

**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

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		<input type="text" value="147329.84"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="244536.11"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="2222523.34"/>	<input type="text" value="2349523.34"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="2467059.45"/>	<input type="text" value="2496853.18"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="1333014.70"/>	<input type="text" value="1362808.43"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="1134044.75"/>	<input type="text" value="1134044.75"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	0.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	2222523.34	2222523.34
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	2222523.34	2222523.34
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	127000.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	2222523.34	2349523.34
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	2222523.34	2349523.34

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
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	18721.01	18721.01
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	18721.01	18721.01
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	200000.00	200000.00
24. Independent Expenditures (use Schedule E)	918493.69	918493.69
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. 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 (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	195800.00	225593.73
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(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 .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1333014.70	1362808.43
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1333014.70	1362808.43

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
33. Total Contributions (other than loans) (from Line 11(d), page 3)	2222523.34	2222523.34
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2222523.34	2222523.34
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	18721.01	18721.01
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	127000.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	18721.01	-108278.99

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 53
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions 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 Full)
National Nurses United for Patient Protection

A. National Nurses United
Full Name (Last, First, Middle Initial)
Mailing Address 8630 Fenton Street
Suite 1100
City Silver Spring State MD Zip Code 20910
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
2222523.34

Date of Receipt
MM / DD / YYYY
09 / 01 / 2015
Transaction ID : C9818549
Amount of Each Receipt this Period
249975.70
 Memo Item

B. National Nurses United
Full Name (Last, First, Middle Initial)
Mailing Address 8630 Fenton Street
Suite 1100
City Silver Spring State MD Zip Code 20910
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
2222523.34

Date of Receipt
MM / DD / YYYY
09 / 23 / 2015
Transaction ID : C9818550
Amount of Each Receipt this Period
1370397.83
 Memo Item

C. National Nurses United
Full Name (Last, First, Middle Initial)
Mailing Address 8630 Fenton Street
Suite 1100
City Silver Spring State MD Zip Code 20910
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
2222523.34

Date of Receipt
MM / DD / YYYY
09 / 23 / 2015
Transaction ID : C9818551
Amount of Each Receipt this Period
234135.35
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1854508.88
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 53
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Nurses United for Patient Protection

A. National Nurses United

Full Name (Last, First, Middle Initial)
National Nurses United

Mailing Address 8630 Fenton Street
Suite 1100

City Silver Spring State MD Zip Code 20910

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
222523.34

Date of Receipt
MM / DD / YYYY
09 / 29 / 2015

Transaction ID : C9818552

Amount of Each Receipt this Period
106195.16

Memo Item

B. National Nurses United

Full Name (Last, First, Middle Initial)
National Nurses United

Mailing Address 8630 Fenton Street
Suite 1100

City Silver Spring State MD Zip Code 20910

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
222523.34

Date of Receipt
MM / DD / YYYY
10 / 01 / 2015

Transaction ID : C9818553

Amount of Each Receipt this Period
252618.96

Memo Item

C. National Nurses United

Full Name (Last, First, Middle Initial)
National Nurses United

Mailing Address 8630 Fenton Street
Suite 1100

City Silver Spring State MD Zip Code 20910

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
222523.34

Date of Receipt
MM / DD / YYYY
10 / 27 / 2015

Transaction ID : C9818554

Amount of Each Receipt this Period
9200.34

Memo Item

SUBTOTAL of Receipts This Page (optional).....	368014.46
TOTAL This Period (last page this line number only).....	222523.34

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
National Nurses United for Patient Protection

Full Name (Last, First, Middle Initial)

A. Autumn Press

Mailing Address 945 Camelia St

City Berkeley State CA Zip Code 94710-1437

Purpose of Disbursement
Printing for PAC

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 10 / 2015

Transaction ID : **D691234**

Amount of Each Disbursement this Period

1134.91

Memo Item

Full Name (Last, First, Middle Initial)

B. Autumn Press

Mailing Address 945 Camelia St

City Berkeley State CA Zip Code 94710-1437

Purpose of Disbursement
Printing for PAC

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2015

Transaction ID : **D693071**

Amount of Each Disbursement this Period

7418.31

Memo Item

Full Name (Last, First, Middle Initial)

C. California Nurses Association

Mailing Address 155 Grand Avenue

City Oakland State CA Zip Code 94612

Purpose of Disbursement
Office supplies for PAC

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 23 / 2015

Transaction ID : **D693076**

Amount of Each Disbursement this Period

1803.61

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

10356.83

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
National Nurses United for Patient Protection

Full Name (Last, First, Middle Initial)

A. ELead Resources

Mailing Address 314 W Superior St

City Chicago State IL Zip Code 60654

Purpose of Disbursement
Printing & shipping for PAC

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 28 / 2015

Transaction ID : D693070

Amount of Each Disbursement this Period

7516.72

Memo Item

Full Name (Last, First, Middle Initial)

B. Michael Konopacki

Mailing Address PO Box 1917

City Madison State WI Zip Code 53701-1917

Purpose of Disbursement
Graphic design for PAC

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 17 / 2015

Transaction ID : D691556

Amount of Each Disbursement this Period

600.00

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

8116.72

18473.55

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Nurses United for Patient Protection

Full Name (Last, First, Middle Initial)

A. PROGRESSIVE KICK INDEPENDENT EXPENDITURES

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			02			2015					

Mailing Address 1904 Franklin St
Ste 725

City Oakland State CA Zip Code 94612-2924

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Transaction ID : D742737

Amount of Each Disbursement this Period

200000.00

Memo Item

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

--

Memo Item

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

--

Memo Item

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

200000.00

200000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions 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 Full)
National Nurses United for Patient Protection

