

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

National Nurses United for Patient Protection

ADDRESS (number and street) ▼

8630 Fenton Street, Suite 1100

☐ Check if different than previously reported. (ACC)

Silver Spring

MD

20910

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00490375

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☒ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

01

01

2016

03

31

2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Martha Kuhl

Signature of Treasurer

Martha Kuhl

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

04

15

2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

National Nurses United for Patient Protection

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
01 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2016		1134044.75
(b) Cash on Hand at Beginning of Reporting Period.....	1134044.75	
(c) Total Receipts (from Line 19)	2006410.84	2006410.84
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	3140455.59	3140455.59
7. Total Disbursements (from Line 31)	2295164.64	2295164.64
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	845290.95	845290.95
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	239686.55	



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)

Page 3

Write or Type Committee Name

National Nurses United for Patient Protection

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	6

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).....

2006410.84

2006410.84

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

2006410.84

2006410.84

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

0.00

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)).....▶

2006410.84

2006410.84

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

2006410.84

2006410.84

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	317135.30	317135.30
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	317135.30	317135.30
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	1974218.82	1974218.82
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	3810.52	3810.52
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)) ..	2295164.64	2295164.64
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2295164.64	2295164.64

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)	2006410.84	2006410.84
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2006410.84	2006410.84
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	317135.30	317135.30
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	317135.30	317135.30

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

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

FOR LINE NUMBER: PAGE 6 OF 151

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Nurses United for Patient Protection

Full Name (Last, First, Middle Initial)

A. National Nurses United

Mailing Address 8630 Fenton Street
Suite 1100

City State Zip Code
Silver Spring MD 20910

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2006410.84

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 26 / 2016

Transaction ID : C9958327

Amount of Each Receipt this Period

243149.08

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. National Nurses United

Mailing Address 8630 Fenton Street
Suite 1100

City State Zip Code
Silver Spring MD 20910

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2006410.84

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 04 / 2016

Transaction ID : C9958328

Amount of Each Receipt this Period

263261.76

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. National Nurses United

Mailing Address 8630 Fenton Street
Suite 1100

City State Zip Code
Silver Spring MD 20910

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2006410.84

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 14 / 2016

Transaction ID : C9958329

Amount of Each Receipt this Period

1500000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

2006410.84

2006410.84

<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

National Nurses United for Patient Protection

A. Alliance Graphics

Mailing Address 1101 8th Street

City	State	Zip Code
Berkeley	CA	94710

Purpose of Disbursement Printing

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : D711015

Amount of Each Disbursement this Period

1952.49

 Memo Item

Full Name (Last, First, Middle Initial)

B. Bus Bank

Mailing Address 820 West Jackson
Suite 815

City	State	Zip Code
Chicago	IL	60607

Purpose of Disbursement
Bus tour expense

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

The image shows three 10-pin D-sub connectors. The first connector is labeled 'M03' and has two pins labeled 'M'. The second connector is labeled 'D09' and has two pins labeled 'D'. The third connector is labeled 'Y2016' and has four pins labeled 'Y'.

Transaction ID : D710716

Amount of Each Disbursement this Period

53320.00

 Memo Item

Full Name (Last, First, Middle Initial)

C. Bus Bank

Mailing Address 820 West Jackson
Suite 815

City	State	Zip Code
Chicago	IL	60607

Purpose of Disbursement
Bus tour expense

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : D711011

Amount of Each Disbursement this Period

577.00

Memo Item

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

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

55849.49

<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

National Nurses United for Patient Protection

A. California Nurses Association

Mailing Address 155 Grand Avenue

City	State	Zip Code
Oakland	CA	94612

Purpose of Disbursement	
Payroll Expense	

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : D711004

Amount of Each Disbursement this Period

1886.85

 Memo Item

Full Name (Last, First, Middle Initial)

B. California Nurses Association

Mailing Address 155 Grand Avenue

City	State	Zip Code
Oakland	CA	94612

Purpose of Disbursement	Travel

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : D711005

Amount of Each Disbursement this Period

66530.53

Memo Item

Full Name (Last, First, Middle Initial)

C. California Nurses Association

Mailing Address 155 Grand Avenue

City	State	Zip Code
Oakland	CA	94612

Purpose of Disbursement
Site Rental

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement



Transaction ID : D711006

Amount of Each Disbursement this Period

1380.00

Memo Item

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

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

69797.38

<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

National Nurses United for Patient Protection

A. California Nurses Association

Mailing Address 155 Grand Avenue

City	State	Zip Code
Oakland	CA	94612

Purpose of Disbursement	Payroll Expense

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : D711007

Amount of Each Disbursement this Period

10399.25

 Memo Item

Full Name (Last, First, Middle Initial)

B. California Nurses Association

Mailing Address 155 Grand Avenue

City	State	Zip Code
Oakland	CA	94612

Purpose of Disbursement
Site Rental

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

MM / DD / YYYY

Transaction ID : D711008

Amount of Each Disbursement this Period

1370.00

Memo Item

Full Name (Last, First, Middle Initial)

C. California Nurses Association

Mailing Address 155 Grand Avenue

City	State	Zip Code
Oakland	CA	94612

[illegible]

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement



Transaction ID : D711009

Amount of Each Disbursement this Period

14339.25

 Memo Item

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

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

26108.50

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 151

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Nurses United for Patient Protection

Full Name (Last, First, Middle Initial)

A. California Nurses Association

Mailing Address 155 Grand Avenue

City State Zip Code
Oakland CA 94612
Purpose of Disbursement
Payroll Expense

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 22 2016
Transaction ID : D711010

Amount of Each Disbursement this Period

22435.84

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. California Nurses Association

Mailing Address 155 Grand Avenue

City State Zip Code
Oakland CA 94612
Purpose of Disbursement
Site Rental

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 11 2016
Transaction ID : D711020

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. California Nurses Association

Mailing Address 155 Grand Avenue

City State Zip Code
Oakland CA 94612
Purpose of Disbursement
Payroll Expense

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 03 2016
Transaction ID : D711021

Amount of Each Disbursement this Period

436.90

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

22897.74

<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

National Nurses United for Patient Protection

A. California Nurses Association

Mailing Address 155 Grand Avenue

City	State	Zip Code
Oakland	CA	94612

Purpose of Disbursement	Payroll

Candidate Name _____

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : D712352

Amount of Each Disbursement this Period

943.42

 Memo Item

Full Name (Last, First, Middle Initial)

B. California Nurses Association

Mailing Address 155 Grand Avenue

City	State	Zip Code
Oakland	CA	94612

Purpose of Disbursement
Bernie Staff In-Kind

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

MM / DD / YYYY

Transaction ID : D712353

Amount of Each Disbursement this Period

2748.82

Memo Item

Full Name (Last, First, Middle Initial)

C. California Nurses Association

Mailing Address 155 Grand Avenue

City	State	Zip Code
Oakland	CA	94612

Purpose of Disbursement	Payroll

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement



Transaction ID : D712356

Amount of Each Disbursement this Period

943.42

 Memo Item

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

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

4635.66

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Nurses United for Patient Protection

Full Name (Last, First, Middle Initial)

A. DLX for Small Business

Mailing Address 3680 Victoria Street North

City Saint Paul State MN Zip Code 55126

Purpose of Disbursement
Checks

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 22 2016
Transaction ID : D712323

Amount of Each Disbursement this Period

349.96

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ELead Resources

Mailing Address 314 W Superior St

City Chicago State IL Zip Code 60654

Purpose of Disbursement
Printing for PAC

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 22 2016
Transaction ID : D711558

Amount of Each Disbursement this Period

1687.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Iowa CCI Action Fund

Mailing Address 2001 Forest Ave

City Des Moines State IA Zip Code 50311

Purpose of Disbursement
Payroll Expense

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 10 2016
Transaction ID : D711018

Amount of Each Disbursement this Period

18486.66

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

20524.12

<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

National Nurses United for Patient Protection

A. JP Morgan Chase

Mailing Address 350 20th Street

City	State	Zip Code
Oakland	CA	94612

Purpose of Disbursement
Bank fee for PAC

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : D711296

Amount of Each Disbursement this Period

25.00

 Memo Item

Full Name (Last, First, Middle Initial)

B. JP Morgan Chase

Mailing Address 350 20th Street

City	State	Zip Code
Oakland	CA	94612

Purpose of Disbursement
Bank fee for PAC

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement



Transaction ID : D711297

Amount of Each Disbursement this Period

25.00

Memo Item

Full Name (Last, First, Middle Initial)

C. JP Morgan Chase

Mailing Address 350 20th Street

City	State	Zip Code
Oakland	CA	94612

Purpose of Disbursement	Bank Fee

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : D712317

Amount of Each Disbursement this Period

 Memo Item

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

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 151

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Nurses United for Patient Protection

Full Name (Last, First, Middle Initial)

A. JP Morgan Chase

Mailing Address 350 20th Street

City State Zip Code
Oakland CA 94612
Purpose of Disbursement
Bank Fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 26 2016
Transaction ID : D712318

Amount of Each Disbursement this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. JP Morgan Chase

Mailing Address 350 20th Street

City State Zip Code
Oakland CA 94612
Purpose of Disbursement
Bank Fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 31 2016
Transaction ID : D712319

Amount of Each Disbursement this Period

160.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Local 1, Lithographers

Mailing Address 113 University Place

City State Zip Code
New York NY 10003
Purpose of Disbursement
Site Rental

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 24 2016
Transaction ID : D711019

Amount of Each Disbursement this Period

300.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

475.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 151

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Nurses United for Patient Protection

Full Name (Last, First, Middle Initial)

A. Minnesota Nurses Association

Mailing Address 345 Randolph Ave #200

City St Paul State MN Zip Code 55102

Purpose of Disbursement
Travel for PAC

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 28 2016
Transaction ID : D711559

Amount of Each Disbursement this Period

1838.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. National Intervention

Mailing Address 1211 D St NE

City Washington State DC Zip Code

Purpose of Disbursement
Data services for PAC

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 14 2016
Transaction ID : D711560

Amount of Each Disbursement this Period

50000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Postal Systems, Inc.

Mailing Address 1890 North Blvd.

City San Leandro State CA Zip Code 94577

Purpose of Disbursement
Postage

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 08 2016
Transaction ID : D711013

Amount of Each Disbursement this Period

5219.32

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

57057.92

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 18 OF 151

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Nurses United for Patient Protection

Full Name (Last, First, Middle Initial)

A. Postal Systems, Inc.

Mailing Address 1890 North Blvd.

City San Leandro State CA Zip Code 94577

Purpose of Disbursement
postage

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 03 / 2016
Transaction ID : D711014

Amount of Each Disbursement this Period

56249.17

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Reclaim ChicagoMailing Address 850 W Jefferson Blvd
Suite 750

City Chicago State IL Zip Code 60607

Purpose of Disbursement
Equipment

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 03 / 2016
Transaction ID : D712320

Amount of Each Disbursement this Period

43.60

☐ 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) ▼

Date of Disbursement

M M M / D 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)..... ►

56292.77

317010.30

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 19 OF 151

<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

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NAME OF COMMITTEE (In Full)

National Nurses United for Patient Protection

Full Name (Last, First, Middle Initial)

A. California Nurses Association

Mailing Address 155 Grand Avenue

City	State	Zip Code
Oakland	CA	94612

Purpose of Disbursement
Payroll

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2016

Transaction ID : D710717

Amount of Each Disbursement this Period

611.05

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. California Nurses Association

Mailing Address 155 Grand Avenue

City	State	Zip Code
Oakland	CA	94612

Purpose of Disbursement
Payroll

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2016

Transaction ID : D710718

Amount of Each Disbursement this Period

225.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. California Nurses Association

Mailing Address 155 Grand Avenue

City	State	Zip Code
Oakland	CA	94612

Purpose of Disbursement
Non-federal contribution Payroll

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2016

Transaction ID : D710719

Amount of Each Disbursement this Period

474.47

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1310.52

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 20 OF 151

<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

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NAME OF COMMITTEE (In Full)

National Nurses United for Patient Protection

Full Name (Last, First, Middle Initial)

A. Reclaim ChicagoMailing Address 850 W Jefferson Blvd
Suite 750

City Chicago State IL Zip Code 60607

Purpose of Disbursement
Donation

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	17	/	2016

Transaction ID : D711016

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**B.**

Full Name (Last, First, Middle Initial)

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

Amount of Each Disbursement this Period

--

☐ Memo Item**C.**

Full Name (Last, First, Middle Initial)

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

Amount of Each Disbursement this Period

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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2500.00

3810.52

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 21 OF 151

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

National Nurses United for Patient Protection

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

National Nurses United

Nature of Debt (Purpose):
PayrollMailing Address 8630 Fenton Street
Suite 1100City State Zip Code
Silver Spring MD 20910

Outstanding Balance Beginning This Period

0.00

Transaction ID : D712397

Amount Incurred This Period

18679.33

Payment This Period

0.00

Outstanding Balance at Close of This Period

18679.33

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

National Nurses United

Nature of Debt (Purpose):
Online CommunicationMailing Address 8630 Fenton Street
Suite 1100City State Zip Code
Silver Spring MD 20910

Outstanding Balance Beginning This Period

0.00

Transaction ID : D712398

Amount Incurred This Period

3363.47

Payment This Period

0.00

Outstanding Balance at Close of This Period

3363.47

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

National Nurses United

Nature of Debt (Purpose):
TravelMailing Address 8630 Fenton Street
Suite 1100City State Zip Code
Silver Spring MD 20910

Outstanding Balance Beginning This Period

0.00

Transaction ID : D712399

Amount Incurred This Period

79194.83

Payment This Period

0.00

Outstanding Balance at Close of This Period

79194.83

1) **SUBTOTALS** This Period This Page (optional)..... ►

101237.63

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 22 OF 151

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

National Nurses United for Patient Protection

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

National Nurses United

Nature of Debt (Purpose):
TravelMailing Address 8630 Fenton Street
Suite 1100City State Zip Code
Silver Spring MD 20910

Outstanding Balance Beginning This Period

0.00

Transaction ID : D712400

Amount Incurred This Period

1036.91

Payment This Period

0.00

Outstanding Balance at Close of This Period

1036.91

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

National Nurses United

Nature of Debt (Purpose):
Office SuppliesMailing Address 8630 Fenton Street
Suite 1100City State Zip Code
Silver Spring MD 20910

Outstanding Balance Beginning This Period

0.00

Transaction ID : D712401

Amount Incurred This Period

917.50

Payment This Period

0.00

Outstanding Balance at Close of This Period

917.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

National Nurses United

Nature of Debt (Purpose):
TravelMailing Address 8630 Fenton Street
Suite 1100City State Zip Code
Silver Spring MD 20910

Outstanding Balance Beginning This Period

0.00

Transaction ID : D712402

Amount Incurred This Period

47308.20

Payment This Period

0.00

Outstanding Balance at Close of This Period

47308.20

1) **SUBTOTALS** This Period This Page (optional)..... ►

49262.61

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 23 OF 151

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

National Nurses United for Patient Protection

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

National Nurses United

Nature of Debt (Purpose):
TravelMailing Address 8630 Fenton Street
Suite 1100City State Zip Code
Silver Spring MD 20910

Outstanding Balance Beginning This Period

0.00

Transaction ID : D712403

Amount Incurred This Period

52029.13

Payment This Period

0.00

Outstanding Balance at Close of This Period

52029.13

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

National Nurses United

Nature of Debt (Purpose):
TravelMailing Address 8630 Fenton Street
Suite 1100City State Zip Code
Silver Spring MD 20910

Outstanding Balance Beginning This Period

0.00

Transaction ID : D712404

Amount Incurred This Period

8253.04

Payment This Period

0.00

Outstanding Balance at Close of This Period

8253.04

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

National Nurses United

Nature of Debt (Purpose):
RentMailing Address 8630 Fenton Street
Suite 1100City State Zip Code
Silver Spring MD 20910

Outstanding Balance Beginning This Period

0.00

Transaction ID : D712405

Amount Incurred This Period

2611.95

Payment This Period

0.00

Outstanding Balance at Close of This Period

2611.95

1) SUBTOTALS This Period This Page (optional)..... ►

62894.12

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 24 OF 151

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

National Nurses United for Patient Protection

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

National Nurses United

Nature of Debt (Purpose):
PayrollMailing Address 8630 Fenton Street
Suite 1100City State Zip Code
Silver Spring MD 20910

Outstanding Balance Beginning This Period

0.00

Transaction ID : D712598

Amount Incurred This Period

5556.52

Payment This Period

0.00

Outstanding Balance at Close of This Period

5556.52

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

National Nurses United

Nature of Debt (Purpose):
TravelMailing Address 8630 Fenton Street
Suite 1100City State Zip Code
Silver Spring MD 20910

Outstanding Balance Beginning This Period

0.00

Transaction ID : D712599

Amount Incurred This Period

10051.19

Payment This Period

0.00

Outstanding Balance at Close of This Period

10051.19

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

National Nurses United

Nature of Debt (Purpose):
TravelMailing Address 8630 Fenton Street
Suite 1100City State Zip Code
Silver Spring MD 20910

