFICATION NUMBER C C00490375
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee California Nurses Association
Mailing Address 2000 Franklin Street
City Oakland State CA Zip Code 94612
Purpose of Expenditure Online Ad Category/Type
Name of Federal Candidate Bernie Sanders [X] Support [] Oppose
Calendar Year-To-Date Per Election for Office Sought 135407.82

Date of Public Distribution/Dissemination 01 / 28 / 2016
Amount 40.00
Transaction ID : D709846
Date of Disbursement or Obligation 01 / 28 / 2016
Office Sought: [] House District: 00 [X] President [] Senate State: DC
Disbursement For: [X] Primary [] General 2016 [] Other (specify)

Full Name of Payee Alliance Graphics
Mailing Address 1101 8th Street
City Berkeley State CA Zip Code 94710
Purpose of Expenditure Printing Category/Type
Name of Federal Candidate Bernie Sanders [X] Support [] Oppose
Calendar Year-To-Date Per Election for Office Sought 135407.82

Date of Public Distribution/Dissemination 02 / 03 / 2016
Amount 1512.89
Transaction ID : D710082
Date of Disbursement or Obligation 01 / 28 / 2016
Office Sought: [] House District: 00 [X] President [] Senate State: DC
Disbursement For: [X] Primary [] General 2016 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1552.89
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Martha Kuhl [Electronically Filed] Date 02 / 08 / 2016
Signature

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

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection
FEC IDENTIFICATION NUMBER C C00490375
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee California Nurses Association
Mailing Address 2000 Franklin Street
City Oakland State CA Zip Code 94612
Purpose of Expenditure Online Ad Category/Type

Date of Public Distribution/Dissemination 01 / 27 / 2016
Amount 25.00
Transaction ID : D710089
Date of Disbursement or Obligation 01 / 28 / 2016

Name of Federal Candidate Bernie Sanders
Support [X] Oppose []
Office Sought: [] House [X] President [] Senate
District: 00 State: DC
Calendar Year-To-Date Per Election for Office Sought 135407.82

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

Full Name of Payee California Nurses Association
Mailing Address 2000 Franklin Street
City Oakland State CA Zip Code 94612
Purpose of Expenditure Online Ad Category/Type

Date of Public Distribution/Dissemination 01 / 27 / 2016
Amount 200.00
Transaction ID : D710090
Date of Disbursement or Obligation 01 / 28 / 2016

Name of Federal Candidate Bernie Sanders
Support [X] Oppose []
Office Sought: [] House [X] President [] Senate
District: 00 State: DC
Calendar Year-To-Date Per Election for Office Sought 135407.82

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

(a) SUBTOTAL of Itemized Independent Expenditures 225.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection
FEC IDENTIFICATION NUMBER C C00490375
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee California Nurses Association
Mailing Address 2000 Franklin Street
City Oakland State CA Zip Code 94612
Purpose of Expenditure Online Ad Category/Type
Name of Federal Candidate BERNARD SANDERS [X] Support [] Oppose
Calendar Year-To-Date Per Election for Office Sought 3918.89

Date of Public Distribution/Dissemination 01 / 29 / 2016
Amount 40.00
Transaction ID : D709931
Date of Disbursement or Obligation 02 / 01 / 2016
Office Sought: [] House District: 00 [X] President [] Senate State: IA
Disbursement For: [X] Primary [] General 2016 [] Other (specify)

Full Name of Payee California Nurses Association
Mailing Address 2000 Franklin Street
City Oakland State CA Zip Code 94612
Purpose of Expenditure Online Ad Category/Type
Name of Federal Candidate BERNARD SANDERS [X] Support [] Oppose
Calendar Year-To-Date Per Election for Office Sought 3918.89

Date of Public Distribution/Dissemination 01 / 30 / 2016
Amount 40.00
Transaction ID : D709932
Date of Disbursement or Obligation 02 / 01 / 2016
Office Sought: [] House District: 00 [X] President [] Senate State: IA
Disbursement For: [X] Primary [] General 2016 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 80.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection
FEC IDENTIFICATION NUMBER C C00490375
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee California Nurses Association
Mailing Address 2000 Franklin Street
City Oakland State CA Zip Code 94612
Purpose of Expenditure Online Ad
Name of Federal Candidate BERNARD SANDERS [X] Support [] Oppose
Calendar Year-To-Date Per Election for Office Sought 3918.89