Full Name (Last, First, Middle Initial)

A. Democratic Party West Caucus

Mailing Address 6233 Dean Martin Drive

City Las Vegas State NV Zip Code 89118

Purpose of Disbursement
Non-federal contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 03 / 2015

Transaction ID : D693077

Amount of Each Disbursement this Period

800.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Progressive Kick

Mailing Address 1904 Franklin St
Ste 725

City Oakland State CA Zip Code 94612-2924

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 01 / 2015

Transaction ID : D693067

Amount of Each Disbursement this Period

45000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Reclaim Chicago

Mailing Address 850 W Jefferson Blvd
Suite 750

City Chicago State IL Zip Code 60607

Purpose of Disbursement
Non-federal contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 02 / 2015

Transaction ID : D693060

Amount of Each Disbursement this Period

150000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

195800.00

195800.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER C 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		MM / DD / YYYY

Full Name of Payee National Nurses United		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 28 / 2015
Mailing Address 155 Grand Avenue			Amount 28.00
City Oakland	State CA	Zip Code 94612	Transaction ID : D681420
Purpose of Expenditure Printing	Category/Type		Date of Disbursement or Obligation MM / DD / YYYY 08 / 26 / 2015
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC
Calendar Year-To-Date Per Election for Office Sought 645099.79			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Alliance Graphics		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 10 / 2015
Mailing Address 1101 8th Street			Amount 3391.50
City Berkeley	State CA	Zip Code 94710	Transaction ID : D681432
Purpose of Expenditure Printing & shipping	Category/Type		Date of Disbursement or Obligation MM / DD / YYYY 08 / 28 / 2015
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC
Calendar Year-To-Date Per Election for Office Sought 645099.79			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	3419.50
(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

Signature _____ [Electronically Filed] Date MM / DD / YYYY
06 / 07 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee ELead Resources
Mailing Address 314 W Superior St
City Chicago State IL Zip Code 60654
Purpose of Expenditure Printing & shipping
Name of Federal Candidate Bernie Sanders
Calendar Year-To-Date Per Election for Office Sought 645099.79
Date of Public Distribution/Dissemination 08/10/2015
Amount 4210.72
Transaction ID : D681433
Date of Disbursement or Obligation 08/28/2015
Office Sought: President
Disbursement For: Primary

Full Name of Payee ELead Resources
Mailing Address 314 W Superior St
City Chicago State IL Zip Code 60654
Purpose of Expenditure Printing
Name of Federal Candidate Bernie Sanders
Calendar Year-To-Date Per Election for Office Sought 645099.79
Date of Public Distribution/Dissemination 09/28/2015
Amount 4029.30
Transaction ID : D681434
Date of Disbursement or Obligation 08/28/2015
Office Sought: President
Disbursement For: Primary

(a) SUBTOTAL of Itemized Independent Expenditures 8240.02
(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 06/07/2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee: Alliance Graphics
Mailing Address: 1101 8th Street
City: Berkeley, State: CA, Zip Code: 94710
Purpose of Expenditure: Printing
Name of Federal Candidate: Bernie Sanders
Amount: 1200.00
Transaction ID: D681453
Date of Disbursement or Obligation: 08/28/2015
Disbursement For: Primary

Full Name of Payee: ELead Resources
Mailing Address: 314 W Superior St
City: Chicago, State: IL, Zip Code: 60654
Purpose of Expenditure: Printing & shipping
Name of Federal Candidate: Bernie Sanders
Amount: 21669.03
Transaction ID: D681454
Date of Disbursement or Obligation: 08/28/2015
Disbursement For: Primary

(a) SUBTOTAL of Itemized Independent Expenditures: 22869.03
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature: Martha Kuhl
Date: 06/07/2015
[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee Autumn Press
Mailing Address 945 Camelia St
City Berkeley State CA Zip Code 94710-1437
Purpose of Expenditure Printing & shipping
Name of Federal Candidate Bernie Sanders
Calendar Year-To-Date Per Election for Office Sought 645099.79
Date of Public Distribution/Dissemination 09/28/2015
Amount 2831.86
Transaction ID : D681455
Date of Disbursement or Obligation 08/28/2015
Office Sought: President
Disbursement For: Primary

Full Name of Payee Autumn Press
Mailing Address 945 Camelia St
City Berkeley State CA Zip Code 94710-1437
Purpose of Expenditure Printing
Name of Federal Candidate Bernie Sanders
Calendar Year-To-Date Per Election for Office Sought 645099.79
Date of Public Distribution/Dissemination 09/25/2015
Amount 5196.59
Transaction ID : D681416
Date of Disbursement or Obligation 09/25/2015
Office Sought: President
Disbursement For: Primary

(a) SUBTOTAL of Itemized Independent Expenditures 8028.45
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Martha Kuhl [Electronically Filed] Date 06/07/2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection	FEC IDENTIFICATION NUMBER ▼ C 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 M M / D D / Y Y Y Y Y Y	