Outstanding Balance Beginning This Period

0.00

Transaction ID : D712600

Amount Incurred This Period

10684.48

Payment This Period

0.00

Outstanding Balance at Close of This Period

10684.48

1) SUBTOTALS This Period This Page (optional)..... ►

26292.19

2) TOTALS This Period (last page this line number only)..... ►

239686.55

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

0.00

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

239686.55

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 25 OF 151
 FOR LINE 24 OF FORM 3X

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 <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div>		

Full Name of Payee California Nurses Association		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div>
Mailing Address 155 Grand Avenue			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">20.00</div>
City Oakland	State CA	Zip Code 94612	Transaction ID : D692604
Purpose of Expenditure Online advertising	Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">01 / 07 / 2016</div>
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		<div style="display: inline-block; border: 1px solid black; padding: 2px;">757143.91</div>	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 <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div>
Mailing Address 1101 8th Street			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">1560.38</div>
City Berkeley	State CA	Zip Code 94710	Transaction ID : D692605
Purpose of Expenditure Printing	Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">01 / 11 / 2016</div>
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		<div style="display: inline-block; border: 1px solid black; padding: 2px;">757143.91</div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="display: inline-block; border: 1px solid black; padding: 2px;">1580.38</div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>
(c) TOTAL Independent Expenditures.....▶	<div style="display: inline-block; border: 1px solid black; padding: 2px;"></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

04

 /

15

 /

2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 26 OF 151
 FOR LINE 24 OF FORM 3X

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 California Nurses Association		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </div>	
Mailing Address 155 Grand Avenue		Amount <div style="border: 1px solid black; padding: 2px;"> 466.50 </div>	
City State Zip Code Oakland CA 94612	Transaction ID : D692622 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 01 / 11 / 2016 </div>		
Purpose of Expenditure Printing	Category/Type <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </div>	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;"> 757143.91 </div>		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 <input type="checkbox"/> Memo Item California Nurses Association		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 01 / 12 / 2016 </div>	
Mailing Address 155 Grand Avenue		Amount <div style="border: 1px solid black; padding: 2px;"> 220.00 </div>	
City State Zip Code Oakland CA 94612	Transaction ID : D692894 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 01 / 13 / 2016 </div>		
Purpose of Expenditure Site rental	Category/Type <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </div>	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;"> 98103.35 </div>		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"> 686.50 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px;"> 0.00 </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"> 686.50 </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 / D D / Y Y Y Y Y Y
 04 / 15 / 2016

Signature

Full Name of Payee Campaign Workshop		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 15 / 2016	
Mailing Address 1129 20th Street, Suite 200			Amount 28000.00	
City Washington	State DC	Zip Code 20036	Transaction ID : D692898 Date of Disbursement or Obligation MM / DD / YYYY 01 / 13 / 2016	
Purpose of Expenditure Printing		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: NV	
Calendar Year-To-Date Per Election for Office Sought		148607.61	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	70000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 12/2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 28 OF 151
FOR LINE 24 OF FORM 3X

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	
Mailing Address PO Box 591790		Date of Public Distribution/Dissemination 12 / 28 / 2015	
City San Antonio	State TX	Zip Code 78259-0139	Amount 1400.00
Purpose of Expenditure Printing		Category/Type 	Transaction ID : D692899 Date of Disbursement or Obligation 01 / 13 / 2016
Name of Federal Candidate BERNARD 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>NV</u>
Calendar Year-To-Date Per Election for Office Sought 148607.61		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee California Nurses Association		<input type="checkbox"/> Memo Item	
Mailing Address 155 Grand Avenue		Date of Public Distribution/Dissemination 01 / 12 / 2016	
City Oakland	State CA	Zip Code 94612	Amount 400.00
Purpose of Expenditure Site rental		Category/Type 	Transaction ID : D692900 Date of Disbursement or Obligation 01 / 13 / 2016
Name of Federal Candidate BERNARD 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>NV</u>
Calendar Year-To-Date Per Election for Office Sought 148607.61		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		1800.00	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures.....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Martha Kuhl</i>		Date 04 / 15 / 2016	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 29 OF 151
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">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 <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>				
Full Name of Payee Clear Channel Outdoor			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 25 / 2016</div>	
Mailing Address PO Box 591790			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">700.00</div>	
City San Antonio		State TX	Zip Code 78259-0139	
Purpose of Expenditure Printing		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate BERNARD SANDERS			Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> House <input type="checkbox"/> Senate District: 00 State: NV	
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) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">148607.61</div>				
Full Name of Payee Clear Channel Outdoor			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 25 / 2016</div>	
Mailing Address PO Box 591790			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">950.00</div>	
City San Antonio		State TX	Zip Code 78259-0139	
Purpose of Expenditure Printing		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate BERNARD SANDERS			Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> House <input type="checkbox"/> Senate District: 00 State: IA	
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) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">98103.35</div>				
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">1650.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></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.				
Signature <i>Martha Kuhl</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">04 / 15 / 2016</div>	
[Electronically Filed]				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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			Date of Public Distribution/Dissemination 12 / 15 / 2016		
Mailing Address 945 Camelia St			Amount 627.83		
City Berkeley		State CA	Zip Code 94710-1437		
Purpose of Expenditure Printing		Category/Type 		Transaction ID : D692896 Date of Disbursement or Obligation 01 / 14 / 2016	
Name of Federal Candidate BERNARD SANDERS			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 98103.35			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee California Nurses Association			Date of Public Distribution/Dissemination 01 / 13 / 2016		
Mailing Address 155 Grand Avenue			Amount 220.00		
City Oakland		State CA	Zip Code 94612		
Purpose of Expenditure Site rental		Category/Type 		Transaction ID : D692897 Date of Disbursement or Obligation 01 / 14 / 2016	
Name of Federal Candidate BERNARD SANDERS			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 98103.35			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			847.83		
(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 <u>Martha Kuhl</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 04 / 15 / 2016		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 31 OF 151
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">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 <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>				
Full Name of Payee California Nurses Association			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 01 / 13 / 2016	
Mailing Address 155 Grand Avenue			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 400.00	
City Oakland		State CA	Zip Code 94612	
Purpose of Expenditure Site rental		Category/Type <div style="display: inline-block; border-bottom: 1px solid black; width: 60px;"></div>		
Name of Federal Candidate BERNARD SANDERS			Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> House <input type="checkbox"/> Senate District: 00 State: NV	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 148607.61			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee Bus Bank			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 01 / 15 / 2016	
Mailing Address 820 West Jackson Suite 815			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 14124.00	
City Chicago		State IL	Zip Code 60607	
Purpose of Expenditure Bus tour expenses		Category/Type <div style="display: inline-block; border-bottom: 1px solid black; width: 60px;"></div>		
Name of Federal Candidate Bernie Sanders			Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> House <input type="checkbox"/> Senate District: 00 State: DC	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 757143.91			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 14524.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>	
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></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.				
Signature Martha Kuhl			Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 04 / 15 / 2016	

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 32 OF 151
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">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 <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>				
Full Name of Payee Autumn Press			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 01 / 15 / 2016	
Mailing Address 945 Camelia St			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 833.79	
City Berkeley		State CA	Zip Code 94710-1437	
Purpose of Expenditure Printing		Category/Type <div style="display: inline-block; border-bottom: 1px solid black; width: 60px;"></div>		
Name of Federal Candidate BERNARD SANDERS			Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> House <input type="checkbox"/> Senate District: 00 State: NV	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 148607.61			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee Autumn Press			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 01 / 15 / 2016	
Mailing Address 945 Camelia St			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 1261.02	
City Berkeley		State CA	Zip Code 94710-1437	
Purpose of Expenditure Printing		Category/Type <div style="display: inline-block; border-bottom: 1px solid black; width: 60px;"></div>		
Name of Federal Candidate BERNARD SANDERS			Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> House <input type="checkbox"/> Senate District: 00 State: IA	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 98103.35			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 2094.81	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>	
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></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.				
Signature <i>Martha Kuhl</i>			Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 04 / 15 / 2016	

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 33 OF 151
FOR LINE 24 OF FORM 3X

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	
Mailing Address 945 Camelia St		Date of Public Distribution/Dissemination 01 / 15 / 2016	
City Berkeley		State CA	
Zip Code 94710-1437		Amount 1291.61	
Purpose of Expenditure Printing		Category/Type 	
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate		District: <u>00</u> State: <u>DC</u>	
Calendar Year-To-Date Per Election for Office Sought 757143.91		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee California Nurses Association		<input type="checkbox"/> Memo Item	
Mailing Address 155 Grand Avenue		Date of Public Distribution/Dissemination 01 / 18 / 2016	
City Oakland		State CA	
Zip Code 94612		Amount 100.00	
Purpose of Expenditure Online Ad		Category/Type 	
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate		District: <u>00</u> State: <u>DC</u>	
Calendar Year-To-Date Per Election for Office Sought 757143.91		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		1391.61	
(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.			
Signature <i>Martha Kuhl</i>		Date 04 / 15 / 2016	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 34 OF 151
FOR LINE 24 OF FORM 3X

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	
Mailing Address 155 Grand Avenue		Date of Public Distribution/Dissemination 01 / 18 / 2016	
City Oakland	State CA	Zip Code 94612	Amount 50.00
Purpose of Expenditure Online Ad		Category/Type 	Transaction ID : D693165 Date of Disbursement or Obligation 01 / 19 / 2016
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 757143.91		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee California Nurses Association		<input type="checkbox"/> Memo Item	
Mailing Address 155 Grand Avenue		Date of Public Distribution/Dissemination 01 / 18 / 2016	
City Oakland	State CA	Zip Code 94612	Amount 100.00
Purpose of Expenditure Online Ad		Category/Type 	Transaction ID : D693166 Date of Disbursement or Obligation 01 / 19 / 2016
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 757143.91		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		150.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Martha Kuhl</i>		Date 04 / 15 / 2016 <i>[Electronically Filed]</i>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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			Date of Public Distribution/Dissemination 01 / 18 / 2016		
Mailing Address 155 Grand Avenue			Amount 85.30		
City Oakland		State CA	Zip Code 94612		Transaction ID : D693167
Purpose of Expenditure Printing		Category/Type 		Date of Disbursement or Obligation 01 / 19 / 2016	
Name of Federal Candidate Bernie Sanders			<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>DC</u>		
Calendar Year-To-Date Per Election for Office Sought 757143.91			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee California Nurses Association			Date of Public Distribution/Dissemination 01 / 18 / 2016		
Mailing Address 155 Grand Avenue			Amount 200.00		
City Oakland		State CA	Zip Code 94612		Transaction ID : D693168
Purpose of Expenditure Online Ad		Category/Type 		Date of Disbursement or Obligation 01 / 19 / 2016	
Name of Federal Candidate Bernie Sanders			<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>DC</u>		
Calendar Year-To-Date Per Election for Office Sought 757143.91			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			285.30		
(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 <u>Martha Kuhl</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 04 / 15 / 2016		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 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 MM / DD / YYYY			
Full Name of Payee <input type="checkbox"/> Memo Item California Nurses Association		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 01 / 18 / 2016 </div>	
Mailing Address 155 Grand Avenue		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">180.00</div>	
City State Zip Code Oakland CA 94612	Transaction ID : D693169 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 01 / 19 / 2016 </div>		
Purpose of Expenditure Online Ad	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 757143.91		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 <input type="checkbox"/> Memo Item California Nurses Association		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 01 / 19 / 2016 </div>	
Mailing Address 155 Grand Avenue		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">50.00</div>	
City State Zip Code Oakland CA 94612	Transaction ID : D693170 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 01 / 20 / 2016 </div>		
Purpose of Expenditure Online Ad	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 757143.91		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..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;">230.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </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.			
Signature <u>Martha Kuhl</u>		Date MM / DD / YYYY 04 / 15 / 2016	

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 37 OF 151
FOR LINE 24 OF FORM 3X

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 California Nurses Association		<input type="checkbox"/> Memo Item	
Mailing Address 155 Grand Avenue		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 20 / 2016	
City Oakland		State CA	
Zip Code 94612		Amount 50.00	
Purpose of Expenditure Online Ad		Category/Type	
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Office Sought: <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 <input type="checkbox"/> Other (specify) ▶	
757143.91		2016	
Full Name of Payee California Nurses Association		<input type="checkbox"/> Memo Item	
Mailing Address 155 Grand Avenue		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 19 / 2015	
City Oakland		State CA	
Zip Code 94612		Amount 230.00	
Purpose of Expenditure Site Rental		Category/Type	
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate		District: 00 State: NV	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
148607.61		2016	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		280.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Martha Kuhl		Date M M M / D D D / Y Y Y Y Y Y 04 / 15 / 2016	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 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 California Nurses Association		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 01 / 19 / 2016</div> </div>	
Mailing Address 155 Grand Avenue		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">120.00</div>	
City State Zip Code Oakland CA 94612	Transaction ID : D693175 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 01 / 21 / 2016</div> </div>		
Purpose of Expenditure Site Rental	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; display: inline-block;">98103.35</div>		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA 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 <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 01 / 20 / 2016</div> </div>	
Mailing Address 155 Grand Avenue		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">430.00</div>	
City State Zip Code Oakland CA 94612	Transaction ID : D693176 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 01 / 21 / 2016</div> </div>		
Purpose of Expenditure Site Rental	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; display: inline-block;">148607.61</div>		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NV Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;">550.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></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.			
Signature <u>Martha Kuhl</u>		Date <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 04 / 15 / 2016</div> </div>	

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 39 OF 151
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">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 <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>			
Full Name of Payee California Nurses Association		Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 01 / 20 / 2016	
Mailing Address 155 Grand Avenue		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div> 210.00	
City Oakland	State CA	Zip Code 94612	Transaction ID : D693177 Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 01 / 21 / 2016
Purpose of Expenditure Site Rental		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 60px;"></div>	
Name of Federal Candidate BERNARD SANDERS		Office Sought: <input checked="" type="checkbox"/> House District: 00 <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div> 98103.35		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee National Nurses United		Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 01 / 21 / 2016	
Mailing Address 155 Grand Avenue		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div> 100.00	
City Oakland	State CA	Zip Code 94612	Transaction ID : D693181 Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 01 / 22 / 2016
Purpose of Expenditure Online Ad		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 60px;"></div>	
Name of Federal Candidate BERNARD SANDERS		Office Sought: <input checked="" type="checkbox"/> House District: 00 <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div> 98103.35		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div> 310.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></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.			
Signature <div style="border-top: 1px solid black; width: 100%;"></div> <i>Martha Kuhl</i>		Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 04 / 15 / 2016	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 40 OF 151
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">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 <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>			
Full Name of Payee California Nurses Association		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 01 / 22 / 2016	
Mailing Address 155 Grand Avenue		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">100.00</div>	
City Oakland	State CA	Zip Code 94612	Transaction ID : D712348 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 01 / 22 / 2016
Purpose of Expenditure Online Ad		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Name of Federal Candidate BERNARD SANDERS		Office Sought: <input checked="" type="checkbox"/> House District: 00 <input type="checkbox"/> Senate State: IA <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
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) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">98103.35</div>			
Full Name of Payee California Nurses Association		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 01 / 25 / 2016	
Mailing Address 155 Grand Avenue		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">50.00</div>	
City Oakland	State CA	Zip Code 94612	Transaction ID : D709354 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 01 / 26 / 2016
Purpose of Expenditure Online Ad		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Name of Federal Candidate Bernie Sanders		Office Sought: <input checked="" type="checkbox"/> House District: 00 <input type="checkbox"/> Senate State: DC <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) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">757143.91</div>			
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;">150.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </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.			
Signature <i>Martha Kuhl</i>		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 04 / 15 / 2016	
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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 41 OF 151
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">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 <div style="display: inline-block; border-bottom: 1px solid black; width: 100px; text-align: center;">M M M / D D D / Y Y Y Y Y Y</div>			
Full Name of Payee California Nurses Association		Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 100px; text-align: center;">M M M / D D D / Y Y Y Y Y Y</div> 01 / 22 / 2016	
Mailing Address 155 Grand Avenue		Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px; text-align: right;">50.03</div>	
City Oakland	State CA	Zip Code 94612	Transaction ID : D709355 Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 100px; text-align: center;">M M M / D D D / Y Y Y Y Y Y</div> 01 / 26 / 2016
Purpose of Expenditure Online Ad		Category/ Type <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div>	
Name of Federal Candidate BERNARD SANDERS		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: IA	
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) ▶	
<div style="display: inline-block; border-bottom: 1px solid black; width: 150px; text-align: right;">98103.35</div>			
Full Name of Payee California Nurses Association		Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 100px; text-align: center;">M M M / D D D / Y Y Y Y Y Y</div> 01 / 26 / 2016	
Mailing Address 155 Grand Avenue		Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px; text-align: right;">460.00</div>	
City Oakland	State CA	Zip Code 94612	Transaction ID : D709356 Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 100px; text-align: center;">M M M / D D D / Y Y Y Y Y Y</div> 01 / 26 / 2016
Purpose of Expenditure Site Rental		Category/ Type <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div>	
Name of Federal Candidate BERNARD SANDERS		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: IA	
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) ▶	
<div style="display: inline-block; border-bottom: 1px solid black; width: 150px; text-align: right;">98103.35</div>			
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="display: inline-block; border-bottom: 1px solid black; width: 150px; text-align: right;">510.03</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></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.			
Signature <i>Martha Kuhl</i>		Date <div style="display: inline-block; border-bottom: 1px solid black; width: 100px; text-align: center;">M M M / D D D / Y Y Y Y Y Y</div> 04 / 15 / 2016	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 42 OF 151
FOR LINE 24 OF FORM 3X