Date of Public Distribution/Dissemination 01 / 30 / 2016
Amount 50.00
Transaction ID : D709933
Date of Disbursement or Obligation 02 / 01 / 2016
Office Sought: [] House District: 00 [X] President [] Senate State: IA
Disbursement For: [X] Primary [] General 2016 [] Other (specify)

Full Name of Payee California Nurses Association
Mailing Address 2000 Franklin Street
City Oakland State CA Zip Code 94612
Purpose of Expenditure Online Ad
Name of Federal Candidate BERNARD SANDERS [X] Support [] Oppose
Calendar Year-To-Date Per Election for Office Sought 3918.89

Date of Public Distribution/Dissemination 02 / 01 / 2016
Amount 50.00
Transaction ID : D709934
Date of Disbursement or Obligation 02 / 01 / 2016
Office Sought: [] House District: 00 [X] President [] Senate State: IA
Disbursement For: [X] Primary [] General 2016 [] Other (specify)

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

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NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection
FEC IDENTIFICATION NUMBER C C00490375
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee California Nurses Association
Mailing Address 2000 Franklin Street
City Oakland State CA Zip Code 94612
Purpose of Expenditure Site Rental
Name of Federal Candidate BERNARD SANDERS [X] Support [] Oppose
Calendar Year-To-Date Per Election for Office Sought 3918.89

Date of Public Distribution/Dissemination 01 / 30 / 2016
Amount 150.00
Transaction ID : D709935
Date of Disbursement or Obligation 02 / 01 / 2016
Office Sought: [] House District: 00 [X] President [] Senate State: IA
Disbursement For: [X] Primary [] General 2016 [] Other (specify)

Full Name of Payee California Nurses Association
Mailing Address 2000 Franklin Street
City Oakland State CA Zip Code 94612
Purpose of Expenditure Site Rental
Name of Federal Candidate BERNARD SANDERS [X] Support [] Oppose
Calendar Year-To-Date Per Election for Office Sought 3918.89

Date of Public Distribution/Dissemination 01 / 31 / 2016
Amount 150.00
Transaction ID : D709936
Date of Disbursement or Obligation 02 / 01 / 2016
Office Sought: [] House District: 00 [X] President [] Senate State: IA
Disbursement For: [X] Primary [] General 2016 [] Other (specify)

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

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

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection
FEC IDENTIFICATION NUMBER C C00490375
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee California Nurses Association
Mailing Address 2000 Franklin Street
City Oakland State CA Zip Code 94612
Purpose of Expenditure Site Rental
Name of Federal Candidate BERNARD SANDERS [X] Support [] Oppose
Calendar Year-To-Date Per Election for Office Sought 3918.89

Date of Public Distribution/Dissemination 02 / 01 / 2016
Amount 800.00
Transaction ID : D709937
Date of Disbursement or Obligation 02 / 01 / 2016
Office Sought: [] House District: 00 [X] President [] Senate State: IA
Disbursement For: [X] Primary [] General 2016 [] Other (specify)

Full Name of Payee California Nurses Association
Mailing Address 2000 Franklin Street
City Oakland State CA Zip Code 94612
Purpose of Expenditure Site Rental
Name of Federal Candidate BERNARD SANDERS [X] Support [] Oppose
Calendar Year-To-Date Per Election for Office Sought 3890.50

Date of Public Distribution/Dissemination 02 / 01 / 2016
Amount 200.00
Transaction ID : D709938
Date of Disbursement or Obligation 02 / 01 / 2016
Office Sought: [] House District: 00 [X] President [] Senate State: NV
Disbursement For: [X] Primary [] General 2016 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1000.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection
FEC IDENTIFICATION NUMBER C C00490375
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee California Nurses Association
Mailing Address 2000 Franklin Street
City Oakland State CA Zip Code 94612
Purpose of Expenditure Site Rental Category/Type
Name of Federal Candidate BERNARD SANDERS [X] Support [] Oppose
Calendar Year-To-Date Per Election for Office Sought 3890.50