Full Name of Payee Autumn Press <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 25 / 2015
Mailing Address 945 Camelia St	Amount 249.89
City State Zip Code Berkeley CA 94710-1437	Transaction ID : D681417 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 25 / 2015
Purpose of Expenditure Printing Category/Type 	Name of Federal Candidate Bernie Sanders <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Bernie Sanders	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC
Calendar Year-To-Date Per Election for Office Sought 645099.79	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Alliance Graphics <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 25 / 2015
Mailing Address 1101 8th Street	Amount 10325.08
City State Zip Code Berkeley CA 94710	Transaction ID : D681418 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 25 / 2015
Purpose of Expenditure Printing Category/Type 	Name of Federal Candidate Bernie Sanders <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Bernie Sanders	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC
Calendar Year-To-Date Per Election for Office Sought 645099.79	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	10574.97
(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 M M / D D / Y Y Y Y Y Y
06 / 07 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ C 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		

Full Name of Payee Alliance Graphics		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2015
Mailing Address 1101 8th Street			Amount 5351.73
City Berkeley	State CA	Zip Code 94710	Transaction ID : D681419
Purpose of Expenditure Printing	Category/Type		Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2015
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>DC</u>
Calendar Year-To-Date Per Election for Office Sought		645099.79	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee National Nurses United		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2015
Mailing Address 155 Grand Avenue			Amount 723.30
City Oakland	State CA	Zip Code 94612	Transaction ID : D681431
Purpose of Expenditure Shipping	Category/Type		Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2015
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>DC</u>
Calendar Year-To-Date Per Election for Office Sought		645099.79	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	6075.03
(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

Signature _____ [Electronically Filed] Date MM / DD / YYYY **06 / 07 / 2016**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee Alliance Graphics
Mailing Address 1101 8th Street
City Berkeley State CA Zip Code 94710
Purpose of Expenditure Printing
Name of Federal Candidate Bernie Sanders
Calendar Year-To-Date Per Election for Office Sought 645099.79
Date of Public Distribution/Dissemination 09/25/2015
Amount 28488.73
Transaction ID : D681441
Date of Disbursement or Obligation 09/26/2015
Office Sought: President
Disbursement For: Primary

Full Name of Payee Autumn Press
Mailing Address 945 Camelia St
City Berkeley State CA Zip Code 94710-1437
Purpose of Expenditure Printing
Name of Federal Candidate Bernie Sanders
Calendar Year-To-Date Per Election for Office Sought 645099.79
Date of Public Distribution/Dissemination 09/29/2015
Amount 19423.85
Transaction ID : D681473
Date of Disbursement or Obligation 09/30/2015
Office Sought: President
Disbursement For: Primary

(a) SUBTOTAL of Itemized Independent Expenditures 47912.58
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Martha Kuhl [Electronically Filed] Date 06/07/2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection	FEC IDENTIFICATION NUMBER ▼ C C00490375
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Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee Autumn Press <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 29 / 2015
Mailing Address 945 Camelia St	Amount 17968.08
City State Zip Code Berkeley CA 94710-1437	Transaction ID : D681474 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 30 / 2015
Purpose of Expenditure Printing Category/Type 	Name of Federal Candidate Bernie Sanders <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 645099.79	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Autumn Press <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 07 / 2015
Mailing Address 945 Camelia St	Amount 5249.68
City State Zip Code Berkeley CA 94710-1437	Transaction ID : D681737 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 07 / 2015
Purpose of Expenditure Printing Category/Type 	Name of Federal Candidate Bernie Sanders <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 645099.79	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	23217.76
(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 M M / D D / Y Y Y Y Y Y
06 / 07 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection	FEC IDENTIFICATION NUMBER ▼ C 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 M M / D D / Y Y Y Y Y Y	

Full Name of Payee Autumn Press <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 07 / 2015
Mailing Address 945 Camelia St	Amount 999.99 3950.66
City State Zip Code Berkeley CA 94710-1437	Transaction ID : D681738 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 07 / 2015
Purpose of Expenditure Printing Category/Type 	Name of Federal Candidate Bernie Sanders <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Bernie Sanders	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC
Calendar Year-To-Date Per Election for Office Sought 999.99 645099.79	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Alliance Graphics <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 07 / 2015
Mailing Address 1101 8th Street	Amount 999.99 10325.08
City State Zip Code Berkeley CA 94710	Transaction ID : D681936 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 08 / 2015
Purpose of Expenditure Printing Category/Type 	Name of Federal Candidate Bernie Sanders <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Bernie Sanders	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC
Calendar Year-To-Date Per Election for Office Sought 999.99 645099.79	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	999.99 14275.74
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	999.99
(c) TOTAL Independent Expenditures..... ▶	999.99

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 M M / D D / Y Y Y Y Y Y
06 / 07 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee Alliance Graphics
Mailing Address 1101 8th Street
City Berkeley State CA Zip Code 94710
Purpose of Expenditure Printing
Name of Federal Candidate Bernie Sanders
Calendar Year-To-Date Per Election for Office Sought 645099.79

Date of Public Distribution/Dissemination 10 / 07 / 2015
Amount 5110.50
Transaction ID : D681937
Date of Disbursement or Obligation 10 / 08 / 2015
Office Sought: House District: 00
President Senate State: DC
Disbursement For: Primary General 2016

Full Name of Payee Alliance Graphics
Mailing Address 1101 8th Street
City Berkeley State CA Zip Code 94710
Purpose of Expenditure Printing
Name of Federal Candidate Bernie Sanders
Calendar Year-To-Date Per Election for Office Sought 645099.79

Date of Public Distribution/Dissemination 10 / 07 / 2015
Amount 4901.02
Transaction ID : D681938
Date of Disbursement or Obligation 10 / 08 / 2015
Office Sought: House District: 00
President Senate State: DC
Disbursement For: Primary General 2016