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 California Nurses Association		<input type="checkbox"/> Memo Item	
Mailing Address 155 Grand Avenue		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 26 / 2016	
City Oakland		State CA	
Zip Code 94612		Amount 900.00	
Purpose of Expenditure Site Rental		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 148607.61		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NV	
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee California Nurses Association		<input type="checkbox"/> Memo Item	
Mailing Address 155 Grand Avenue		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 25 / 2016	
City Oakland		State CA	
Zip Code 94612		Amount 50.00	
Purpose of Expenditure Online Ad		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 98103.35		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		950.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Martha Kuhl		Date M M M / D D D / Y Y Y Y Y Y 04 / 15 / 2016	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 43 OF 151
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">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 <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>				
Full Name of Payee Autumn Press			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 01 / 26 / 2016	
Mailing Address 945 Camelia St			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1789.93</div>	
City Berkeley		State CA	Zip Code 94710-1437	
Purpose of Expenditure Printing		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate Bernie Sanders			Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> House <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) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">757143.91</div>			<div style="border: 1px solid black; padding: 2px; display: inline-block;">Transaction ID : D709359</div>	
Full Name of Payee California Nurses Association			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 01 / 26 / 2016	
Mailing Address 155 Grand Avenue			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">50.00</div>	
City Oakland		State CA	Zip Code 94612	
Purpose of Expenditure Online Ad		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate BERNARD SANDERS			Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> House <input type="checkbox"/> Senate District: 00 State: IA	
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) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">98103.35</div>			<div style="border: 1px solid black; padding: 2px; display: inline-block;">Transaction ID : D709556</div>	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶ <div style="border: 1px solid black; padding: 2px; display: inline-block; float: right;">1839.93</div>				
(b) SUBTOTAL of Unitemized Independent Expenditures ▶ <div style="border: 1px solid black; padding: 2px; display: inline-block; float: right;"></div>				
(c) TOTAL Independent Expenditures..... ▶ <div style="border: 1px solid black; padding: 2px; display: inline-block; float: right;"></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.				
Signature <u>Martha Kuhl</u> [Electronically Filed] Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 04 / 15 / 2016				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 44 OF 151
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">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 <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div>				
Full Name of Payee Bus Bank <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">03 / 06 / 2016</div>	
Mailing Address 820 West Jackson Suite 815			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">20400.41</div>	
City Chicago		State IL	Zip Code 60607	
Purpose of Expenditure Bus tour expenses		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate Bernie Sanders			Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> House <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) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">757143.91</div>				
Full Name of Payee California Nurses Association <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 28 / 2016</div>	
Mailing Address 155 Grand Avenue			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">40.00</div>	
City Oakland		State CA	Zip Code 94612	
Purpose of Expenditure Online Ad		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate Bernie Sanders			Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> House <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) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">757143.91</div>				
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">20440.41</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></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.				
Signature <i>Martha Kuhl</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">04 / 15 / 2016</div>	
[Electronically Filed]				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 45 OF 151
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">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 <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>			
Full Name of Payee Alliance Graphics		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 / 03 / 2016</div>	
Mailing Address 1101 8th Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1512.89</div>	
City Berkeley	State CA	Zip Code 94710	Transaction ID : D710082 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 28 / 2016</div>
Purpose of Expenditure Printing		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Name of Federal Candidate Bernie Sanders		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <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) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">757143.91</div>		<div style="border: 1px solid black; padding: 2px; display: inline-block;">757143.91</div>	
Full Name of Payee California Nurses Association		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 27 / 2016</div>	
Mailing Address 155 Grand Avenue		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">25.00</div>	
City Oakland	State CA	Zip Code 94612	Transaction ID : D710089 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 28 / 2016</div>
Purpose of Expenditure Online Ad		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Name of Federal Candidate Bernie Sanders		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <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) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">757143.91</div>		<div style="border: 1px solid black; padding: 2px; display: inline-block;">757143.91</div>	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;">1537.89</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </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.			
Signature <i>Martha Kuhl</i>		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">04 / 15 / 2016</div>	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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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 California Nurses Association		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 27 / 2016
Mailing Address 155 Grand Avenue			Amount 200.00
City Oakland	State CA	Zip Code 94612	Transaction ID : D710090
Purpose of Expenditure Online Ad	Category/Type		Date of Disbursement or Obligation MM / DD / YYYY 01 / 28 / 2016
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		757143.91	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee California Nurses Association		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 29 / 2016
Mailing Address 155 Grand Avenue			Amount 40.00
City Oakland	State CA	Zip Code 94612	Transaction ID : D709931
Purpose of Expenditure Online Ad	Category/Type		Date of Disbursement or Obligation MM / DD / YYYY 02 / 01 / 2016
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: IA
Calendar Year-To-Date Per Election for Office Sought		98103.35	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	240.00
(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

MM / DD / YYYY
04 / 15 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 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 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 <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 01 / 30 / 2016 </div>	
Mailing Address 155 Grand Avenue		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M / D D / Y Y Y Y Y Y 40.00 </div>	
City State Zip Code Oakland CA 94612		Transaction ID : D709932 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M / D D / Y Y Y Y Y Y 02 / 01 / 2016 </div>	
Purpose of Expenditure Online Ad		Category/Type M M M M / D D / Y Y Y Y Y Y	
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: IA	
Calendar Year-To-Date Per Election for Office Sought M M M M / D D / Y Y Y Y Y Y 98103.35 		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 <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M / D D / Y Y Y Y Y Y 01 / 30 / 2016 </div>	
Mailing Address 155 Grand Avenue		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M / D D / Y Y Y Y Y Y 50.00 </div>	
City State Zip Code Oakland CA 94612		Transaction ID : D709933 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M / D D / Y Y Y Y Y Y 02 / 01 / 2016 </div>	
Purpose of Expenditure Online Ad		Category/Type M M M M / D D / Y Y Y Y Y Y	
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: IA	
Calendar Year-To-Date Per Election for Office Sought M M M M / D D / Y Y Y Y Y Y 98103.35 		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ►	
(a) SUBTOTAL of Itemized Independent Expenditures..... ►		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M / D D / Y Y Y Y Y Y 90.00 </div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ►		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M / D D / Y Y Y Y Y Y 00.00 </div>	
(c) TOTAL Independent Expenditures..... ►		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M / D D / Y Y Y Y Y Y 90.00 </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.			
Signature <u>Martha Kuhl</u>		Date M M / D D / Y Y Y Y Y Y 04 / 15 / 2016	

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 48 OF 151
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 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 California Nurses Association			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 02 / 01 / 2016 </div>		
Mailing Address 155 Grand Avenue			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">50.00</div>		
City State Zip Code Oakland CA 94612		Transaction ID : D709934 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 02 / 01 / 2016 </div>			
Purpose of Expenditure Online Ad		Category/Type		Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose BERNARD SANDERS	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President District: 00 State: IA		Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">98103.35</div>			
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 <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 01 / 30 / 2016 </div>		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">150.00</div>			
Mailing Address 155 Grand Avenue		Transaction ID : D709935 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 02 / 01 / 2016 </div>			
City State Zip Code Oakland CA 94612		Purpose of Expenditure Site Rental			
Category/Type		Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose BERNARD SANDERS			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President District: 00 State: IA		Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">98103.35</div>			
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			
<div style="border: 1px solid black; padding: 2px; display: inline-block;">200.00</div>		(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		(c) TOTAL Independent Expenditures..... ▶			
<div style="border: 1px solid black; padding: 2px; display: inline-block;"></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.			
Signature <u>Martha Kuhl</u>		[Electronically Filed]		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 04 / 15 / 2016 </div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 49 OF 151
FOR LINE 24 OF FORM 3X

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 01 / 31 / 2016	
Mailing Address 155 Grand Avenue				Amount 150.00	
City Oakland	State CA	Zip Code 94612		Transaction ID : D709936	
Purpose of Expenditure Site Rental		Category/Type 		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 01 / 2016	
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: IA	
Calendar Year-To-Date Per Election for Office Sought 98103.35		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶			

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 02 / 01 / 2016	
Mailing Address 155 Grand Avenue				Amount 800.00	
City Oakland	State CA	Zip Code 94612		Transaction ID : D709937	
Purpose of Expenditure Site Rental		Category/Type 		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 01 / 2016	
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: IA	
Calendar Year-To-Date Per Election for Office Sought 98103.35		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶			

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	950.00
(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
04 / 15 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 50 OF 151
FOR LINE 24 OF FORM 3X

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	
Mailing Address 155 Grand Avenue		Date of Public Distribution/Dissemination 02 / 01 / 2016	
City Oakland	State CA	Zip Code 94612	Amount 200.00
Purpose of Expenditure Site Rental		Category/Type 	Transaction ID : D709938 Date of Disbursement or Obligation 02 / 01 / 2016
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: NV
Calendar Year-To-Date Per Election for Office Sought 148607.61		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee California Nurses Association		<input type="checkbox"/> Memo Item	
Mailing Address 155 Grand Avenue		Date of Public Distribution/Dissemination 02 / 02 / 2016	
City Oakland	State CA	Zip Code 94612	Amount 580.00
Purpose of Expenditure Site Rental		Category/Type 	Transaction ID : D709939 Date of Disbursement or Obligation 02 / 01 / 2016
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: NV
Calendar Year-To-Date Per Election for Office Sought 148607.61		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		780.00	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures.....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Martha Kuhl</i>		Date 04 / 15 / 2016	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 51 OF 151
FOR LINE 24 OF FORM 3X

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 California Nurses Association		<input type="checkbox"/> Memo Item	
Mailing Address 155 Grand Avenue		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 02 / 01 / 2016	
City Oakland		State CA	
Zip Code 94612		Amount 40.00	
Purpose of Expenditure Online Ad		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		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
98103.35			
Full Name of Payee California Nurses Association		<input type="checkbox"/> Memo Item	
Mailing Address 155 Grand Avenue		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 02 / 01 / 2016	
City Oakland		State CA	
Zip Code 94612		Amount 40.00	
Purpose of Expenditure Online Ad		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		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
98103.35			
(a) SUBTOTAL of Itemized Independent Expenditures.....		80.00	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures.....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Martha Kuhl		Date M M M / D D D / Y Y Y Y Y Y 04 / 15 / 2016	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 52 OF 151
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">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 <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div>			
Full Name of Payee Bus Bank		<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 / 08 / 2016</div>	
Mailing Address 820 West Jackson Suite 815		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">131600.00</div>	
City Chicago	State IL	Zip Code 60607	Transaction ID : D710075 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 / 05 / 2016</div>
Purpose of Expenditure Bus tour expenses		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
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		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
757143.91			
Full Name of Payee California Nurses Association		<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 / 05 / 2016</div>	
Mailing Address 155 Grand Avenue		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">50.00</div>	
City Oakland	State CA	Zip Code 94612	Transaction ID : D710071 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 / 08 / 2016</div>
Purpose of Expenditure Online Ad		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
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		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
757143.91			
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;">131650.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </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.			
Signature <i>Martha Kuhl</i>		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">04 / 15 / 2016</div>	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 53 OF 151
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">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 <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>			
Full Name of Payee California Nurses Association		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> 02 / 05 / 2016	
Mailing Address 155 Grand Avenue		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">50.00</div>	
City Oakland	State CA	Zip Code 94612	Transaction ID : D710072 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> 02 / 08 / 2016
Purpose of Expenditure Online Ad		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Name of Federal Candidate Bernie Sanders		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <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) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">757143.91</div>		<div style="border: 1px solid black; padding: 2px; display: inline-block;">757143.91</div>	
Full Name of Payee California Nurses Association		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> 02 / 05 / 2016	
Mailing Address 155 Grand Avenue		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">100.00</div>	
City Oakland	State CA	Zip Code 94612	Transaction ID : D710073 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> 02 / 08 / 2016
Purpose of Expenditure Online Ad		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Name of Federal Candidate Bernie Sanders		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <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) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">757143.91</div>		<div style="border: 1px solid black; padding: 2px; display: inline-block;">757143.91</div>	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;">150.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </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.			
Signature <i>Martha Kuhl</i>		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> 04 / 15 / 2016	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 54 OF 151
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)

National Nurses United for Patient Protection

FEC IDENTIFICATION NUMBER ▼

C C00490375

Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on

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

Full Name of Payee

California Nurses Association

☐ Memo Item

Date of Public Distribution/Dissemination

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2015

Mailing Address

155 Grand Avenue

Amount

City

Oakland

State

CA

Zip Code

94612

40.00

Transaction ID : D710074

Date of Disbursement or Obligation

M M M / D D D / Y Y Y Y Y Y
02 / 08 / 2016

Purpose of Expenditure

Online Ad

Category/
Type

Name of Federal Candidate

Bernie Sanders

☒ Support☐ Oppose

Office Sought:

☐ House

District: 00

☒ President☐ Senate

State: DC

Calendar Year-To-Date
Per Election for Office Sought

757143.91

Disbursement For: 2016

☒ Primary☐ General☐ Other (specify) ▶

Full Name of Payee

Campaign Workshop

☐ Memo Item

Date of Public Distribution/Dissemination

M M M / D D D / Y Y Y Y Y Y
02 / 08 / 2016

Mailing Address

1129 20th Street, Suite 200

Amount

City

Washington

State

DC

Zip Code

20036

505.82

Transaction ID : D710076

Date of Disbursement or Obligation

M M M / D D D / Y Y Y Y Y Y
02 / 08 / 2016

Purpose of Expenditure

Printing

Category/
Type

Name of Federal Candidate

BERNARD SANDERS

☒ Support☐ Oppose

Office Sought:

☐ House

District: 00

☒ President☐ Senate

State: NV

Calendar Year-To-Date
Per Election for Office Sought

148607.61

Disbursement For: 2016

☒ Primary☐ General☐ Other (specify) ▶

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

545.82

(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
04 / 15 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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		
Mailing Address 1129 20th Street, Suite 200			Date of Public Distribution/Dissemination 02 / 03 / 2016		
City Washington	State DC	Zip Code 20036	Amount 62.34		
Purpose of Expenditure Printing		Category/Type 	Transaction ID : D710077 Date of Disbursement or Obligation 02 / 08 / 2016		
Name of Federal Candidate BERNARD SANDERS			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 148607.61			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NV</u> 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		
Mailing Address 1129 20th Street, Suite 200			Date of Public Distribution/Dissemination 01 / 27 / 2016		
City Washington	State DC	Zip Code 20036	Amount 62.34		
Purpose of Expenditure Printing		Category/Type 	Transaction ID : D710078 Date of Disbursement or Obligation 02 / 08 / 2016		
Name of Federal Candidate BERNARD SANDERS			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 148607.61			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NV</u> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	124.68
(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
 Signature

[Electronically Filed]

Date 04 / 15 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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 Campaign Workshop			Date of Public Distribution/Dissemination 01 / 20 / 2016		
Mailing Address 1129 20th Street, Suite 200			Amount 1433.95		
City Washington		State DC	Zip Code 20036		
Purpose of Expenditure Printing		Category/Type 		Transaction ID : D710079 Date of Disbursement or Obligation 02 / 08 / 2016	
Name of Federal Candidate BERNARD SANDERS			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 98103.35			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Campaign Workshop			Date of Public Distribution/Dissemination 01 / 15 / 2016		
Mailing Address 1129 20th Street, Suite 200			Amount 537.47		
City Washington		State DC	Zip Code 20036		
Purpose of Expenditure Printing		Category/Type 		Transaction ID : D710080 Date of Disbursement or Obligation 02 / 08 / 2016	
Name of Federal Candidate BERNARD SANDERS			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 98103.35			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			1971.42		
(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 <u>Martha Kuhl</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 04 / 15 / 2016		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 57 OF 151
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">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 <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>				
Full Name of Payee Campaign Workshop			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 11 / 2016</div>	
Mailing Address 1129 20th Street, Suite 200			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">537.47</div>	
City Washington		State DC	Zip Code 20036	
Purpose of Expenditure Printing		Category/Type <div style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></div>		
Name of Federal Candidate BERNARD SANDERS			Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> House <input type="checkbox"/> Senate District: 00 State: IA	
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) ▶	
Full Name of Payee California Nurses Association			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 / 08 / 2016</div>	
Mailing Address 155 Grand Avenue			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">700.00</div>	
City Oakland		State CA	Zip Code 94612	
Purpose of Expenditure Site Rental		Category/Type <div style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></div>		
Name of Federal Candidate BERNARD SANDERS			Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> House <input type="checkbox"/> Senate District: 00 State: NV	
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) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1237.47</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>	
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></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.				
Signature <i>Martha Kuhl</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">04 / 15 / 2016</div>	
[Electronically Filed]				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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 <input type="checkbox"/> Memo Item California Nurses Association			Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 09 / 2016		
Mailing Address 155 Grand Avenue			Amount 480.00		
City Oakland	State CA	Zip Code 94612	Transaction ID : D710086		
Purpose of Expenditure Site Rental		Category/Type 	Date of Disbursement or Obligation MM / DD / YYYY 02 / 08 / 2016		
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: <u>00</u> State: <u>NV</u>		
Calendar Year-To-Date Per Election for Office Sought 148607.61			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 MM / DD / YYYY 02 / 10 / 2016		
Mailing Address 155 Grand Avenue			Amount 720.00		
City Oakland	State CA	Zip Code 94612	Transaction ID : D710087		
Purpose of Expenditure Site Rental		Category/Type 	Date of Disbursement or Obligation MM / DD / YYYY 02 / 08 / 2016		
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: <u>00</u> State: <u>NV</u>		
Calendar Year-To-Date Per Election for Office Sought 148607.61			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ 		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1200.00
(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]