Date of Public Distribution/Dissemination 02 / 02 / 2016
Amount 580.00
Transaction ID : D709939
Date of Disbursement or Obligation 02 / 01 / 2016
Office Sought: [] House District: 00 [X] President [] Senate State: NV
Disbursement For: [X] Primary [] General 2016 [] Other (specify)

Full Name of Payee California Nurses Association
Mailing Address 2000 Franklin Street
City Oakland State CA Zip Code 94612
Purpose of Expenditure Online Ad Category/Type
Name of Federal Candidate BERNARD SANDERS [X] Support [] Oppose
Calendar Year-To-Date Per Election for Office Sought 3918.89

Date of Public Distribution/Dissemination 02 / 01 / 2016
Amount 40.00
Transaction ID : D710083
Date of Disbursement or Obligation 02 / 02 / 2016
Office Sought: [] House District: 00 [X] President [] Senate State: IA
Disbursement For: [X] Primary [] General 2016 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 620.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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Signature Martha Kuhl [Electronically Filed] Date 02 / 08 / 2016

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NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection
FEC IDENTIFICATION NUMBER C C00490375
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee California Nurses Association
Mailing Address 2000 Franklin Street
City Oakland State CA Zip Code 94612
Purpose of Expenditure Online Ad Category/Type
Name of Federal Candidate BERNARD SANDERS [X] Support [] Oppose
Calendar Year-To-Date Per Election for Office Sought 3918.89

Date of Public Distribution/Dissemination 02 / 01 / 2016
Amount 40.00
Transaction ID : D710084
Date of Disbursement or Obligation 02 / 02 / 2016
Office Sought: [] House District: 00 [X] President [] Senate State: IA
Disbursement For: [X] Primary [] General 2016 [] Other (specify)

Full Name of Payee Bus Bank
Mailing Address 820 West Jackson Suite 815
City Chicago State IL Zip Code 60607
Purpose of Expenditure Bus tour expenses Category/Type
Name of Federal Candidate Bernie Sanders [X] Support [] Oppose
Calendar Year-To-Date Per Election for Office Sought 135407.82

Date of Public Distribution/Dissemination 02 / 08 / 2016
Amount 131600.00
Transaction ID : D710075
Date of Disbursement or Obligation 02 / 05 / 2016
Office Sought: [] House District: 00 [X] President [] Senate State: DC
Disbursement For: [X] Primary [] General 2016 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 131640.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection
FEC IDENTIFICATION NUMBER C C00490375
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee California Nurses Association
Mailing Address 2000 Franklin Street
City Oakland State CA Zip Code 94612
Purpose of Expenditure Online Ad Category/Type

Date of Public Distribution/Dissemination 02 / 05 / 2016
Amount 50.00
Transaction ID : D710071
Date of Disbursement or Obligation 02 / 08 / 2016

Name of Federal Candidate Bernie Sanders
Support [X] Oppose []
Office Sought: [] House [X] President [] Senate
District: 00 State: DC
Calendar Year-To-Date Per Election for Office Sought 135407.82

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

Full Name of Payee California Nurses Association
Mailing Address 2000 Franklin Street
City Oakland State CA Zip Code 94612
Purpose of Expenditure Online Ad Category/Type

Date of Public Distribution/Dissemination 02 / 05 / 2016
Amount 50.00
Transaction ID : D710072
Date of Disbursement or Obligation 02 / 08 / 2016

Name of Federal Candidate Bernie Sanders
Support [X] Oppose []
Office Sought: [] House [X] President [] Senate
District: 00 State: DC
Calendar Year-To-Date Per Election for Office Sought 135407.82

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

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 100.00; (b) SUBTOTAL of Unitemized Independent Expenditures; (c) TOTAL Independent Expenditures

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Signature Martha Kuhl

[Electronically Filed]

Date 02 / 08 / 2016

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

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection
FEC IDENTIFICATION NUMBER C C00490375
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee California Nurses Association
Mailing Address 2000 Franklin Street
City Oakland State CA Zip Code 94612
Purpose of Expenditure Online Ad Category/Type
Name of Federal Candidate Bernie Sanders [X] Support [] Oppose
Calendar Year-To-Date Per Election for Office Sought 135407.82