(a) SUBTOTAL of Itemized Independent Expenditures 10011.52
(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 06 / 07 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection	FEC IDENTIFICATION NUMBER ▼ C C00490375
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Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee Autumn Press <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 08 / 2015
Mailing Address 945 Camelia St	Amount 3020.70
City State Zip Code Berkeley CA 94710-1437	Transaction ID : D682086 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 09 / 2015
Purpose of Expenditure Printing	Category/Type
Name of Federal Candidate Bernie Sanders	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: DC
Calendar Year-To-Date Per Election for Office Sought 645099.79	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Autumn Press <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 08 / 2015
Mailing Address 945 Camelia St	Amount 446.61
City State Zip Code Berkeley CA 94710-1437	Transaction ID : D682087 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 09 / 2015
Purpose of Expenditure Printing	Category/Type
Name of Federal Candidate Bernie Sanders	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: DC
Calendar Year-To-Date Per Election for Office Sought 645099.79	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	3467.31
(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 M M / D D / Y Y Y Y Y Y
06 / 07 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection	FEC IDENTIFICATION NUMBER ▼ C C00490375
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Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee Autumn Press <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 08 / 2015
Mailing Address 945 Camelia St	Amount 295.19
City State Zip Code Berkeley CA 94710-1437	
Purpose of Expenditure Printing	Category/Type
Name of Federal Candidate Bernie Sanders	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: DC
Calendar Year-To-Date Per Election for Office Sought 645099.79	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee ELead Resources <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 12 / 2015
Mailing Address 314 W Superior St	Amount 56773.55
City State Zip Code Chicago IL 60654	
Purpose of Expenditure Printing & shipping	Category/Type
Name of Federal Candidate Bernie Sanders	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: DC
Calendar Year-To-Date Per Election for Office Sought 645099.79	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	57068.74
(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 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 M M / D D / Y Y Y Y Y Y
06 / 07 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection	FEC IDENTIFICATION NUMBER ▼ C C00490375
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Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee Autumn Press <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 12 / 2015
Mailing Address 945 Camelia St	Amount 26606.82
City State Zip Code Berkeley CA 94710-1437	Transaction ID : D682393 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 13 / 2015
Purpose of Expenditure Printing Category/Type 	Name of Federal Candidate Bernie Sanders <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 645099.79	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>DC</u> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Alliance Graphics <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 14 / 2015
Mailing Address 1101 8th Street	Amount 777.79
City State Zip Code Berkeley CA 94710	Transaction ID : D682569 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 15 / 2015
Purpose of Expenditure Printing Category/Type 	Name of Federal Candidate Bernie Sanders <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 645099.79	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>DC</u> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	27384.61
(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 M M / D D / Y Y Y Y Y Y
06 / 07 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection	FEC IDENTIFICATION NUMBER ▼ C C00490375
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Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee National Nurses United <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 16 / 2015
Mailing Address 155 Grand Avenue	Amount 184.00
City State Zip Code Oakland CA 94612	Transaction ID : D683008 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 19 / 2015
Purpose of Expenditure Music use licensing fee	Category/Type
Name of Federal Candidate Bernie Sanders	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: DC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
645099.79	

Full Name of Payee Alliance Graphics <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 21 / 2015
Mailing Address 1101 8th Street	Amount 7180.18
City State Zip Code Berkeley CA 94710	Transaction ID : D683093 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 21 / 2015
Purpose of Expenditure Printing	Category/Type
Name of Federal Candidate Bernie Sanders	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: DC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
645099.79	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	7364.18
(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 M M / D D / Y Y Y Y Y Y
06 / 07 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee Alliance Graphics
Mailing Address 1101 8th Street
City Berkeley State CA Zip Code 94710
Purpose of Expenditure Printing
Name of Federal Candidate Bernie Sanders
Calendar Year-To-Date Per Election for Office Sought 645099.79
Date of Public Distribution/Dissemination 10/23/2015
Amount 612.06
Transaction ID : D683268
Date of Disbursement or Obligation 10/23/2015
Office Sought: President
Disbursement For: Primary

Full Name of Payee Alliance Graphics
Mailing Address 1101 8th Street
City Berkeley State CA Zip Code 94710
Purpose of Expenditure Printing
Name of Federal Candidate Bernie Sanders
Calendar Year-To-Date Per Election for Office Sought 645099.79
Date of Public Distribution/Dissemination 10/23/2015
Amount 2486.92
Transaction ID : D683270
Date of Disbursement or Obligation 10/23/2015
Office Sought: President
Disbursement For: Primary

(a) SUBTOTAL of Itemized Independent Expenditures 3098.98
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Martha Kuhl [Electronically Filed] Date 06/07/2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection	FEC IDENTIFICATION NUMBER ▼ C C00490375
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Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee Autumn Press <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 26 / 2015
Mailing Address 945 Camelia St	Amount 2726.01
City State Zip Code Berkeley CA 94710-1437	Transaction ID : D683341 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 28 / 2015
Purpose of Expenditure Printing	Category/Type
Name of Federal Candidate Bernie Sanders	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: DC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
645099.79	

Full Name of Payee Autumn Press <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 29 / 2015
Mailing Address 945 Camelia St	Amount 1132.55
City State Zip Code Berkeley CA 94710-1437	Transaction ID : D683342 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 28 / 2015
Purpose of Expenditure Printing	Category/Type
Name of Federal Candidate Bernie Sanders	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: DC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
645099.79	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	3858.56
(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 M M / D D / Y Y Y Y Y Y
06 / 07 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection	FEC IDENTIFICATION NUMBER ▼ C C00490375
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Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee Postal Systems, Inc. <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 29 / 2015
Mailing Address 1890 North Blvd.	Amount 2294.07
City State Zip Code San Leandro CA 94577	
Purpose of Expenditure Postage	Category/Type
Name of Federal Candidate Bernie Sanders	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 28 / 2015
<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>DC</u>
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
645099.79	