Signature
Date MM / DD / YYYY
04 / 15 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 59 OF 151
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">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 <div style="display: inline-block; border-bottom: 1px solid black; width: 100px; text-align: center;">M M / D D / Y Y Y Y Y Y</div>			
Full Name of Payee California Nurses Association		Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 100px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> 02 / 11 / 2016	
Mailing Address 155 Grand Avenue		Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px; text-align: right;">580.00</div>	
City Oakland	State CA	Zip Code 94612	Transaction ID : D710088 Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 100px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> 02 / 08 / 2016
Purpose of Expenditure Site Rental		Category/ Type <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div>	
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: NV	
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) ▶	
<div style="display: inline-block; border-bottom: 1px solid black; width: 150px; text-align: right;">148607.61</div>			
Full Name of Payee Postal Systems, Inc.		Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 100px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> 02 / 09 / 2016	
Mailing Address 1890 North Blvd.		Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px; text-align: right;">77048.67</div>	
City San Leandro	State CA	Zip Code 94577	Transaction ID : D710103 Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 100px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> 02 / 08 / 2016
Purpose of Expenditure Postage		Category/ Type <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div>	
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: NV	
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) ▶	
<div style="display: inline-block; border-bottom: 1px solid black; width: 150px; text-align: right;">148607.61</div>			
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="display: inline-block; border-bottom: 1px solid black; width: 150px; text-align: right;">77628.67</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></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.			
Signature <i>Martha Kuhl</i>		Date <div style="display: inline-block; border-bottom: 1px solid black; width: 100px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> 04 / 15 / 2016	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 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 MM / DD / YYYY			
Full Name of Payee <input type="checkbox"/> Memo Item Postal Systems, Inc.		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 02 / 09 / 2016 </div>	
Mailing Address 1890 North Blvd.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">6335.23</div>	
City State Zip Code San Leandro CA 94577	Transaction ID : D710104 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 02 / 08 / 2016 </div>		
Purpose of Expenditure Postage	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; display: inline-block;">757143.91</div>		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 <input type="checkbox"/> Memo Item Postal Systems, Inc.		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 02 / 09 / 2016 </div>	
Mailing Address 1890 North Blvd.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">11957.95</div>	
City State Zip Code San Leandro CA 94577	Transaction ID : D710107 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 02 / 08 / 2016 </div>		
Purpose of Expenditure Postage	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; display: inline-block;">21347.52</div>		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..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;">18293.18</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </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.			
Signature <u>Martha Kuhl</u>		Date MM / DD / YYYY 04 / 15 / 2016 	

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 61 OF 151
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">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 <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>			
Full Name of Payee Postal Systems, Inc.		<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 / 10 / 2016</div>	
Mailing Address 1890 North Blvd.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">23829.17</div>	
City San Leandro	State CA	Zip Code 94577	Transaction ID : D710120 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 / 08 / 2016</div>
Purpose of Expenditure postage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Name of Federal Candidate BERNARD 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>MO</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) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">32655.37</div>			
Full Name of Payee Postal Systems, Inc.		<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 / 10 / 2016</div>	
Mailing Address 1890 North Blvd.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">33543.88</div>	
City San Leandro	State CA	Zip Code 94577	Transaction ID : D710121 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 / 08 / 2016</div>
Purpose of Expenditure postage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Name of Federal Candidate BERNARD 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>IA</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) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">98103.35</div>			
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;">57373.05</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </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.			
Signature <i>Martha Kuhl</i>		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">04 / 15 / 2016</div>	
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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 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 MM / DD / YYYY			
Full Name of Payee <input type="checkbox"/> Memo Item Postal Systems, Inc.		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 02 / 10 / 2016 </div>	
Mailing Address 1890 North Blvd.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">19953.67</div>	
City State Zip Code San Leandro CA 94577	Transaction ID : D710122 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 02 / 08 / 2016 </div>		
Purpose of Expenditure postage	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 27518.27		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CO</u> 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 Postal Systems, Inc.		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 02 / 11 / 2016 </div>	
Mailing Address 1890 North Blvd.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">71875.68</div>	
City State Zip Code San Leandro CA 94577	Transaction ID : D710134 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 02 / 08 / 2016 </div>		
Purpose of Expenditure Postage	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 107877.13		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>FL</u> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;">91829.35</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </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.			
Signature <u>Martha Kuhl</u>		Date MM / DD / YYYY 04 / 15 / 2016	

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 63 OF 151
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">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 <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>			
Full Name of Payee Postal Systems, Inc.		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 02 / 12 / 2016	
Mailing Address 1890 North Blvd.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">43316.75</div>	
City San Leandro	State CA	Zip Code 94577	Transaction ID : D710142 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 02 / 08 / 2016
Purpose of Expenditure Printing		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IL</u>	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">58589.55</div> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Postal Systems, Inc.		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 02 / 12 / 2016	
Mailing Address 1890 North Blvd.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">32015.64</div>	
City San Leandro	State CA	Zip Code 94577	Transaction ID : D710152 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 02 / 08 / 2016
Purpose of Expenditure Postage		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NY</u>	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">83325.04</div> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;">75332.39</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></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.			
Signature <u>Martha Kuhl</u>		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 04 / 15 / 2016	

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 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 Postal Systems, Inc.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 02 / 12 / 2016</div> </div>	
Mailing Address 1890 North Blvd.			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">41251.30</div>	
City State Zip Code San Leandro CA 94577		Transaction ID : D710153 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 02 / 08 / 2016</div> </div>		
Purpose of Expenditure Postage		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: OH	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">57980.50</div>			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 Autumn Press			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 02 / 12 / 2016</div> </div>	
Mailing Address 945 Camelia St			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">11309.40</div>	
City State Zip Code Berkeley CA 94710-1437		Transaction ID : D710154 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 02 / 08 / 2016</div> </div>		
Purpose of Expenditure Printing		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: NY	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">83325.04</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">52560.70</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></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.				
Signature <u>Martha Kuhl</u>			Date <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 04 / 15 / 2016</div> </div>	

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 65 OF 151
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">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 <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee Autumn Press			<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>		
Mailing Address 945 Camelia St			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">15079.20</div>		
City State Zip Code Berkeley CA 94710-1437		Transaction ID : D710155 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 08 2016</div>			
Purpose of Expenditure Printing		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>			
Name of Federal Candidate BERNARD SANDERS			<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>OH</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">57980.50</div>			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 <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 09 2016</div>		
Mailing Address 1101 8th Street			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">427.05</div>		
City State Zip Code Berkeley CA 94710		Transaction ID : D710105 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 09 2016</div>			
Purpose of Expenditure Printing		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>			
Name of Federal Candidate Bernie Sanders			<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>DC</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">757143.91</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">15506.25</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> </div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> </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.					
Signature <div style="text-align: right;">Martha Kuhl</div>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">04 15 2016</div>		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 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 <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y </div>				
Full Name of Payee <input type="checkbox"/> Memo Item Autumn Press			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y 02 / 09 / 2016 </div>	
Mailing Address 945 Camelia St			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 5449.45 </div>	
City Berkeley State CA Zip Code 94710-1437		Transaction ID : D710106 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y 02 / 09 / 2016 </div>		
Purpose of Expenditure Printing		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px;"></div>		
Name of Federal Candidate BERNARD 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>NV</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 148607.61 </div>			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 Alliance Graphics			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y 02 / 10 / 2016 </div>	
Mailing Address 1101 8th Street			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 10971.90 </div>	
City Berkeley State CA Zip Code 94710		Transaction ID : D710108 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y 02 / 09 / 2016 </div>		
Purpose of Expenditure Printing		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px;"></div>		
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 <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 757143.91 </div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 16421.35 </div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> _____ </div>	
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> _____ </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.				
Signature <u>Martha Kuhl</u>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y 04 / 15 / 2016 </div>	

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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 / YYYYYY					
Full Name of Payee Alliance Graphics			Date of Public Distribution/Dissemination MM / DD / YYYYYY 02 / 12 / 2016		
Mailing Address 1101 8th Street			Amount 19637.31		
City Berkeley		State CA	Zip Code 94710		
Purpose of Expenditure Printing		Category/ Type 		Transaction ID : D710132 Date of Disbursement or Obligation MM / DD / YYYYYY 02 / 09 / 2016	
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 757143.91			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Minneapolis Labor Review			Date of Public Distribution/Dissemination MM / DD / YYYYYY 02 / 19 / 2016		
Mailing Address 312 Central Ave Suite 542			Amount 2413.63		
City Minneapolis		State MN	Zip Code 55414		
Purpose of Expenditure Printing		Category/ Type 		Transaction ID : D710484 Date of Disbursement or Obligation MM / DD / YYYYYY 02 / 09 / 2016	
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>MN</u>		
Calendar Year-To-Date Per Election for Office Sought 2413.63			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			22050.94		
(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 <u>Martha Kuhl</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYYYY 04 / 15 / 2016		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 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 MM / DD / YYYYYY				
Full Name of Payee <input type="checkbox"/> Memo Item Autumn Press			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYYYY </div>	
Mailing Address 945 Camelia St			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 02 / 10 / 2016 </div>	
City Berkeley State CA Zip Code 94710-1437		Transaction ID : D710112 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYYYY </div>		
Purpose of Expenditure Printing		Category/Type 		
Name of Federal Candidate BERNARD SANDERS			<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>SC</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> / / </div>			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 Autumn Press			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYYYY </div>	
Mailing Address 945 Camelia St			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 02 / 10 / 2016 </div>	
City Berkeley State CA Zip Code 94710-1437		Transaction ID : D710113 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYYYY </div>		
Purpose of Expenditure Printing		Category/Type 		
Name of Federal Candidate Bernie Sanders			<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>DC</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> / / </div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ 	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> / / </div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> / / </div>	
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> / / </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.				
Signature <u>Martha Kuhl</u>			Date MM / DD / YYYYYY	
[Electronically Filed]			04 / 15 / 2016	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 69 OF 151
FOR LINE 24 OF FORM 3X

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 02 / 10 / 2016
Mailing Address 945 Camelia St			Amount 8796.20
City Berkeley	State CA	Zip Code 94710-1437	Transaction ID : D710114
Purpose of Expenditure Printing	Category/Type 		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 10 / 2016
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: MO
Calendar Year-To-Date Per Election for Office Sought 32655.37		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 02 / 10 / 2016
Mailing Address 945 Camelia St			Amount 12566.05
City Berkeley	State CA	Zip Code 94710-1437	Transaction ID : D710115
Purpose of Expenditure Printing	Category/Type 		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 10 / 2016
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: IA
Calendar Year-To-Date Per Election for Office Sought 98103.35		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	21362.25
(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
04 / 15 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 70 OF 151
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 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 MM / DD / YYYY				
Full Name of Payee <input type="checkbox"/> Memo Item Autumn Press			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 02 / 10 / 2016 </div>	
Mailing Address 945 Camelia St			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">7539.60</div>	
City Berkeley State CA Zip Code 94710-1437		Transaction ID : D710116 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 02 / 10 / 2016 </div>		
Purpose of Expenditure Printing		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose BERNARD SANDERS			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CO</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">27518.27</div>			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 Autumn Press			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 02 / 10 / 2016 </div>	
Mailing Address 945 Camelia St			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">26388.60</div>	
City Berkeley State CA Zip Code 94710-1437		Transaction ID : D710117 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 02 / 10 / 2016 </div>		
Purpose of Expenditure Printing		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose BERNARD SANDERS			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NV</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">148607.61</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">33928.20</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </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.				
Signature <u>Martha Kuhl</u>			Date MM / DD / YYYY 04 / 15 / 2016 	

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 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 MM / DD / YYYYYY				
Full Name of Payee <input type="checkbox"/> Memo Item Autumn Press			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYYYY </div>	
Mailing Address 945 Camelia St			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 02 / 10 / 2016 </div>	
City Berkeley State CA Zip Code 94710-1437		Transaction ID : D710118 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYYYY </div>		
Purpose of Expenditure Printing		Category/Type 		
Name of Federal Candidate BERNARD SANDERS			<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>SC</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) ▶ 	
Full Name of Payee <input type="checkbox"/> Memo Item Michael Konopacki			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYYYY </div>	
Mailing Address PO Box 1917			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 02 / 10 / 2016 </div>	
City Madison State WI Zip Code 53701-1917		Transaction ID : D710119 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYYYY </div>		
Purpose of Expenditure Graphic Design for PAC		Category/Type 		
Name of Federal Candidate Bernie Sanders			<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> Oppose <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) ▶ 	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </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.				
Signature <u>Martha Kuhl</u>			Date MM / DD / YYYYYY	
[Electronically Filed]			04 / 15 / 2016	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 72 OF 151
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">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 <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>					
Full Name of Payee Autumn Press			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>		
Mailing Address 945 Camelia St			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>		
City Berkeley		State CA	Zip Code 94710-1437		Transaction ID : D710133
Purpose of Expenditure Printing		Category/Type <div style="display: inline-block; border-bottom: 1px solid black; width: 60px;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>	
Name of Federal Candidate BERNARD SANDERS			Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: FL		
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) ▶		
Full Name of Payee Autumn Press			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>		
Mailing Address 945 Camelia St			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>		
City Berkeley		State CA	Zip Code 94710-1437		Transaction ID : D710144
Purpose of Expenditure Printing		Category/Type <div style="display: inline-block; border-bottom: 1px solid black; width: 60px;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>	
Name of Federal Candidate BERNARD SANDERS			Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IL		
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) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 40211.26		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></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.					
Signature <i>Martha Kuhl</i>			Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div> </div>	

Full Name of Payee California Nurses Association		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 02 / 2016	
Mailing Address 155 Grand Avenue				Amount 3935.43	
City Oakland	State CA	Zip Code 94612		Transaction ID : D710145	
Purpose of Expenditure Printing		Category/Type		Date of Disbursement or Obligation MM / DD / YYYY 02 / 12 / 2016	
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		757143.91		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee California Nurses Association		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 12 / 2016	
Mailing Address 155 Grand Avenue				Amount 12082.66	
City Oakland	State CA	Zip Code 94612		Transaction ID : D710146	
Purpose of Expenditure Printing		Category/Type		Date of Disbursement or Obligation MM / DD / YYYY 02 / 12 / 2016	
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		757143.91		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	16018.09
(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