Date of Public Distribution/Dissemination 02 / 05 / 2016
Amount 100.00
Transaction ID : D710073
Date of Disbursement or Obligation 02 / 08 / 2016
Office Sought: [] House District: 00 [X] President [] Senate State: DC
Disbursement For: [X] Primary [] General 2016 [] Other (specify)

Full Name of Payee California Nurses Association
Mailing Address 2000 Franklin Street
City Oakland State CA Zip Code 94612
Purpose of Expenditure Online Ad Category/Type
Name of Federal Candidate Bernie Sanders [X] Support [] Oppose
Calendar Year-To-Date Per Election for Office Sought 135407.82

Date of Public Distribution/Dissemination 02 / 06 / 2015
Amount 40.00
Transaction ID : D710074
Date of Disbursement or Obligation 02 / 08 / 2016
Office Sought: [] House District: 00 [X] President [] Senate State: DC
Disbursement For: [X] Primary [] General 2016 [] Other (specify)

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

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Martha Kuhl [Electronically Filed] Date 02 / 08 / 2016
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NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection
FEC IDENTIFICATION NUMBER C C00490375
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Campaign Workshop
Mailing Address 1129 20th Street, Suite 200
City Washington State DC Zip Code 20036
Purpose of Expenditure Printing Category/Type
Name of Federal Candidate BERNARD SANDERS [X] Support [] Oppose
Calendar Year-To-Date Per Election for Office Sought 3890.50

Date of Public Distribution/Dissemination 02 / 08 / 2016
Amount 505.82
Transaction ID : D710076
Date of Disbursement or Obligation 02 / 08 / 2016
Office Sought: [] House District: 00 [X] President [] Senate State: NV
Disbursement For: [X] Primary [] General 2016 [] Other (specify)

Full Name of Payee Campaign Workshop
Mailing Address 1129 20th Street, Suite 200
City Washington State DC Zip Code 20036
Purpose of Expenditure Printing Category/Type
Name of Federal Candidate BERNARD SANDERS [X] Support [] Oppose
Calendar Year-To-Date Per Election for Office Sought 3890.50

Date of Public Distribution/Dissemination 02 / 03 / 2016
Amount 62.34
Transaction ID : D710077
Date of Disbursement or Obligation 02 / 08 / 2016
Office Sought: [] House District: 00 [X] President [] Senate State: NV
Disbursement For: [X] Primary [] General 2016 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 568.16
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection
FEC IDENTIFICATION NUMBER C C00490375
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Campaign Workshop
Mailing Address 1129 20th Street, Suite 200
City Washington State DC Zip Code 20036
Purpose of Expenditure Printing Category/Type
Name of Federal Candidate BERNARD SANDERS [X] Support [] Oppose
Calendar Year-To-Date Per Election for Office Sought 3890.50

Date of Public Distribution/Dissemination 01 / 27 / 2016
Amount 62.34
Transaction ID : D710078
Date of Disbursement or Obligation 02 / 08 / 2016
Office Sought: [] House District: 00 [X] President [] Senate State: NV
Disbursement For: [X] Primary [] General 2016 [] Other (specify)

Full Name of Payee Campaign Workshop
Mailing Address 1129 20th Street, Suite 200
City Washington State DC Zip Code 20036
Purpose of Expenditure Printing Category/Type
Name of Federal Candidate BERNARD SANDERS [X] Support [] Oppose
Calendar Year-To-Date Per Election for Office Sought 3918.89

Date of Public Distribution/Dissemination 01 / 20 / 2016
Amount 1433.95
Transaction ID : D710079
Date of Disbursement or Obligation 02 / 08 / 2016
Office Sought: [] House District: 00 [X] President [] Senate State: IA
Disbursement For: [X] Primary [] General 2016 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1496.29
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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FEC IDENTIFICATION NUMBER C C00490375
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Campaign Workshop
Mailing Address 1129 20th Street, Suite 200
City Washington State DC Zip Code 20036
Purpose of Expenditure Printing Category/Type
Name of Federal Candidate BERNARD SANDERS [X] Support [] Oppose
Calendar Year-To-Date Per Election for Office Sought 3918.89