Full Name of Payee Lamar Companies <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 02 / 2015
Mailing Address PO Box 96030	Amount 8250.00
City State Zip Code Baton Rouge LA 70896	
Purpose of Expenditure Printing	Category/Type
Name of Federal Candidate Bernie Sanders	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 03 / 2015
<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>DC</u>
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
645099.79	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	10544.07
(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 M M / D D / Y Y Y Y Y Y
06 / 07 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection	FEC IDENTIFICATION NUMBER ▼ C C00490375
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Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee Lamar Companies <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 04 / 2015
Mailing Address PO Box 96030	Amount 29125.00
City State Zip Code Baton Rouge LA 70896	Transaction ID : D689885 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 03 / 2015
Purpose of Expenditure Printing	Category/Type
Name of Federal Candidate Bernie Sanders	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: DC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
645099.79	

Full Name of Payee Lamar Companies <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 02 / 2015
Mailing Address PO Box 96030	Amount 5560.00
City State Zip Code Baton Rouge LA 70896	Transaction ID : D689886 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 03 / 2015
Purpose of Expenditure Printing	Category/Type
Name of Federal Candidate Bernie Sanders	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: DC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
645099.79	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	34685.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Martha Kuhl [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
06 / 07 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection	FEC IDENTIFICATION NUMBER ▼ C 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 M M / D D / Y Y Y Y Y Y	

Full Name of Payee Clear Channel Outdoor <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 16 / 2015
Mailing Address PO Box 591790	Amount 45300.00
City State Zip Code San Antonio TX 78259-0139	Transaction ID : D689894 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 04 / 2015
Purpose of Expenditure Printing Category/Type 	Name of Federal Candidate BERNARD SANDERS <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 137019.01	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: GA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Clear Channel Outdoor <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 30 / 2015
Mailing Address PO Box 591790	Amount 7400.00
City State Zip Code San Antonio TX 78259-0139	Transaction ID : D689895 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 04 / 2015
Purpose of Expenditure Print advertising Category/Type 	Name of Federal Candidate BERNARD SANDERS <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 137019.01	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: GA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	52700.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Martha Kuhl [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
06 / 07 / 2016

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER C 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		MM / DD / YYYY

Full Name of Payee Clear Channel Outdoor		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 30 / 2015
Mailing Address PO Box 591790			Amount 32250.00
City San Antonio	State TX	Zip Code 78259-0139	Transaction ID : D690710
Purpose of Expenditure Print advertising	Category/Type		Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2015
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought 103164.16			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Autumn Press		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 07 / 2015
Mailing Address 945 Camelia St			Amount 466.32
City Berkeley	State CA	Zip Code 94710-1437	Transaction ID : D689917
Purpose of Expenditure Printing	Category/Type		Date of Disbursement or Obligation MM / DD / YYYY 11 / 06 / 2015
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC
Calendar Year-To-Date Per Election for Office Sought 645099.79			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	32716.32
(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
Signature

[Electronically Filed]

Date **06 / 07 / 2016**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection	FEC IDENTIFICATION NUMBER ▼ C 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 M M / D D / Y Y Y Y Y Y	

Full Name of Payee Campaign Workshop <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 11 / 2015
Mailing Address 1129 20th Street, Suite 200	Amount 23824.24
City State Zip Code Washington DC 20036	Transaction ID : D689918 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 06 / 2015
Purpose of Expenditure Online advertising	Category/Type
Name of Federal Candidate Bernie Sanders	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: DC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
645099.79	

Full Name of Payee Lamar Companies <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 16 / 2015
Mailing Address PO Box 96030	Amount 19687.50
City State Zip Code Baton Rouge LA 70896	Transaction ID : D689968 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 09 / 2015
Purpose of Expenditure Print advertising	Category/Type
Name of Federal Candidate BERNARD SANDERS	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: SC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
23911.50	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	43511.74
(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 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 M M / D D / Y Y Y Y Y Y
06 / 07 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection	FEC IDENTIFICATION NUMBER ▼ C 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 M M / D D / Y Y Y Y Y Y	