 MM / DD / YYYY
04 / 15 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 74 OF 151
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">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 <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>			
Full Name of Payee California Nurses Association		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 / 11 / 2016</div>	
Mailing Address 155 Grand Avenue		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">100.00</div>	
City Oakland	State CA	Zip Code 94612	Transaction ID : D710147 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 / 12 / 2016</div>
Purpose of Expenditure Online Ad		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px;"></div>	
Name of Federal Candidate Bernie Sanders		Office Sought: <input checked="" 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) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">757143.91</div>			
Full Name of Payee Michael Konopacki		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 / 02 / 2016</div>	
Mailing Address PO Box 1917		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">600.00</div>	
City Madison	State WI	Zip Code 53701-1917	Transaction ID : D710149 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 / 12 / 2016</div>
Purpose of Expenditure Cartoon		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px;"></div>	
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) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">757143.91</div>			
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">700.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></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.			
Signature <i>Martha Kuhl</i>		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">04 / 15 / 2016</div>	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 75 OF 151
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">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 <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>			
Full Name of Payee Erin L FitzGerald		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 / 01 / 2016</div>	
Mailing Address 1028 Florida Street		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">4200.00</div>	
City Vallejo	State CA	Zip Code 94590	Transaction ID : D710150 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 / 12 / 2016</div>
Purpose of Expenditure Video Production		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px;"></div>	
Name of Federal Candidate Bernie Sanders		Office Sought: <input checked="" type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC <input type="checkbox"/> Oppose	
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) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">757143.91</div>			
Full Name of Payee California Nurses Association		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 / 12 / 2016</div>	
Mailing Address 155 Grand Avenue		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">50.00</div>	
City Oakland	State CA	Zip Code 94612	Transaction ID : D710195 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 / 16 / 2016</div>
Purpose of Expenditure Online Ad		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px;"></div>	
Name of Federal Candidate BERNARD SANDERS		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC <input type="checkbox"/> Oppose	
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) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">21347.52</div>			
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">4250.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></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.			
Signature <i>Martha Kuhl</i>		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">04 / 15 / 2016</div> <div style="text-align: center;">[Electronically Filed]</div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 76 OF 151
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">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 <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>			
Full Name of Payee California Nurses Association		Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>	
Mailing Address 155 Grand Avenue		Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 50.00	
City Oakland	State CA	Zip Code 94612	Transaction ID : D710196 Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>
Purpose of Expenditure Online Ad		Category/Type <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>	
Name of Federal Candidate BERNARD SANDERS		Office Sought: <input checked="" 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 <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 21347.52		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee California Nurses Association		Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>	
Mailing Address 155 Grand Avenue		Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 50.00	
City Oakland	State CA	Zip Code 94612	Transaction ID : D710197 Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>
Purpose of Expenditure Online Ad		Category/Type <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>	
Name of Federal Candidate 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 <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 21347.52		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 100.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></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.			
Signature <i>Martha Kuhl</i>		Date <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 04 / 15 / 2016	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 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 California Nurses Association			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 02 / 16 / 2016</div> </div>		
Mailing Address 155 Grand Avenue			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">50.00</div>		
City State Zip Code Oakland CA 94612		Transaction ID : D710198 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 02 / 16 / 2016</div> </div>			
Purpose of Expenditure Online Ad		Category/Type		Name of Federal Candidate Bernie Sanders	
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 <div style="border: 1px solid black; padding: 2px; display: inline-block;">757143.91</div>			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 <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 02 / 16 / 2016</div> </div>		
Mailing Address 155 Grand Avenue			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">50.00</div>		
City State Zip Code Oakland CA 94612		Transaction ID : D710199 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 02 / 16 / 2016</div> </div>			
Purpose of Expenditure Online Ad		Category/Type		Name of Federal Candidate Bernie Sanders	
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 <div style="border: 1px solid black; padding: 2px; display: inline-block;">757143.91</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">100.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></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

Signature _____

[Electronically Filed]

Date

MM / DD / YYYY
04 / 15 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 78 OF 151
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">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 <div style="display: inline-block; border-bottom: 1px solid black; width: 100px; text-align: center;">M M / D D / Y Y Y Y Y Y</div>			
Full Name of Payee California Nurses Association		Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 100px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> 02 / 16 / 2016	
Mailing Address 155 Grand Avenue		Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px; text-align: right;">50.00</div>	
City Oakland	State CA	Zip Code 94612	Transaction ID : D710200 Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 100px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> 02 / 16 / 2016
Purpose of Expenditure Online Ad		Category/ Type <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div>	
Name of Federal Candidate BERNARD SANDERS		Office Sought: <input checked="" type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NV	
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) ▶	
<div style="display: inline-block; border-bottom: 1px solid black; width: 150px; text-align: right;">148607.61</div>			
Full Name of Payee California Nurses Association		Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 100px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> 02 / 16 / 2016	
Mailing Address 155 Grand Avenue		Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px; text-align: right;">873.80</div>	
City Oakland	State CA	Zip Code 94612	Transaction ID : D710201 Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 100px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> 02 / 16 / 2016
Purpose of Expenditure Payroll Expense		Category/ Type <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div>	
Name of Federal Candidate Bernie Sanders		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <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) ▶	
<div style="display: inline-block; border-bottom: 1px solid black; width: 150px; text-align: right;">757143.91</div>			
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="display: inline-block; border-bottom: 1px solid black; width: 150px; text-align: right;">923.80</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></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.			
Signature <i>Martha Kuhl</i>		Date <div style="display: inline-block; border-bottom: 1px solid black; width: 100px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> 04 / 15 / 2016	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 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 MM / DD / YYYY			
Full Name of Payee <input type="checkbox"/> Memo Item California Nurses Association		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 02 / 16 / 2016 </div>	
Mailing Address 155 Grand Avenue		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1886.85</div>	
City State Zip Code Oakland CA 94612	Transaction ID : D710202 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 02 / 16 / 2016 </div>		
Purpose of Expenditure Payroll Expense	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 757143.91		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 <input type="checkbox"/> Memo Item California Nurses Association		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 02 / 17 / 2016 </div>	
Mailing Address 155 Grand Avenue		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">570.00</div>	
City State Zip Code Oakland CA 94612	Transaction ID : D710464 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 02 / 18 / 2016 </div>		
Purpose of Expenditure Site Rental	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 107877.13		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: FL Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;">2456.85</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </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.			
Signature <u>Martha Kuhl</u>		Date MM / DD / YYYY 04 / 15 / 2016	

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 80 OF 151
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">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 <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>			
Full Name of Payee California Nurses Association		Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 02 / 18 / 2016	
Mailing Address 155 Grand Avenue		Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 640.00	
City Oakland	State CA	Zip Code 94612	Transaction ID : D710465 Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 02 / 18 / 2016
Purpose of Expenditure Site Rental		Category/ Type <div style="display: inline-block; border-bottom: 1px solid black; width: 60px;"></div>	
Name of Federal Candidate BERNARD SANDERS		Office Sought: <input checked="" type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 107877.13		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee California Nurses Association		Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 02 / 20 / 2016	
Mailing Address 155 Grand Avenue		Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 320.00	
City Oakland	State CA	Zip Code 94612	Transaction ID : D710463 Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 02 / 20 / 2016
Purpose of Expenditure Site Rental		Category/ Type <div style="display: inline-block; border-bottom: 1px solid black; width: 60px;"></div>	
Name of Federal Candidate BERNARD SANDERS		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 107877.13		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 960.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></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.			
Signature <div style="text-align: right;"><i>Martha Kuhl</i></div>		Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 04 / 15 / 2016	

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 81 OF 151
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">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 <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>					
Full Name of Payee California Nurses Association <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>		
Mailing Address 155 Grand Avenue			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 50.00		
City Oakland		State CA	Zip Code 94612		Transaction ID : D710467
Purpose of Expenditure Online Ad		Category/Type <div style="border-bottom: 1px solid black; width: 60px;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>	
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: SC
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 21347.52			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee California Nurses Association <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>		
Mailing Address 155 Grand Avenue			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 75.00		
City Oakland		State CA	Zip Code 94612		Transaction ID : D710472
Purpose of Expenditure Online Ad		Category/Type <div style="border-bottom: 1px solid black; width: 60px;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>	
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 <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 757143.91			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 125.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></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.					
Signature <div style="border-top: 1px solid black; width: 100%;"></div>			Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>		

Martha Kuhl

[Electronically Filed]

Date

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 82 OF 151
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">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 <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>			
Full Name of Payee California Nurses Association		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 / 21 / 2016</div>	
Mailing Address 155 Grand Avenue		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">100.00</div>	
City Oakland	State CA	Zip Code 94612	Transaction ID : D710474 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 / 23 / 2016</div>
Purpose of Expenditure Online Ad		Category/ Type <div style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></div>	
Name of Federal Candidate Bernie Sanders		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <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) ▶	
<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">757143.91</div>			
Full Name of Payee California Nurses Association		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 / 20 / 2016</div>	
Mailing Address 155 Grand Avenue		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">100.00</div>	
City Oakland	State CA	Zip Code 94612	Transaction ID : D710475 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 / 23 / 2016</div>
Purpose of Expenditure Online Ad		Category/ Type <div style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></div>	
Name of Federal Candidate Bernie Sanders		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <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) ▶	
<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">757143.91</div>			
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">200.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></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.			
Signature <i>Martha Kuhl</i>		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">04 / 15 / 2016</div> <div style="text-align: center;">[Electronically Filed]</div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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 California Nurses Association		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 19 / 2016
Mailing Address 155 Grand Avenue			Amount 20.00
City Oakland	State CA	Zip Code 94612	Transaction ID : D710476
Purpose of Expenditure Online Ad	Category/Type		Date of Disbursement or Obligation MM / DD / YYYY 02 / 23 / 2016
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		757143.91	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee California Nurses Association		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 19 / 2016
Mailing Address 155 Grand Avenue			Amount 200.00
City Oakland	State CA	Zip Code 94612	Transaction ID : D710481
Purpose of Expenditure Online Ad	Category/Type		Date of Disbursement or Obligation MM / DD / YYYY 02 / 23 / 2016
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: MI
Calendar Year-To-Date Per Election for Office Sought		2840.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	220.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures 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]

Signature

Date

MM / DD / YYYY
04 / 15 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 84 OF 151
FOR LINE 24 OF FORM 3X

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 UE Western Regional Council		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination 02 / 20 / 2016	
Mailing Address 37 South Ashland Ave			Amount 100.00	
City Chicago	State IL	Zip Code 60607	Transaction ID : D710483	
Purpose of Expenditure Site Rental		Category/Type 	Date of Disbursement or Obligation 02 / 23 / 2016	
Name of Federal Candidate BERNARD 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>IL</u>	
Calendar Year-To-Date Per Election for Office Sought 58589.55		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 02 / 24 / 2016	
Mailing Address 945 Camelia St			Amount 3052.32	
City Berkeley	State CA	Zip Code 94710-1437	Transaction ID : D710478	
Purpose of Expenditure Printing		Category/Type 	Date of Disbursement or Obligation 02 / 24 / 2016	
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 757143.91		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	3152.32
(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

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Date

04 / 15 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 85 OF 151
FOR LINE 24 OF FORM 3X

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 / YYYYYY				
Full Name of Payee Bus Bank			<input type="checkbox"/> Memo Item	
Mailing Address 820 West Jackson Suite 815			Date of Public Distribution/Dissemination MM / DD / YYYYYY 02 / 25 / 2016	
City Chicago		State IL	Zip Code 60607	Amount 5784.47
Purpose of Expenditure Bus Tour		Category/Type 		Transaction ID : D710479 Date of Disbursement or Obligation MM / DD / YYYYYY 02 / 24 / 2016
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		757143.91		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee California Nurses Association			<input type="checkbox"/> Memo Item	
Mailing Address 155 Grand Avenue			Date of Public Distribution/Dissemination MM / DD / YYYYYY 02 / 24 / 2016	
City Oakland		State CA	Zip Code 94612	Amount 100.00
Purpose of Expenditure Online Ad		Category/Type 		Transaction ID : D710468 Date of Disbursement or Obligation MM / DD / YYYYYY 02 / 25 / 2016
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: SC
Calendar Year-To-Date Per Election for Office Sought		21347.52		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....			5884.47	
(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 <i>Martha Kuhl</i>		[Electronically Filed]		Date MM / DD / YYYYYY 04 / 15 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 86 OF 151
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 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 California Nurses Association			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 02 / 24 / 2016</div> </div>		
Mailing Address 155 Grand Avenue			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">50.00</div>		
City Oakland State CA Zip Code 94612		Transaction ID : D710469 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 02 / 25 / 2016</div> </div>			
Purpose of Expenditure Online Ad		Category/Type		<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	
Name of Federal Candidate BERNARD 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>SC</u>		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">21347.52</div>		
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 Autumn Press			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 02 / 25 / 2016</div> </div>		
Mailing Address 945 Camelia St			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1397.08</div>		
City Berkeley State CA Zip Code 94710-1437		Transaction ID : D710470 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 02 / 25 / 2016</div> </div>			
Purpose of Expenditure Printing		Category/Type		<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	
Name of Federal Candidate BERNARD 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>SC</u>		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">21347.52</div>		
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶					
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">1447.08</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></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.					
Signature <u>Martha Kuhl</u>			Date <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 04 / 15 / 2016</div> </div>		

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 87 OF 151
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">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 <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div>			
Full Name of Payee Autumn Press		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 / 25 / 2016</div>	
Mailing Address 945 Camelia St		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">530.39</div>	
City Berkeley	State CA	Zip Code 94710-1437	Transaction ID : D710471 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 / 25 / 2016</div>
Purpose of Expenditure Printing		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate BERNARD SANDERS		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: <u>00</u> State: <u>SC</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">21347.52</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee California Nurses Association		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 / 23 / 2016</div>	
Mailing Address 155 Grand Avenue		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">100.00</div>	
City Oakland	State CA	Zip Code 94612	Transaction ID : D710477 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 / 25 / 2016</div>
Purpose of Expenditure Online Ad		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate Bernie Sanders		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: <u>00</u> State: <u>DC</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">757143.91</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;">630.39</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></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.			
Signature <i>Martha Kuhl</i>		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">04 / 15 / 2016</div>	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 88 OF 151
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">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 <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>				
Full Name of Payee Autumn Press			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 / 26 / 2016</div>	
Mailing Address 945 Camelia St			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">14692.42</div>	
City Berkeley		State CA	Zip Code 94710-1437	
Purpose of Expenditure Printing		Category/Type <div style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></div>		
Name of Federal Candidate Bernie Sanders			Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> House <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) ▶	
<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">757143.91</div>				
Full Name of Payee California Nurses Association			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 / 24 / 2016</div>	
Mailing Address 155 Grand Avenue			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">250.00</div>	
City Oakland		State CA	Zip Code 94612	
Purpose of Expenditure Online Ad		Category/Type <div style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></div>		
Name of Federal Candidate Bernie Sanders			Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> House <input type="checkbox"/> Senate District: 00 State: CA	
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) ▶	
<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">372762.50</div>				
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">14942.42</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>	
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></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.				
Signature <i>Martha Kuhl</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">04 / 15 / 2016</div>	
[Electronically Filed]				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 89 OF 151
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">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 <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y</div>			
Full Name of Payee California Nurses Association		Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y</div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">02</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">25</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">2016</div>	
Mailing Address 155 Grand Avenue		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">20.00</div>	
City Oakland	State CA	Zip Code 94612	Transaction ID : D710490 Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y</div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">02</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">26</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">2016</div>
Purpose of Expenditure Online Ad		Category/ Type <div style="border: 1px solid black; width: 60px; height: 20px; display: inline-block;"></div>	
Name of Federal Candidate BERNARD SANDERS		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: <u>00</u> State: <u>SC</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) ▶ _____	
<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">21347.52</div>			
Full Name of Payee North Wood Advertising		Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y</div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">02</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">29</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">2016</div>	
Mailing Address 1201 Fifteen Building 15 South Fifth		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">65353.00</div>	
City Minneapolis	State MN	Zip Code 55402	Transaction ID : D710529 Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y</div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">02</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">29</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">2016</div>
Purpose of Expenditure Radio		Category/ Type <div style="border: 1px solid black; width: 60px; height: 20px; display: inline-block;"></div>	
Name of Federal Candidate Bernie Sanders		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: <u>00</u> State: <u>WA</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) ▶ _____	
<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">82078.00</div>			
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">65373.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"></div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"></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.			
Signature <div style="border-top: 1px solid black; width: 100%;"></div> <i>Martha Kuhl</i>		Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y</div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">04</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">15</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">2016</div>	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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		<div style="border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y . . . / . . . / </div>	

Full Name of Payee California Nurses Association		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 03 / 01 / 2016 </div>	
Mailing Address 155 Grand Avenue				Amount <div style="border: 1px solid black; padding: 2px;"> 200.00 </div>	
City Oakland	State CA	Zip Code 94612		Transaction ID : D710519	
Purpose of Expenditure Online Ad		Category/Type		Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 03 / 01 / 2016 </div>	
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		<div style="border: 1px solid black; padding: 2px;"> 757143.91 </div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee California Nurses Association		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 02 / 29 / 2016 </div>	
Mailing Address 155 Grand Avenue				Amount <div style="border: 1px solid black; padding: 2px;"> 40.00 </div>	
City Oakland	State CA	Zip Code 94612		Transaction ID : D710520	
Purpose of Expenditure Online Ad		Category/Type		Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 03 / 01 / 2016 </div>	
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		<div style="border: 1px solid black; padding: 2px;"> 757143.91 </div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;"> 240.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;"> </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 / D D D / Y Y Y Y Y Y
 04 / 15 / 2016

Signature

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ITEMIZED INDEPENDENT EXPENDITURESPAGE 91 OF 151
FOR LINE 24 OF FORM 3X

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 / YYYYYY			
Full Name of Payee California Nurses Association		<input type="checkbox"/> Memo Item	
Mailing Address 155 Grand Avenue		Date of Public Distribution/Dissemination MM / DD / YYYYYY 02 / 29 / 2016	
City Oakland		State CA	
Zip Code 94612		Amount 25.00	
Purpose of Expenditure Online Ad		Category/Type 	
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate		District: <u>00</u> State: <u>CO</u>	
Calendar Year-To-Date Per Election for Office Sought 27518.27		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee California Nurses Association		<input type="checkbox"/> Memo Item	
Mailing Address 155 Grand Avenue		Date of Public Distribution/Dissemination MM / DD / YYYYYY 02 / 29 / 2016	
City Oakland		State CA	
Zip Code 94612		Amount 25.00	
Purpose of Expenditure Online Ad		Category/Type 	
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate		District: <u>00</u> State: <u>WA</u>	
Calendar Year-To-Date Per Election for Office Sought 82078.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		50.00	
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Martha Kuhl</i>		Date MM / DD / YYYYYY 04 / 15 / 2016	
		[Electronically Filed]	