Date of Public Distribution/Dissemination 01 / 15 / 2016
Amount 537.47
Transaction ID : D710080
Date of Disbursement or Obligation 02 / 08 / 2016
Office Sought: [] House District: 00 [X] President [] Senate State: IA
Disbursement For: [X] Primary [] General 2016 [] Other (specify)

Full Name of Payee Campaign Workshop
Mailing Address 1129 20th Street, Suite 200
City Washington State DC Zip Code 20036
Purpose of Expenditure Printing Category/Type
Name of Federal Candidate BERNARD SANDERS [X] Support [] Oppose
Calendar Year-To-Date Per Election for Office Sought 3918.89

Date of Public Distribution/Dissemination 01 / 11 / 2016
Amount 537.47
Transaction ID : D710081
Date of Disbursement or Obligation 02 / 08 / 2016
Office Sought: [] House District: 00 [X] President [] Senate State: IA
Disbursement For: [X] Primary [] General 2016 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1074.94
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection
FEC IDENTIFICATION NUMBER C C00490375
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee California Nurses Association
Mailing Address 2000 Franklin Street
City Oakland State CA Zip Code 94612
Purpose of Expenditure Site Rental
Name of Federal Candidate BERNARD SANDERS [X] Support [] Oppose
Calendar Year-To-Date Per Election for Office Sought 3890.50

Date of Public Distribution/Dissemination 02 / 08 / 2016
Amount 700.00
Transaction ID : D710085
Date of Disbursement or Obligation 02 / 08 / 2016
Office Sought: [] House District: 00 [X] President [] Senate State: NV
Disbursement For: [X] Primary [] General 2016 [] Other (specify)

Full Name of Payee California Nurses Association
Mailing Address 2000 Franklin Street
City Oakland State CA Zip Code 94612
Purpose of Expenditure Site Rental
Name of Federal Candidate BERNARD SANDERS [X] Support [] Oppose
Calendar Year-To-Date Per Election for Office Sought 3890.50

Date of Public Distribution/Dissemination 02 / 09 / 2016
Amount 480.00
Transaction ID : D710086
Date of Disbursement or Obligation 02 / 08 / 2016
Office Sought: [] House District: 00 [X] President [] Senate State: NV
Disbursement For: [X] Primary [] General 2016 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1180.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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Martha Kuhl [Electronically Filed] Date 02 / 08 / 2016
Signature

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

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection
FEC IDENTIFICATION NUMBER C C00490375
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee California Nurses Association
Mailing Address 2000 Franklin Street
City Oakland State CA Zip Code 94612
Purpose of Expenditure Site Rental Category/Type
Name of Federal Candidate BERNARD SANDERS [X] Support [] Oppose
Calendar Year-To-Date Per Election for Office Sought 3890.50

Date of Public Distribution/Dissemination 02 / 10 / 2016
Amount 720.00
Transaction ID : D710087
Date of Disbursement or Obligation 02 / 08 / 2016
Office Sought: [] House District: 00 [X] President [] Senate State: NV
Disbursement For: [X] Primary [] General 2016 [] Other (specify)

Full Name of Payee California Nurses Association
Mailing Address 2000 Franklin Street
City Oakland State CA Zip Code 94612
Purpose of Expenditure Site Rental Category/Type
Name of Federal Candidate BERNARD SANDERS [X] Support [] Oppose
Calendar Year-To-Date Per Election for Office Sought 3890.50

Date of Public Distribution/Dissemination 02 / 11 / 2016
Amount 580.00
Transaction ID : D710088
Date of Disbursement or Obligation 02 / 08 / 2016
Office Sought: [] House District: 00 [X] President [] Senate State: NV
Disbursement For: [X] Primary [] General 2016 [] Other (specify)

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 1300.00, (b) SUBTOTAL of Unitemized Independent Expenditures, (c) TOTAL Independent Expenditures 141377.28

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Martha Kuhl [Electronically Filed] Date 02 / 08 / 2016
Signature