Full Name of Payee <input type="checkbox"/> Memo Item California Nurses Association	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 09 / 2015
Mailing Address 155 Grand Avenue	Amount 9805.00
City State Zip Code Oakland CA 94612	Transaction ID : D689981 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 10 / 2015
Purpose of Expenditure Online advertising	Category/Type
Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose BERNARD SANDERS	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: GA
Calendar Year-To-Date Per Election for Office Sought 137019.01	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <input type="checkbox"/> Memo Item California Nurses Association	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 09 / 2015
Mailing Address 155 Grand Avenue	Amount 10466.00
City State Zip Code Oakland CA 94612	Transaction ID : D689982 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 10 / 2015
Purpose of Expenditure Online advertising	Category/Type
Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose BERNARD SANDERS	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought 103164.16	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	20271.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Martha Kuhl [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
06 / 07 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection	FEC IDENTIFICATION NUMBER ▼ C C00490375
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Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee Javier Moreno Pollaroio <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 09 / 2015
Mailing Address 1521 3rd Ave	Amount 20.00
City State Zip Code Oakland CA 94606	
Purpose of Expenditure Translation services	Category/Type
Name of Federal Candidate BERNARD SANDERS	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: TX
Calendar Year-To-Date Per Election for Office Sought 103164.16	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Alliance Graphics <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 11 / 2015
Mailing Address 1101 8th Street	Amount 10064.71
City State Zip Code Berkeley CA 94710	
Purpose of Expenditure Printing	Category/Type
Name of Federal Candidate Bernie Sanders	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: DC
Calendar Year-To-Date Per Election for Office Sought 645099.79	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	10084.71
(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 M M / D D / Y Y Y Y Y Y
06 / 07 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection	FEC IDENTIFICATION NUMBER ▼ C 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 M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee Autumn Press <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2015
Mailing Address 945 Camelia St	Amount 28834.92
City State Zip Code Berkeley CA 94710-1437	Transaction ID : D689991 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2015
Purpose of Expenditure Printing Category/Type 	Name of Federal Candidate Bernie Sanders <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Bernie Sanders	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC
Calendar Year-To-Date Per Election for Office Sought 645099.79	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Autumn Press <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2015
Mailing Address 945 Camelia St	Amount 1256.44
City State Zip Code Berkeley CA 94710-1437	Transaction ID : D689992 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2015
Purpose of Expenditure Printing Category/Type 	Name of Federal Candidate BERNARD SANDERS <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate BERNARD SANDERS	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: GA
Calendar Year-To-Date Per Election for Office Sought 137019.01	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	30091.36
(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 M M M / D D D / Y Y Y Y Y Y
06 / 07 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee Alliance Graphics
Mailing Address 1101 8th Street
City Berkeley State CA Zip Code 94710
Purpose of Expenditure Printing
Name of Federal Candidate Bernie Sanders
Calendar Year-To-Date Per Election for Office Sought 645099.79
Date of Public Distribution/Dissemination 11/12/2015
Amount 2144.01
Transaction ID : D689993
Date of Disbursement or Obligation 11/12/2015
Office Sought: President
Disbursement For: Primary

Full Name of Payee Alliance Graphics
Mailing Address 1101 8th Street
City Berkeley State CA Zip Code 94710
Purpose of Expenditure Printing
Name of Federal Candidate Bernie Sanders
Calendar Year-To-Date Per Election for Office Sought 645099.79
Date of Public Distribution/Dissemination 11/12/2015
Amount 1161.20
Transaction ID : D689994
Date of Disbursement or Obligation 11/12/2015
Office Sought: President
Disbursement For: Primary

(a) SUBTOTAL of Itemized Independent Expenditures 3305.21
(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 06/07/2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection	FEC IDENTIFICATION NUMBER ▼ C 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 M M / D D / Y Y Y Y Y Y	

Full Name of Payee Alliance Graphics <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 12 / 2015
Mailing Address 1101 8th Street	Amount 12114.81
City State Zip Code Berkeley CA 94710	Transaction ID : D689995 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 12 / 2015
Purpose of Expenditure Printing Category/Type 	Name of Federal Candidate Bernie Sanders <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Bernie Sanders	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC
Calendar Year-To-Date Per Election for Office Sought 645099.79	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Outfront Media <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 16 / 2015
Mailing Address 185 US Highway 46	Amount 11966.50
City State Zip Code Fairfield NJ 07004	Transaction ID : D690136 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 16 / 2015
Purpose of Expenditure Print advertising Category/Type 	Name of Federal Candidate BERNARD SANDERS <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate BERNARD SANDERS	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought 103164.16	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	24081.31
(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 M M / D D / Y Y Y Y Y Y
06 / 07 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection	FEC IDENTIFICATION NUMBER ▼ C 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 M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee Autumn Press <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2015
Mailing Address 945 Camelia St	Amount 1481.40
City State Zip Code Berkeley CA 94710-1437	Transaction ID : D690143 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015
Purpose of Expenditure Printing Category/Type 	Name of Federal Candidate Bernie Sanders <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 645099.79	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Lamar Companies <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2015
Mailing Address PO Box 96030	Amount 2250.00
City State Zip Code Baton Rouge LA 70896	Transaction ID : D690180 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 17 / 2015
Purpose of Expenditure Print advertising Category/Type 	Name of Federal Candidate BERNARD SANDERS <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 23911.50	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	3731.40
(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 M M M / D D D / Y Y Y Y Y Y
06 / 07 / 2016

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection	FEC IDENTIFICATION NUMBER ▼ C C00490375
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Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee Javier Moreno Pollaroio <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 25 / 2015
Mailing Address 1521 3rd Ave	Amount 107.76
City State Zip Code Oakland CA 94606	
Purpose of Expenditure Translation services	Category/Type
Name of Federal Candidate Bernie Sanders	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 20 / 2015
<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>DC</u>
Calendar Year-To-Date Per Election for Office Sought 645099.79	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Alliance Graphics <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 03 / 2015
Mailing Address 1101 8th Street	Amount 17159.50
City State Zip Code Berkeley CA 94710	
Purpose of Expenditure Printing	Category/Type
Name of Federal Candidate Bernie Sanders	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 25 / 2015
<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>DC</u>
Calendar Year-To-Date Per Election for Office Sought 645099.79	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	17267.26
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Martha Kuhl [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
06 / 07 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection	FEC IDENTIFICATION NUMBER ▼ C 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 M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee <input type="checkbox"/> Memo Item California Nurses Association Iowa caucus	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 12 / 04 / 2015
Mailing Address 155 Grand Avenue	Amount 5000.00
City State Zip Code Oakland CA 94612	Transaction ID : D691080 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 12 / 07 / 2015
Purpose of Expenditure Online advertising	Category/Type
Name of Federal Candidate BERNARD SANDERS	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: GA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
137019.01	