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ITEMIZED INDEPENDENT EXPENDITURESPAGE 92 OF 151
FOR LINE 24 OF FORM 3X

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 California Nurses Association		<input type="checkbox"/> Memo Item	
Mailing Address 155 Grand Avenue		Date of Public Distribution/Dissemination 02 / 29 / 2016	
City Oakland	State CA	Zip Code 94612	Amount 100.00
Purpose of Expenditure Online Ad	Category/ Type 	Transaction ID : D710523 Date of Disbursement or Obligation 03 / 01 / 2016	
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 757143.91		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee California Nurses Association		<input type="checkbox"/> Memo Item	
Mailing Address 155 Grand Avenue		Date of Public Distribution/Dissemination 02 / 29 / 2016	
City Oakland	State CA	Zip Code 94612	Amount 300.00
Purpose of Expenditure Online Ad	Category/ Type 	Transaction ID : D710524 Date of Disbursement or Obligation 03 / 01 / 2016	
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 757143.91		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		400.00	
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Martha Kuhl</i>		Date 04 / 15 / 2016 <i>[Electronically Filed]</i>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 93 OF 151
FOR LINE 24 OF FORM 3X

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 California Nurses Association		<input type="checkbox"/> Memo Item	
Mailing Address 155 Grand Avenue		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 02 / 29 / 2016	
City Oakland		State CA	
Zip Code 94612		Amount 100.00	
Purpose of Expenditure Online Ad		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		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee California Nurses Association		<input type="checkbox"/> Memo Item	
Mailing Address 155 Grand Avenue		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 02 / 29 / 2016	
City Oakland		State CA	
Zip Code 94612		Amount 100.00	
Purpose of Expenditure Online Ad		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		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		200.00	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures.....			
Under penalty of perjury I certify that the independent 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 M M M / D D D / Y Y Y Y Y Y 04 / 15 / 2016	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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 Alliance Graphics		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 02 / 29 / 2016</div> </div>	
Mailing Address 1101 8th Street		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1931.74</div>	
City State Zip Code Berkeley CA 94710	Transaction ID : D710527 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 03 / 01 / 2016</div> </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; text-align: right;">757143.91</div>		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 <input type="checkbox"/> Memo Item Autumn Press		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 02 / 29 / 2016</div> </div>	
Mailing Address 945 Camelia St		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">11097.54</div>	
City State Zip Code Berkeley CA 94710-1437	Transaction ID : D710528 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 03 / 01 / 2016</div> </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; text-align: right;">757143.91</div>		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..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">13029.28</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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Martha Kuhl

[Electronically Filed]

Date

MM / DD / YYYY
04 / 15 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 95 OF 151
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)

National Nurses United for Patient Protection

FEC IDENTIFICATION NUMBER ▼

C C00490375

Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on

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

Full Name of Payee

Campaign Workshop

☐ Memo Item

Date of Public Distribution/Dissemination

M M M / D D D / Y Y Y Y Y Y
11 / 09 / 2015

Mailing Address

1129 20th Street, Suite 200

Amount

City

Washington

State

DC

Zip Code

20036

750.00

Transaction ID : D710532

Date of Disbursement or Obligation

M M M / D D D / Y Y Y Y Y Y
03 / 01 / 2016Purpose of Expenditure
PrintingCategory/
Type

Name of Federal Candidate

BERNARD SANDERS

☒ Support
☐ Oppose

Office Sought:

☐ House

District: 00

☒ President☐ Senate

State: IA

Calendar Year-To-Date
Per Election for Office Sought

98103.35

Disbursement For: 2016

☒ Primary☐ General☐ Other (specify) ▶

Full Name of Payee

Campaign Workshop

☐ Memo Item

Date of Public Distribution/Dissemination

M M M / D D D / Y Y Y Y Y Y
12 / 15 / 2015

Mailing Address

1129 20th Street, Suite 200

Amount

City

Washington

State

DC

Zip Code

20036

300.00

Transaction ID : D710533

Date of Disbursement or Obligation

M M M / D D D / Y Y Y Y Y Y
03 / 01 / 2016Purpose of Expenditure
PrintingCategory/
Type

Name of Federal Candidate

BERNARD SANDERS

☒ Support
☐ Oppose

Office Sought:

☐ House

District: 00

☒ President☐ Senate

State: IA

Calendar Year-To-Date
Per Election for Office Sought

98103.35

Disbursement For: 2016

☒ Primary☐ General☐ Other (specify) ▶

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

1050.00

(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
04 / 15 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 96 OF 151
FOR LINE 24 OF FORM 3X

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 01 / 07 / 2016	
Mailing Address 1129 20th Street, Suite 200				Amount 655.65	
City Washington	State DC	Zip Code 20036		Transaction ID : D710534	
Purpose of Expenditure Printing		Category/Type 		Date of Disbursement or Obligation 03 / 01 / 2016	
Name of Federal Candidate BERNARD 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>IA</u>	
Calendar Year-To-Date Per Election for Office Sought		98103.35		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 12 / 15 / 2015	
Mailing Address 1129 20th Street, Suite 200				Amount 300.00	
City Washington	State DC	Zip Code 20036		Transaction ID : D710535	
Purpose of Expenditure Printing		Category/Type 		Date of Disbursement or Obligation 03 / 01 / 2016	
Name of Federal Candidate BERNARD 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>NV</u>	
Calendar Year-To-Date Per Election for Office Sought		148607.61		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	955.65
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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Martha Kuhl

[Electronically Filed]

Date

04 / 15 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 97 OF 151
FOR LINE 24 OF FORM 3X

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		Date of Public Distribution/Dissemination 01 / 07 / 2016	
Mailing Address 1129 20th Street, Suite 200		Amount 677.55	
City Washington	State DC	Zip Code 20036	Transaction ID : D710536
Purpose of Expenditure Printing	Category/Type 		Date of Disbursement or Obligation 03 / 01 / 2016
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NV</u>	
Calendar Year-To-Date Per Election for Office Sought 148607.61		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ 	
Full Name of Payee Campaign Workshop		Date of Public Distribution/Dissemination 02 / 08 / 2016	
Mailing Address 1129 20th Street, Suite 200		Amount 84.55	
City Washington	State DC	Zip Code 20036	Transaction ID : D710537
Purpose of Expenditure Printing	Category/Type 		Date of Disbursement or Obligation 03 / 01 / 2016
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NV</u>	
Calendar Year-To-Date Per Election for Office Sought 148607.61		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ 	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		762.10	
(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 <u>Martha Kuhl</u>		Date 04 / 15 / 2016	

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 98 OF 151
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">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 <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>			
Full Name of Payee Campaign Workshop		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 02 / 12 / 2016	
Mailing Address 1129 20th Street, Suite 200		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">8513.70</div>	
City Washington	State DC	Zip Code 20036	Transaction ID : D710538 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 03 / 01 / 2016
Purpose of Expenditure Printing		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>FL</u>	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">107877.13</div> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee California Nurses Association		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 03 / 01 / 2016	
Mailing Address 155 Grand Avenue		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">50.00</div>	
City Oakland	State CA	Zip Code 94612	Transaction ID : D710540 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 03 / 02 / 2016
Purpose of Expenditure Online Ad		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>DC</u>	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">757143.91</div> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;">8563.70</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></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.			
Signature <u>Martha Kuhl</u>		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 04 / 15 / 2016	

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 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 MM / DD / YYYY			
Full Name of Payee <input type="checkbox"/> Memo Item California Nurses Association		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 03 / 01 / 2016 </div>	
Mailing Address 155 Grand Avenue		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">50.00</div>	
City State Zip Code Oakland CA 94612	Transaction ID : D710541 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 03 / 02 / 2016 </div>		
Purpose of Expenditure Online Ad	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 82078.00		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WA 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 Erin L FitzGerald		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 02 / 27 / 2016 </div>	
Mailing Address 1028 Florida Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">5500.00</div>	
City State Zip Code Vallejo CA 94590	Transaction ID : D710542 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 03 / 02 / 2016 </div>		
Purpose of Expenditure Video Production	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 757143.91		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..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;">5550.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </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.			
Signature <u>Martha Kuhl</u>		Date MM / DD / YYYY 04 / 15 / 2016	

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 100 OF 151
FOR LINE 24 OF FORM 3X

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 <table border="1" style="display:inline-table; margin-left:10px"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table; margin-left:10px"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table; margin-left:10px"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>			M	M					D	D					Y	Y	Y	Y	Y	Y						
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 <table border="1" style="display:inline-table"> <tr><td>03</td><td>02</td><td>2016</td></tr> </table>	03	02	2016
03	02	2016				
Mailing Address 155 Grand Avenue			Amount <table border="1" style="display:inline-table"> <tr><td>50.00</td></tr> </table>	50.00		
50.00						
City Oakland	State CA	Zip Code 94612	Transaction ID : D710610 Date of Disbursement or Obligation <table border="1" style="display:inline-table"> <tr><td>03</td><td>03</td><td>2016</td></tr> </table>	03	03	2016
03	03	2016				
Purpose of Expenditure Online Ad		Category/Type <table border="1" style="display:inline-table"> <tr><td></td></tr> </table>				
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		<table border="1" style="display:inline-table"> <tr><td>757143.91</td></tr> </table>	757143.91	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
757143.91						

Full Name of Payee California Nurses Association		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <table border="1" style="display:inline-table"> <tr><td>03</td><td>02</td><td>2016</td></tr> </table>	03	02	2016
03	02	2016				
Mailing Address 155 Grand Avenue			Amount <table border="1" style="display:inline-table"> <tr><td>12082.66</td></tr> </table>	12082.66		
12082.66						
City Oakland	State CA	Zip Code 94612	Transaction ID : D710611 Date of Disbursement or Obligation <table border="1" style="display:inline-table"> <tr><td>03</td><td>03</td><td>2016</td></tr> </table>	03	03	2016
03	03	2016				
Purpose of Expenditure Printing		Category/Type <table border="1" style="display:inline-table"> <tr><td></td></tr> </table>				
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		<table border="1" style="display:inline-table"> <tr><td>757143.91</td></tr> </table>	757143.91	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
757143.91						

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<table border="1" style="display:inline-table"> <tr><td>12132.66</td></tr> </table>	12132.66
12132.66		
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<table border="1" style="display:inline-table"> <tr><td></td></tr> </table>	
(c) TOTAL Independent Expenditures.....▶	<table border="1" style="display:inline-table"> <tr><td></td></tr> </table>	

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Martha Kuhl

[Electronically Filed]

Date

04	15	2016
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Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 101 OF 151
 FOR LINE 24 OF FORM 3X

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		<div style="border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y . . . / . . . / </div>	

Full Name of Payee California Nurses Association		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 03 / 06 / 2016 </div>	
Mailing Address 155 Grand Avenue				Amount <div style="border: 1px solid black; padding: 2px;"> 436.90 </div>	
City Oakland	State CA	Zip Code 94612		Transaction ID : D710612	
Purpose of Expenditure Payroll Expense		Category/Type		Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 03 / 03 / 2016 </div>	
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		<div style="border: 1px solid black; padding: 2px;"> 757143.91 </div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee California Nurses Association		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 03 / 06 / 2016 </div>	
Mailing Address 155 Grand Avenue				Amount <div style="border: 1px solid black; padding: 2px;"> 943.42 </div>	
City Oakland	State CA	Zip Code 94612		Transaction ID : D710613	
Purpose of Expenditure Payroll Expense		Category/Type		Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 03 / 03 / 2016 </div>	
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		<div style="border: 1px solid black; padding: 2px;"> 757143.91 </div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;"> 1380.32 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;"> </div>

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Martha Kuhl

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
 04 / 15 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 102 OF 151
 FOR LINE 24 OF FORM 3X

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		<div style="border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y . . . / . . . / </div>	

Full Name of Payee California Nurses Association		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 03 / 02 / 2016 </div>	
Mailing Address 155 Grand Avenue				Amount <div style="border: 1px solid black; padding: 2px;"> 50.00 </div>	
City Oakland	State CA	Zip Code 94612		Transaction ID : D710614	
Purpose of Expenditure Online Ad		Category/Type		Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 03 / 03 / 2016 </div>	
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: IL	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;"> 58589.55 </div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee National Nurses United		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 03 / 03 / 2016 </div>	
Mailing Address 155 Grand Avenue				Amount <div style="border: 1px solid black; padding: 2px;"> 30228.00 </div>	
City Oakland	State CA	Zip Code 94612		Transaction ID : D710618	
Purpose of Expenditure Media Time Buy		Category/Type		Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 03 / 03 / 2016 </div>	
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		<div style="border: 1px solid black; padding: 2px;"> 757143.91 </div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;"> 30278.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;"> </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 / D D D / Y Y Y Y Y Y
 04 / 15 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 103 OF 151
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 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 MM / DD / YYYY			
Full Name of Payee <input type="checkbox"/> Memo Item National Nurses United		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 03 / 01 / 2016 </div>	
Mailing Address 155 Grand Avenue		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1250.00</div>	
City State Zip Code Oakland CA 94612	Transaction ID : D710619 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 03 / 03 / 2016 </div>		
Purpose of Expenditure Media Time Buy	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 757143.91		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 <input type="checkbox"/> Memo Item Postal Systems, Inc.		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 02 / 09 / 2016 </div>	
Mailing Address 1890 North Blvd.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1424.50</div>	
City State Zip Code San Leandro CA 94577	Transaction ID : D710673 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 03 / 03 / 2016 </div>		
Purpose of Expenditure Postage	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 148607.61		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NV Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;">2674.50</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </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.			
Signature <u>Martha Kuhl</u>		Date MM / DD / YYYY 04 / 15 / 2016	

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: 97 'A-G79 @G B9CI G'H9LH'F9 @H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +9A-N5HCB
.

Form/Schedule: SE

Transaction ID : D710673

This payment to Postal Systems was originally 48-hour reported on February 12, 2016 as an estimated amount. This payment, along with the earlier reported payment on February 8, 2016, represent the correct actual cost of the independent expenditure.

Form/Schedule:

Transaction ID:

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 105 OF 151
FOR LINE 24 OF FORM 3X

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 California Nurses Association		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 04 / 2016	
Mailing Address 155 Grand Avenue		Amount 87.20	
City Oakland	State CA	Zip Code 94612	Transaction ID : D712350
Purpose of Expenditure Online Ad		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 03 / 03 / 2016
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 757143.91		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee California Nurses Association		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 03 / 2016	
Mailing Address 155 Grand Avenue		Amount 43.60	
City Oakland	State CA	Zip Code 94612	Transaction ID : D712395
Purpose of Expenditure Equipment Expense		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 03 / 03 / 2016
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: IL
Calendar Year-To-Date Per Election for Office Sought 58589.55		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		130.80	
(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 MM / DD / YYYY 04 / 15 / 2016	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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 California Nurses Association			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 03 / 03 / 2016</div> </div>	
Mailing Address 155 Grand Avenue			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">30.00</div>	
City Oakland	State CA	Zip Code 94612	Transaction ID : D710633 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 03 / 04 / 2016</div> </div>	
Purpose of Expenditure Online Ad		Category/ Type	Name of Federal Candidate Bernie Sanders	
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: OR	
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) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item Alliance Graphics			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 03 / 04 / 2016</div> </div>	
Mailing Address 1101 8th Street			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">3560.58</div>	
City Berkeley	State CA	Zip Code 94710	Transaction ID : D710634 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 03 / 04 / 2016</div> </div>	
Purpose of Expenditure Printing		Category/ Type	Name of Federal Candidate Bernie Sanders	
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			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">3590.58</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </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

MM / DD / YYYY
04 / 15 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 107 OF 151
 FOR LINE 24 OF FORM 3X

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			Date of Public Distribution/Dissemination 03 / 04 / 2016		
Mailing Address 945 Camelia St			Amount 570.83		
City Berkeley		State CA	Zip Code 94710-1437		
Purpose of Expenditure Printing		Category/Type 		Transaction ID : D710635 Date of Disbursement or Obligation 03 / 04 / 2016	
Name of Federal Candidate BERNARD SANDERS			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate			District: <u>00</u> State: <u>FL</u>		
Calendar Year-To-Date Per Election for Office Sought 107877.13			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Flysigns Aerial Advertising, LLC			Date of Public Distribution/Dissemination 03 / 05 / 2016		
Mailing Address 40944 Calle Santa Cruz			Amount 2340.00		
City Indio		State CA	Zip Code 92203-7487		
Purpose of Expenditure Advertising		Category/Type 		Transaction ID : D710636 Date of Disbursement or Obligation 03 / 04 / 2016	
Name of Federal Candidate Bernie Sanders			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate			District: <u>00</u> State: <u>MI</u>		
Calendar Year-To-Date Per Election for Office Sought 2840.00			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			2910.83		
(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 <u>Martha Kuhl</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 04 / 15 / 2016		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 108 OF 151
FOR LINE 24 OF FORM 3X

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 / YYYYYY			
Full Name of Payee North Wood Advertising		<input type="checkbox"/> Memo Item	
Mailing Address 1201 Fifteen Building 15 South Fifth		Date of Public Distribution/Dissemination MM / DD / YYYYYY 03 / 04 / 2016	
City Minneapolis		State MN	
Zip Code 55402		Amount 19000.00	
Purpose of Expenditure Radio		Category/Type 	
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Office Sought: <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) ▶	
757143.91			
Full Name of Payee California Nurses Association		<input type="checkbox"/> Memo Item	
Mailing Address 155 Grand Avenue		Date of Public Distribution/Dissemination MM / DD / YYYYYY 03 / 04 / 2016	
City Oakland		State CA	
Zip Code 94612		Amount 50.00	
Purpose of Expenditure Online Ad		Category/Type 	
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Office Sought: <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) ▶	
757143.91			
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		190050.00	
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Martha Kuhl</i>		Date MM / DD / YYYYYY 04 / 15 / 2016	
		[Electronically Filed]	

Full Name of Payee California Nurses Association		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>03 / 13 / 2016</div> </div>	
Mailing Address 155 Grand Avenue		Amount <div> <div>Amount</div> <div>436.90</div> </div>		
City Oakland	State CA	Zip Code 94612	Transaction ID : D710656 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>03 / 07 / 2016</div> </div>	
Purpose of Expenditure Payroll Expense		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: <u>00</u> State: <u>DC</u>	
Calendar Year-To-Date Per Election for Office Sought		<div> <div>Amount</div> <div>757143.91</div> </div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	536.90
(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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 110 OF 151
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">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 <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>			
Full Name of Payee California Nurses Association		Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 03 / 13 / 2016	
Mailing Address 155 Grand Avenue		Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 943.43	
City Oakland	State CA	Zip Code 94612	Transaction ID : D710657 Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 03 / 07 / 2016
Purpose of Expenditure Payroll Expense		Category/ Type <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div>	
Name of Federal Candidate Bernie Sanders		Office Sought: <input checked="" type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> Oppose <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 <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> <input type="checkbox"/> Other (specify) ▶ _____ 757143.91	
Full Name of Payee California Nurses Association		Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 03 / 07 / 2016	
Mailing Address 155 Grand Avenue		Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 100.00	
City Oakland	State CA	Zip Code 94612	Transaction ID : D710676 Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 03 / 09 / 2016
Purpose of Expenditure Online Ad		Category/ Type <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div>	
Name of Federal Candidate Bernie Sanders		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> Oppose <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 <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> <input type="checkbox"/> Other (specify) ▶ _____ 757143.91	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 1043.43	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></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.			
Signature <i>Martha Kuhl</i>		Date <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 04 / 15 / 2016	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 111 OF 151
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 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 MM / DD / YYYYYY			
Full Name of Payee <input type="checkbox"/> Memo Item California Nurses Association		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYYYY </div>	
Mailing Address 155 Grand Avenue		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 03 / 08 / 2016 </div>	
City Oakland State CA Zip Code 94612		Transaction ID : D710677 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYYYY </div>	
Purpose of Expenditure Online Ad		Category/Type 	
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 757143.91		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 <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYYYY </div>	
Mailing Address 155 Grand Avenue		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 03 / 08 / 2016 </div>	
City Oakland State CA Zip Code 94612		Transaction ID : D710679 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYYYY </div>	
Purpose of Expenditure Online Ad		Category/Type 	
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>MI</u>	
Calendar Year-To-Date Per Election for Office Sought 2840.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 110.00 </div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </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.			
Signature <u>Martha Kuhl</u>		Date MM / DD / YYYYYY	
[Electronically Filed]		Date 04 / 15 / 2016	

Full Name of Payee California Nurses Association		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 08 / 2016	
Mailing Address 155 Grand Avenue			Amount 30.00	
City Oakland	State CA	Zip Code 94612	Transaction ID : D710681 Date of Disbursement or Obligation MM / DD / YYYY 03 / 09 / 2016	
Purpose of Expenditure Online Ad		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: MO	
Calendar Year-To-Date Per Election for Office Sought		32655.37	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div>280.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div></div>
(c) TOTAL Independent Expenditures.....	▶	<div></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.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 113 OF 151
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">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 <div style="display: inline-block; border: 1px solid black; padding: 2px;">MM / DD / YYYY</div>			
Full Name of Payee California Nurses Association		<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> 03 / 09 / 2016	
Mailing Address 155 Grand Avenue		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">100.00</div>	
City Oakland	State CA	Zip Code 94612	Transaction ID : D710678 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> 03 / 10 / 2016
Purpose of Expenditure Online Ad		Category/ Type <div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>	
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		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<div style="display: inline-block; border: 1px solid black; padding: 2px;">757143.91</div>			
Full Name of Payee California Nurses Association		<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> 03 / 09 / 2016	
Mailing Address 155 Grand Avenue		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">50.00</div>	
City Oakland	State CA	Zip Code 94612	Transaction ID : D710682 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> 03 / 10 / 2016
Purpose of Expenditure Online Ad		Category/ Type <div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>	
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: OH	
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) ▶	
<div style="display: inline-block; border: 1px solid black; padding: 2px;">57980.50</div>			
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="display: inline-block; border: 1px solid black; padding: 2px;">150.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="display: inline-block; border: 1px solid black; padding: 2px;"></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.			
Signature <i>Martha Kuhl</i>		Date <div style="display: inline-block; border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> 04 / 15 / 2016	
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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 114 OF 151
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">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 <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>			
Full Name of Payee California Nurses Association		Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 03 / 09 / 2016	
Mailing Address 155 Grand Avenue		Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 50.00	
City Oakland	State CA	Zip Code 94612	Transaction ID : D710683 Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 03 / 10 / 2016
Purpose of Expenditure Online Ad		Category/ Type <div style="display: inline-block; border-bottom: 1px solid black; width: 60px;"></div>	
Name of Federal Candidate BERNARD SANDERS		Office Sought: <input checked="" type="checkbox"/> House District: 00 <input type="checkbox"/> Senate State: OH	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 57980.50		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee Autumn Press		Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 03 / 09 / 2016	
Mailing Address 945 Camelia St		Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 4155.00	
City Berkeley	State CA	Zip Code 94710-1437	Transaction ID : D710687 Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 03 / 10 / 2016
Purpose of Expenditure Printing		Category/ Type <div style="display: inline-block; border-bottom: 1px solid black; width: 60px;"></div>	
Name of Federal Candidate Bernie Sanders		Office Sought: <input checked="" type="checkbox"/> House District: 00 <input type="checkbox"/> Senate State: DC	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 757143.91		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 4205.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></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.			
Signature <div style="text-align: right;"><i>Martha Kuhl</i></div>		Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 04 / 15 / 2016	

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 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 MM / DD / YYYY			
Full Name of Payee <input type="checkbox"/> Memo Item Outfront Media		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 03 / 28 / 2016 </div>	
Mailing Address 185 US Highway 46		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">117231.25</div>	
City State Zip Code Fairfield NJ 07004	Transaction ID : D711251 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 03 / 10 / 2016 </div>		
Purpose of Expenditure Print Advertising	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	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; display: inline-block;">372762.50</div>		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CA 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 <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 03 / 10 / 2016 </div>	
Mailing Address 155 Grand Avenue		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">200.00</div>	
City State Zip Code Oakland CA 94612	Transaction ID : D710684 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 03 / 11 / 2016 </div>		
Purpose of Expenditure Online Ad	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	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; display: inline-block;">757143.91</div>		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..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;">117431.25</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </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.			
Signature <u>Martha Kuhl</u>		Date MM / DD / YYYY 04 / 15 / 2016	

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 116 OF 151
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 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 MM / DD / YYYY				
Full Name of Payee <input type="checkbox"/> Memo Item California Nurses Association			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 03 / 10 / 2016 </div>	
Mailing Address 155 Grand Avenue			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 40.00 </div>	
City Oakland State CA Zip Code 94612		Transaction ID : D710685 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 03 / 11 / 2016 </div>		
Purpose of Expenditure Online Ad		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
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: <u>00</u> State: <u>FL</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 107877.13 </div>			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 <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 03 / 10 / 2016 </div>	
Mailing Address 155 Grand Avenue			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 164.86 </div>	
City Oakland State CA Zip Code 94612		Transaction ID : D710686 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 03 / 11 / 2016 </div>		
Purpose of Expenditure Site Rental		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
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: <u>00</u> State: <u>FL</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 107877.13 </div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 204.86 </div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </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.				
Signature <u>Martha Kuhl</u>			Date MM / DD / YYYY 04 / 15 / 2016 	

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 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 MM / DD / YYYY			
Full Name of Payee <input type="checkbox"/> Memo Item ELead Resources		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 03 / 11 / 2016 </div>	
Mailing Address 314 W Superior St		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1636.62</div>	
City Chicago	State IL	Zip Code 60654	Transaction ID : D710688 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 03 / 11 / 2016 </div>
Purpose of Expenditure Printing	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
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: <u>00</u> 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) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">757143.91</div>		<div style="border: 1px solid black; padding: 2px; display: inline-block;">757143.91</div>	
Full Name of Payee <input type="checkbox"/> Memo Item Erin L FitzGerald		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 03 / 10 / 2016 </div>	
Mailing Address 1028 Florida Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1050.00</div>	
City Vallejo	State CA	Zip Code 94590	Transaction ID : D710689 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 03 / 11 / 2016 </div>
Purpose of Expenditure Video Production	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
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: <u>00</u> 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) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">757143.91</div>		<div style="border: 1px solid black; padding: 2px; display: inline-block;">757143.91</div>	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;">2686.62</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </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.			
Signature <u>Martha Kuhl</u>		Date MM / DD / YYYY 04 / 15 / 2016	

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 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 MM / DD / YYYY			
Full Name of Payee <input type="checkbox"/> Memo Item Javier Moreno Pollaroio		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 02 / 12 / 2016 </div>	
Mailing Address 1521 3rd Ave		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 63.44 </div>	
City State Zip Code Oakland CA 94606	Transaction ID : D710690 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 03 / 11 / 2016 </div>		
Purpose of Expenditure Translation Services	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 757143.91		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 <input type="checkbox"/> Memo Item California Nurses Association		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 03 / 12 / 2016 </div>	
Mailing Address 155 Grand Avenue		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 150.00 </div>	
City State Zip Code Oakland CA 94612	Transaction ID : D710702 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 03 / 14 / 2016 </div>		
Purpose of Expenditure Online Ad	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 57980.50		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: OH Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 213.44 </div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </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.			
Signature <u>Martha Kuhl</u>		Date MM / DD / YYYY 04 / 15 / 2016	

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 119 OF 151
FOR LINE 24 OF FORM 3X

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 Bus Bank		<input type="checkbox"/> Memo Item	
Mailing Address 820 West Jackson Suite 815		Date of Public Distribution/Dissemination 03 / 16 / 2016	
City Chicago		State IL	Zip Code 60607
Purpose of Expenditure Bus tour expense		Category/ Type 	Amount 65600.00
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 757143.91		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Erin L FitzGerald		<input type="checkbox"/> Memo Item	
Mailing Address 1028 Florida Street		Date of Public Distribution/Dissemination 03 / 14 / 2016	
City Vallejo		State CA	Zip Code 94590
Purpose of Expenditure Video Production		Category/ Type 	Amount 1200.00
Name of Federal Candidate BERNARD 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>OH</u>
Calendar Year-To-Date Per Election for Office Sought 57980.50		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		66800.00	
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Martha Kuhl</i>		Date 04 / 15 / 2016	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 120 OF 151
FOR LINE 24 OF FORM 3X

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	
Mailing Address 945 Camelia St			Date of Public Distribution/Dissemination 03 / 11 / 2016	
City Berkeley		State CA	Zip Code 94710-1437	
Purpose of Expenditure Printing		Category/Type 	Amount 2443.45	
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: <u>00</u> State: <u>DC</u>	
Calendar Year-To-Date Per Election for Office Sought 757143.91			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	
Mailing Address 945 Camelia St			Date of Public Distribution/Dissemination 11 / 13 / 2015	
City Berkeley		State CA	Zip Code 94710-1437	
Purpose of Expenditure Printing		Category/Type 	Amount 569.88	
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: <u>00</u> State: <u>DC</u>	
Calendar Year-To-Date Per Election for Office Sought 757143.91			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			3013.33	
(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 <i>Martha Kuhl</i>			Date 04 / 15 / 2016	
[Electronically Filed]				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 121 OF 151
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">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 <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>				
Full Name of Payee Autumn Press			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">03 / 14 / 2016</div>	
Mailing Address 945 Camelia St			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2274.84</div>	
City Berkeley		State CA	Zip Code 94710-1437	
Purpose of Expenditure Printing		Category/Type <div style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></div>		
Name of Federal Candidate Bernie Sanders			Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> House <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) ▶	
<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">757143.91</div>				
Full Name of Payee Javier Moreno Pollaroio			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">03 / 28 / 2016</div>	
Mailing Address 1521 3rd Ave			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">20.00</div>	
City Oakland		State CA	Zip Code 94606	
Purpose of Expenditure Translation Services		Category/Type <div style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></div>		
Name of Federal Candidate Bernie Sanders			Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> House <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) ▶	
<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">757143.91</div>				
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶ <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2294.84</div>				
(b) SUBTOTAL of Unitemized Independent Expenditures ▶ <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>				
(c) TOTAL Independent Expenditures..... ▶ <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></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.				
Signature <u>Martha Kuhl</u> [Electronically Filed] Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">04 / 15 / 2016</div>				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 122 OF 151
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">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 <div style="display: inline-block; border-bottom: 1px solid black; width: 100px; text-align: center;">M M M / D D D / Y Y Y Y Y Y</div>			
Full Name of Payee Javier Moreno Pollaroio		Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 100px; text-align: center;">M M M / D D D / Y Y Y Y Y Y</div> 03 / 28 / 2016	
Mailing Address 1521 3rd Ave		Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 100px; text-align: center;">20.00</div>	
City Oakland	State CA	Zip Code 94606	Transaction ID : D711407 Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 100px; text-align: center;">M M M / D D D / Y Y Y Y Y Y</div> 03 / 14 / 2016
Purpose of Expenditure Translation Services		Category/ Type <div style="display: inline-block; border-bottom: 1px solid black; width: 100px; text-align: center;"></div>	
Name of Federal Candidate Bernie Sanders		Office Sought: <input checked="" type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC <input type="checkbox"/> Oppose	
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) ▶	
<div style="display: inline-block; border-bottom: 1px solid black; width: 100px; text-align: center;">757143.91</div>			
Full Name of Payee California Nurses Association		Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 100px; text-align: center;">M M M / D D D / Y Y Y Y Y Y</div> 03 / 14 / 2016	
Mailing Address 155 Grand Avenue		Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 100px; text-align: center;">100.00</div>	
City Oakland	State CA	Zip Code 94612	Transaction ID : D710711 Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 100px; text-align: center;">M M M / D D D / Y Y Y Y Y Y</div> 03 / 15 / 2016
Purpose of Expenditure Online Ad		Category/ Type <div style="display: inline-block; border-bottom: 1px solid black; width: 100px; text-align: center;"></div>	
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 <input type="checkbox"/> Oppose	
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) ▶	
<div style="display: inline-block; border-bottom: 1px solid black; width: 100px; text-align: center;">757143.91</div>			
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="display: inline-block; border-bottom: 1px solid black; width: 100px; text-align: center;">120.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="display: inline-block; border-bottom: 1px solid black; width: 100px; text-align: center;"></div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="display: inline-block; border-bottom: 1px solid black; width: 100px; text-align: center;"></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.			
Signature <i>Martha Kuhl</i>		Date <div style="display: inline-block; border-bottom: 1px solid black; width: 100px; text-align: center;">M M M / D D D / Y Y Y Y Y Y</div> 04 / 15 / 2016	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 123 OF 151
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">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 <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div>			
Full Name of Payee California Nurses Association		Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> 03 / 14 / 2016	
Mailing Address 155 Grand Avenue		Amount <div style="border-bottom: 1px solid black; width: 100%; text-align: right;">50.00</div>	
City Oakland	State CA	Zip Code 94612	Transaction ID : D710713 Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> 03 / 15 / 2016
Purpose of Expenditure Online Ad		Category/ Type <div style="border-bottom: 1px solid black; width: 60px;"></div>	
Name of Federal Candidate Bernie Sanders		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <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) ▶	
<div style="border-bottom: 1px solid black; width: 100%; text-align: right;">757143.91</div>			
Full Name of Payee California Nurses Association		Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> 03 / 14 / 2016	
Mailing Address 155 Grand Avenue		Amount <div style="border-bottom: 1px solid black; width: 100%; text-align: right;">100.00</div>	
City Oakland	State CA	Zip Code 94612	Transaction ID : D710714 Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> 03 / 15 / 2016
Purpose of Expenditure Online Ad		Category/ Type <div style="border-bottom: 1px solid black; width: 60px;"></div>	
Name of Federal Candidate Bernie Sanders		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <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) ▶	
<div style="border-bottom: 1px solid black; width: 100%; text-align: right;">757143.91</div>			
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="border-bottom: 1px solid black; width: 100%; text-align: right;">150.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="border-bottom: 1px solid black; width: 100%; text-align: right;"></div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="border-bottom: 1px solid black; width: 100%; text-align: right;"></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.			
Signature <i>Martha Kuhl</i>		Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> 04 / 15 / 2016	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 124 OF 151
FOR LINE 24 OF FORM 3X