Full Name of Payee <input type="checkbox"/> Memo Item California Nurses Association Nevada primary	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 12 / 04 / 2015
Mailing Address 155 Grand Avenue	Amount 5000.00
City State Zip Code Oakland CA 94612	Transaction ID : D691081 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 12 / 07 / 2015
Purpose of Expenditure Online advertising	Category/Type
Name of Federal Candidate BERNARD SANDERS	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: TX
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
103164.16	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	10000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Martha Kuhl [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
06 / 07 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection	FEC IDENTIFICATION NUMBER ▼ C 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 M M / D D / Y Y Y Y Y Y	

Full Name of Payee Autumn Press <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 03 / 2015
Mailing Address 945 Camelia St	Amount 1376.54
City State Zip Code Berkeley CA 94710-1437	
Purpose of Expenditure Printing	Category/Type
Name of Federal Candidate Bernie Sanders	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 07 / 2015
<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>DC</u>
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
645099.79	

Full Name of Payee Alliance Graphics <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 08 / 2015
Mailing Address 1101 8th Street	Amount 6007.90
City State Zip Code Berkeley CA 94710	
Purpose of Expenditure Printing	Category/Type
Name of Federal Candidate Bernie Sanders	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 08 / 2015
<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>DC</u>
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
645099.79	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	7384.44
(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 M M / D D / Y Y Y Y Y Y
06 / 07 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection	FEC IDENTIFICATION NUMBER ▼ C 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 M M / D D / Y Y Y Y Y Y	

Full Name of Payee <input type="checkbox"/> Memo Item California Nurses Association	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 07 / 2015
Mailing Address 155 Grand Avenue	Amount 100.00
City State Zip Code Oakland CA 94612	Transaction ID : D691082 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 09 / 2015
Purpose of Expenditure Online advertising	Category/Type
Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Bernie Sanders	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC
Calendar Year-To-Date Per Election for Office Sought 645099.79	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <input type="checkbox"/> Memo Item Lamar Companies	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 09 / 2015
Mailing Address PO Box 96030	Amount 1974.00
City State Zip Code Baton Rouge LA 70896	Transaction ID : D691085 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 09 / 2015
Purpose of Expenditure Print advertising	Category/Type
Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose BERNARD SANDERS	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC
Calendar Year-To-Date Per Election for Office Sought 23911.50	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	2074.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Martha Kuhl
Signature

[Electronically Filed] Date M M / D D / Y Y Y Y Y Y
06 / 07 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection	FEC IDENTIFICATION NUMBER ▼ C 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 M M / D D / Y Y Y Y Y Y	

Full Name of Payee Autumn Press <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 11 / 2015
Mailing Address 945 Camelia St	Amount 5738.56
City State Zip Code Berkeley CA 94710-1437	
Purpose of Expenditure Printing	Category/Type
Name of Federal Candidate Bernie Sanders	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: DC
Calendar Year-To-Date Per Election for Office Sought 645099.79	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Autumn Press <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 11 / 2015
Mailing Address 945 Camelia St	Amount 3148.75
City State Zip Code Berkeley CA 94710-1437	
Purpose of Expenditure Printing	Category/Type
Name of Federal Candidate Bernie Sanders	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: DC
Calendar Year-To-Date Per Election for Office Sought 645099.79	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	8887.31
(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 M M / D D / Y Y Y Y Y Y
06 / 07 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection	FEC IDENTIFICATION NUMBER ▼ C C00490375
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Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee Electrum Resources <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 15 / 2015
Mailing Address 23535 Maysville Rd	Amount 1850.00
City State Zip Code Maysville IA 52773-9767	
Purpose of Expenditure Printing	Category/Type
Name of Federal Candidate Bernie Sanders	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 16 / 2015
<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>DC</u>
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
645099.79	

Full Name of Payee John Murray Productions <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 18 / 2015
Mailing Address 1196 32nd Street	Amount 6903.68
City State Zip Code Emeryville CA 94608	
Purpose of Expenditure Event production and staging	Category/Type
Name of Federal Candidate Bernie Sanders	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 17 / 2015
<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>DC</u>
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
645099.79	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	8753.68
(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 M M / D D / Y Y Y Y Y Y
06 / 07 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection	FEC IDENTIFICATION NUMBER ▼ C 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 M M / D D / Y Y Y Y Y Y	

Full Name of Payee California Nurses Association <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 16 / 2015
Mailing Address 155 Grand Avenue	Amount 50.00
City State Zip Code Oakland CA 94612	
Purpose of Expenditure Online advertising	Category/Type
Name of Federal Candidate Bernie Sanders	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 17 / 2015
<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>DC</u>
Calendar Year-To-Date Per Election for Office Sought 645099.79	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee ELead Resources <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 18 / 2015
Mailing Address 314 W Superior St	Amount 1687.50
City State Zip Code Chicago IL 60654	
Purpose of Expenditure Printing & shipping	Category/Type
Name of Federal Candidate Bernie Sanders	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 17 / 2015
<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>DC</u>
Calendar Year-To-Date Per Election for Office Sought 645099.79	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1737.50
(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 M M / D D / Y Y Y Y Y Y
06 / 07 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection	FEC IDENTIFICATION NUMBER ▼ C 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 M M / D D / Y Y Y Y Y Y	

Full Name of Payee Campaign Workshop <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 11 / 2016
Mailing Address 1129 20th Street, Suite 200	Amount 58745.88
City State Zip Code Washington DC 20036	Transaction ID : D692603 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 21 / 2015
Purpose of Expenditure Printing and mailshop fees	Category/Type
Name of Federal Candidate BERNARD SANDERS <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: GA
Calendar Year-To-Date Per Election for Office Sought 137019.01	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Campaign Workshop <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 27 / 2015
Mailing Address 1129 20th Street, Suite 200	Amount 21298.05
City State Zip Code Washington DC 20036	Transaction ID : D693073 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 21 / 2015
Purpose of Expenditure Printing and mailshop fees	Category/Type
Name of Federal Candidate BERNARD SANDERS <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought 103164.16	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	80043.93
(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 M M / D D / Y Y Y Y Y Y
06 / 07 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection	FEC IDENTIFICATION NUMBER ▼ C 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 M M / D D / Y Y Y Y Y Y	

Full Name of Payee Campaign Workshop <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 27 / 2015
Mailing Address 1129 20th Street, Suite 200	Amount 22163.61
City State Zip Code Washington DC 20036	Transaction ID : D693074 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 21 / 2015
Purpose of Expenditure Printing and mailshop fees	Category/Type
Name of Federal Candidate BERNARD SANDERS <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought 103164.16	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Bus Bank <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 04 / 2016
Mailing Address 820 West Jackson Suite 815	Amount 120635.00
City State Zip Code Chicago IL 60607	Transaction ID : D691806 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 22 / 2015
Purpose of Expenditure Bus tour expenses	Category/Type
Name of Federal Candidate Bernie Sanders <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC
Calendar Year-To-Date Per Election for Office Sought 645099.79	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	142798.61
(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 M M / D D / Y Y Y Y Y Y
06 / 07 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection	FEC IDENTIFICATION NUMBER ▼ C 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 M M / D D / Y Y Y Y Y Y	

Full Name of Payee Alliance Graphics <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 04 / 2016
Mailing Address 1101 8th Street	Amount 1780.02
City State Zip Code Berkeley CA 94710	
Purpose of Expenditure Printing	Category/Type
Name of Federal Candidate Bernie Sanders	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 28 / 2015
Name of Federal Candidate Bernie Sanders	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
645099.79	

Full Name of Payee Alliance Graphics <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 04 / 2016
Mailing Address 1101 8th Street	Amount 3675.13
City State Zip Code Berkeley CA 94710	
Purpose of Expenditure Printing	Category/Type
Name of Federal Candidate Bernie Sanders	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 28 / 2015
Name of Federal Candidate Bernie Sanders	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
645099.79	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	5455.15
(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 M M / D D / Y Y Y Y Y Y
06 / 07 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00490375 </div>
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	

Full Name of Payee <input type="checkbox"/> Memo Item Autumn Press	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 01 / 04 / 2016 </div>
Mailing Address 945 Camelia St	Amount <div style="border: 1px solid black; padding: 2px;"> M M M M / D D D D / Y Y Y Y Y Y 11940.00 </div>
City Berkeley State CA Zip Code 94710-1437	Transaction ID : D691809 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M M M / D D D D / Y Y Y Y Y Y 12 / 28 / 2015 </div>
Purpose of Expenditure Printing Category/Type 	Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Bernie Sanders
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;"> M M M M / D D D D / Y Y Y Y Y Y 645099.79 </div>	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>DC</u> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item Autumn Press	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M M M / D D D D / Y Y Y Y Y Y 01 / 04 / 2016 </div>
Mailing Address 945 Camelia St	Amount <div style="border: 1px solid black; padding: 2px;"> M M M M / D D D D / Y Y Y Y Y Y 9511.69 </div>
City Berkeley State CA Zip Code 94710-1437	Transaction ID : D691810 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M M M / D D D D / Y Y Y Y Y Y 12 / 28 / 2015 </div>
Purpose of Expenditure Printing Category/Type 	Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose BERNARD SANDERS
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;"> M M M M / D D D D / Y Y Y Y Y Y 137019.01 </div>	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>GA</u> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"> M M M M / D D D D / Y Y Y Y Y Y 21451.69 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px;"> M M M M / D D D D / Y Y Y Y Y Y 0000.00 </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"> M M M M / D D D D / Y Y Y Y Y Y 21451.69 </div>

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

M M M M / D D D D / Y Y Y Y Y Y
 06 / 07 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ C 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 M M / D D / Y Y Y Y Y Y		

Full Name of Payee Autumn Press <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 04 / 2016	
Mailing Address 945 Camelia St		Amount 1160.72	
City Berkeley	State CA	Zip Code 94710-1437	Transaction ID : D691811
Purpose of Expenditure Printing	Category/Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 28 / 2015	
Name of Federal Candidate Bernie Sanders		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>DC</u>	
Calendar Year-To-Date Per Election for Office Sought 645099.79		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Alliance Graphics <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 04 / 2016	
Mailing Address 1101 8th Street		Amount 1126.23	
City Berkeley	State CA	Zip Code 94710	Transaction ID : D691812
Purpose of Expenditure Printing	Category/Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 29 / 2015	
Name of Federal Candidate Bernie Sanders		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>DC</u>	
Calendar Year-To-Date Per Election for Office Sought 645099.79		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	2286.95
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	918493.69

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
Signature

[Electronically Filed] Date M M / D D / Y Y Y Y Y Y
06 / 07 / 2016