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 California Nurses Association		<input type="checkbox"/> Memo Item	
Mailing Address 155 Grand Avenue		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 03 / 14 / 2016	
City Oakland		State CA	
Zip Code 94612		Amount 150.00	
Purpose of Expenditure Online Ad		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		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee North Wood Advertising		<input type="checkbox"/> Memo Item	
Mailing Address 1201 Fifteen Building 15 South Fifth		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 03 / 26 / 2016	
City Minneapolis		State MN	
Zip Code 55402		Amount 12020.00	
Purpose of Expenditure Radio		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		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		12170.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Martha Kuhl		Date M M M / D D D / Y Y Y Y Y Y 04 / 15 / 2016	
		[Electronically Filed]	

: 97 'A-G79 @G B9CI G'H9LH'F9 @H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +9A-N5HCB
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Form/Schedule: SE

Transaction ID : D712558

This reflects the expenditure as reported on an amended 24-hour report filed on April 8, 2016

Form/Schedule:

Transaction ID:

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 126 OF 151
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">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 <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>			
Full Name of Payee North Wood Advertising		Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 03 / 26 / 2016	
Mailing Address 1201 Fifteen Building 15 South Fifth		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">23500.00</div>	
City Minneapolis	State MN	Zip Code 55402	Transaction ID : D712559 Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 03 / 15 / 2016
Purpose of Expenditure Radio		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate BERNARD SANDERS		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>HI</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) ▶ _____	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">23530.00</div>		<div style="border: 1px solid black; padding: 2px; display: inline-block;">23530.00</div>	
Full Name of Payee North Wood Advertising		Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 03 / 26 / 2016	
Mailing Address 1201 Fifteen Building 15 South Fifth		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">16650.00</div>	
City Minneapolis	State MN	Zip Code 55402	Transaction ID : D712560 Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 03 / 15 / 2016
Purpose of Expenditure Radio		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate Bernie Sanders		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WA</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) ▶ _____	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">82078.00</div>		<div style="border: 1px solid black; padding: 2px; display: inline-block;">82078.00</div>	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;">40150.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></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.			
Signature <i>Martha Kuhl</i>		Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 04 / 15 / 2016	
[Electronically Filed]			

: 97 'A-G79 @G B9CI G'H9LH'F9 @H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +H9A-N5HCB
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Form/Schedule: SE

Transaction ID : D712559

This reflects the expenditure as reported on an amended 24-hour report filed on April 8, 2016

Form/Schedule: SE

Transaction ID: D712560

This reflects the expenditure as reported on an amended 24-hour report filed on April 8, 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 128 OF 151
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">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 <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>					
Full Name of Payee North Wood Advertising			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>		
Mailing Address 1201 Fifteen Building 15 South Fifth			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 30.00		
City Minneapolis		State MN	Zip Code 55402		Transaction ID : D712561
Purpose of Expenditure Radio		Category/ Type <div style="display: inline-block; border-bottom: 1px solid black; width: 60px;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>	
Name of Federal Candidate BERNARD SANDERS			Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AK</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 12050.00			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee North Wood Advertising			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>		
Mailing Address 1201 Fifteen Building 15 South Fifth			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 25438.44		
City Minneapolis		State MN	Zip Code 55402		Transaction ID : D712562
Purpose of Expenditure Radio		Category/ Type <div style="display: inline-block; border-bottom: 1px solid black; width: 60px;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>	
Name of Federal Candidate Bernie Sanders			Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AZ</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 25438.44			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 25468.44		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></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.					
Signature <i>Martha Kuhl</i>			Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>		
[Electronically Filed]					

: 97 'A-G79 @G B9CI G'H9LH'F9 @H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +H9A-N5HCB
.

Form/Schedule: SE

Transaction ID : D712561

This reflects the expenditure as reported on an amended 24-hour report filed on April 8, 2016

Form/Schedule: SE

Transaction ID: D712562

This reflects the expenditure as reported on an amended 24-hour report filed on April 8, 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 130 OF 151
 FOR LINE 24 OF FORM 3X

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 North Wood Advertising		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 03 / 22 / 2016</div> </div>	
Mailing Address 1201 Fifteen Building 15 South Fifth		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">6385.00</div>	
City State Zip Code Minneapolis MN 55402	Transaction ID : D712563 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 03 / 15 / 2016</div> </div>		
Purpose of Expenditure Radio	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; text-align: right;">6535.00</div>		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: ID 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 North Wood Advertising		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 04 / 09 / 2016</div> </div>	
Mailing Address 1201 Fifteen Building 15 South Fifth		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">3854.00</div>	
City State Zip Code Minneapolis MN 55402	Transaction ID : D712564 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 03 / 15 / 2016</div> </div>		
Purpose of Expenditure Radio	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; text-align: right;">3854.00</div>		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WY Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;">10239.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"> </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

MM / DD / YYYY
04 / 15 / 2016

Signature

: 97 'A-G79 @G B9CI G'H9LH'F9 @H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +9A-N5HCB
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Form/Schedule: SE

Transaction ID : D712563

This reflects the expenditure as reported on an amended 24-hour report filed on April 8, 2016

Form/Schedule:

Transaction ID:

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 132 OF 151
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">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 <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee Bus Bank			<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">03 / 16 / 2016</div>		
Mailing Address 820 West Jackson Suite 815			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">12273.95</div>		
City Chicago		State IL	Zip Code 60607		Transaction ID : D710723
Purpose of Expenditure Bus tour expense		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">03 / 16 / 2016</div>	
Name of Federal Candidate Bernie Sanders			<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC		
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">757143.91</div> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee California Nurses Association			<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">03 / 16 / 2016</div>		
Mailing Address 155 Grand Avenue			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">50.00</div>		
City Oakland		State CA	Zip Code 94612		Transaction ID : D711492
Purpose of Expenditure Site Rental		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">03 / 16 / 2016</div>	
Name of Federal Candidate BERNARD SANDERS			<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: FL		
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">107877.13</div> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">12323.95</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> </div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> </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.					
Signature <i>Martha Kuhl</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">04 / 15 / 2016</div> <div style="text-align: center;">[Electronically Filed]</div>		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 133 OF 151
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">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 <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>			
Full Name of Payee California Nurses Association		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">03 / 16 / 2016</div>	
Mailing Address 155 Grand Avenue		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">50.00</div>	
City Oakland	State CA	Zip Code 94612	Transaction ID : D711493 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">03 / 16 / 2016</div>
Purpose of Expenditure Site Rental		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Name of Federal Candidate BERNARD SANDERS		Office Sought: <input checked="" type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>OH</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) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">57980.50</div>		<div style="border: 1px solid black; padding: 2px; display: inline-block;">57980.50</div>	
Full Name of Payee North Wood Advertising		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">03 / 16 / 2016</div>	
Mailing Address 1201 Fifteen Building 15 South Fifth		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">87847.44</div>	
City Minneapolis	State MN	Zip Code 55402	Transaction ID : D712315 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">03 / 16 / 2016</div>
Purpose of Expenditure Radio		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Name of Federal Candidate Bernie Sanders		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> Oppose <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) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">757143.91</div>		<div style="border: 1px solid black; padding: 2px; display: inline-block;">757143.91</div>	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;">87897.44</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </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.			
Signature <i>Martha Kuhl</i>		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">04 / 15 / 2016</div>	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 134 OF 151
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)

National Nurses United for Patient Protection

FEC IDENTIFICATION NUMBER ▼

C

C00490375

Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on

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

Full Name of Payee

Outfront Media

☐ Memo Item

Date of Public Distribution/Dissemination

M M M / D D D / Y Y Y Y Y Y
03 / 16 / 2016

Mailing Address

185 US Highway 46

Amount

City

Fairfield

State

NJ

Zip Code

07004

Purpose of Expenditure

Print Advertising

Category/
Type

Transaction ID : D712321

Date of Disbursement or Obligation

M M M / D D D / Y Y Y Y Y Y
03 / 16 / 2016

Name of Federal Candidate

Bernie Sanders

☒ Support☐ Oppose

Office Sought:

☐ House

District: 00

☒ President☐ Senate

State: DC

Calendar Year-To-Date
Per Election for Office Sought

757143.91

Disbursement For: 2016

☒ Primary☐ General☐ Other (specify) ▶

Full Name of Payee

Matrix Media

☐ Memo Item

Date of Public Distribution/Dissemination

M M M / D D D / Y Y Y Y Y Y
03 / 28 / 2016

Mailing Address

463 E Town St

Amount

City

Columbus

State

OH

Zip Code

43215

Purpose of Expenditure

Print Advertising

Category/
Type

Transaction ID : D711254

Date of Disbursement or Obligation

M M M / D D D / Y Y Y Y Y Y
03 / 17 / 2016

Name of Federal Candidate

Bernie Sanders

☒ Support☐ Oppose

Office Sought:

☐ House

District: 00

☒ President☐ Senate

State: MD

Calendar Year-To-Date
Per Election for Office Sought

9539.00

Disbursement For: 2016

☒ Primary☐ General☐ Other (specify) ▶

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

43839.00

(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
04 / 15 / 2016

Signature

Full Name of Payee California Nurses Association		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>03 / 17 / 2016</div> </div>	
Mailing Address 155 Grand Avenue		Amount <div> <div>_____</div> <div>50.00</div> </div>		
City Oakland	State CA	Zip Code 94612	Transaction ID : D711257 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>03 / 17 / 2016</div> </div>	
Purpose of Expenditure Online Ad		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: <u>00</u> State: <u>CA</u>	
Calendar Year-To-Date Per Election for Office Sought		<div> <div>_____</div> <div>372762.50</div> </div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div style="text-align: right; margin-bottom: 5px;">6550.00</div> <div style="border-top: 1px solid black; height: 15px; width: 100%;"></div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div style="border-top: 1px solid black; height: 15px; width: 100%;"></div>
(c) TOTAL Independent Expenditures.....	▶	<div style="border-top: 1px solid black; height: 15px; width: 100%;"></div>

FEC Schedule E (Form 3X) Rev. 12/2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 136 OF 151
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 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 MM / DD / YYYY				
Full Name of Payee <input type="checkbox"/> Memo Item Outfront Media			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 03 / 28 / 2016 </div>	
Mailing Address 185 US Highway 46			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">155287.50</div>	
City State Zip Code Fairfield NJ 07004		Transaction ID : D711252 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 03 / 18 / 2016 </div>		
Purpose of Expenditure Print 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: CA	
Calendar Year-To-Date Per Election for Office Sought 372762.50			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 Outfront Media			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 04 / 04 / 2016 </div>	
Mailing Address 185 US Highway 46			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">40000.00</div>	
City State Zip Code Fairfield NJ 07004		Transaction ID : D711373 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 03 / 18 / 2016 </div>		
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: NY	
Calendar Year-To-Date Per Election for Office Sought 83325.04			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">195287.50</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </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.				
Signature <u>Martha Kuhl</u>			Date MM / DD / YYYY 04 / 15 / 2016	

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 137 OF 151
 FOR LINE 24 OF FORM 3X

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 Outfront Media			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 04 / 2016		
Mailing Address 185 US Highway 46			Amount 24300.00		
City Fairfield		State NJ	Zip Code 07004		Transaction ID : D711374
Purpose of Expenditure Print Advertising		Category/Type 		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 03 / 18 / 2016	
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: CA		
Calendar Year-To-Date Per Election for Office Sought 372762.50			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee California Nurses Association			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 03 / 17 / 2016		
Mailing Address 155 Grand Avenue			Amount 50.00		
City Oakland		State CA	Zip Code 94612		Transaction ID : D711384
Purpose of Expenditure Online Ad		Category/Type 		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 03 / 18 / 2016	
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 757143.91			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			24350.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			 		
(c) TOTAL Independent Expenditures..... ▶			 		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Martha Kuhl</u> <div style="text-align: right;">[Electronically Filed]</div>			Date M M M / D D D / Y Y Y Y Y Y 04 / 15 / 2016		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 138 OF 151
 FOR LINE 24 OF FORM 3X

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 <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y </div>	

Full Name of Payee <input type="checkbox"/> Memo Item California Nurses Association		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y </div>	
Mailing Address 155 Grand Avenue		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;"> 50.00 </div>	
City State Zip Code Oakland CA 94612	Transaction ID : D711385 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y </div>		
Purpose of Expenditure Online Ad	Category/Type	<div style="display: inline-block; border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y </div>	
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 <div style="display: inline-block; border: 1px solid black; padding: 2px;"> 757143.91 </div>		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 <div style="display: inline-block; border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y </div>	
Mailing Address 155 Grand Avenue		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;"> 150.00 </div>	
City State Zip Code Oakland CA 94612	Transaction ID : D711386 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y </div>		
Purpose of Expenditure Online Ad	Category/Type	<div style="display: inline-block; border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y </div>	
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 <div style="display: inline-block; border: 1px solid black; padding: 2px;"> 757143.91 </div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;">200.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"> </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 / D D D / Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 139 OF 151
 FOR LINE 24 OF FORM 3X

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 03 / 18 / 2016	
Mailing Address 155 Grand Avenue		Amount 200.00	
City Oakland	State CA	Zip Code 94612	Transaction ID : D711387
Purpose of Expenditure Online Ad		Category/Type 	Date of Disbursement or Obligation 03 / 18 / 2016
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 757143.91		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 Javier Moreno Pollaroio		Date of Public Distribution/Dissemination 03 / 17 / 2016	
Mailing Address 1521 3rd Ave		Amount 200.00	
City Oakland	State CA	Zip Code 94606	Transaction ID : D711405
Purpose of Expenditure Translation Services		Category/Type 	Date of Disbursement or Obligation 03 / 18 / 2016
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 757143.91		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	400.00
(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]

Signature
Date 04 / 15 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 140 OF 151
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">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 <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>			
Full Name of Payee Erin L FitzGerald		Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>	
Mailing Address 1028 Florida Street		Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 200px;"></div>	
City Vallejo	State CA	Zip Code 94590	Transaction ID : D711408
Purpose of Expenditure Video Production		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>	
Name of Federal Candidate Bernie Sanders		Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Outfront Media		Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>	
Mailing Address 185 US Highway 46		Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 200px;"></div>	
City Fairfield	State NJ	Zip Code 07004	Transaction ID : D712331
Purpose of Expenditure Print Advertising		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>	
Name of Federal Candidate Bernie Sanders		Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="display: inline-block; border-bottom: 1px solid black; width: 200px;"></div> 12160.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="display: inline-block; border-bottom: 1px solid black; width: 200px;"></div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="display: inline-block; border-bottom: 1px solid black; width: 200px;"></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.			
Signature <i>Martha Kuhl</i>		Date <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>	

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 141 OF 151
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 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 <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y </div>				
Full Name of Payee <input type="checkbox"/> Memo Item Outfront Media			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y 04 / 18 / 2016 </div>	
Mailing Address 185 US Highway 46			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 325.00 </div>	
City State Zip Code Fairfield NJ 07004		Transaction ID : D712332 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y 03 / 18 / 2016 </div>		
Purpose of Expenditure Print Advertising		Category/Type <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div>		
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: CA	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">372762.50</div>			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 Outfront Media			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y 05 / 02 / 2016 </div>	
Mailing Address 185 US Highway 46			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 3950.00 </div>	
City State Zip Code Fairfield NJ 07004		Transaction ID : D712333 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y 03 / 18 / 2016 </div>		
Purpose of Expenditure Print Advertising		Category/Type <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div>		
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: CA	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">372762.50</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 4275.00 </div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 0.00 </div>	
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 4275.00 </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.				
Signature <u>Martha Kuhl</u>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y 04 / 15 / 2016 </div>	

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 142 OF 151
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 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 MM / DD / YYYY			
Full Name of Payee <input type="checkbox"/> Memo Item California Nurses Association		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 03 / 20 / 2016 </div>	
Mailing Address 155 Grand Avenue		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">150.00</div>	
City State Zip Code Oakland CA 94612	Transaction ID : D710986 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 03 / 22 / 2016 </div>		
Purpose of Expenditure Online Ad	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 6535.00		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: ID 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 <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 03 / 20 / 2016 </div>	
Mailing Address 155 Grand Avenue		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">943.43</div>	
City State Zip Code Oakland CA 94612	Transaction ID : D711388 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 03 / 22 / 2016 </div>		
Purpose of Expenditure Payroll Expense	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 757143.91		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..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;">1093.43</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </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.			
Signature <u>Martha Kuhl</u>		Date MM / DD / YYYY 04 / 15 / 2016	

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 143 OF 151
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">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 <div style="display: inline-block; border: 1px solid black; padding: 2px;">MM / DD / YYYY</div>			
Full Name of Payee California Nurses Association		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> 03 / 18 / 2016	
Mailing Address 155 Grand Avenue		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">100.00</div>	
City Oakland	State CA	Zip Code 94612	Transaction ID : D711389 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> 03 / 22 / 2016
Purpose of Expenditure Online Ad		Category/Type <div style="border: 1px solid black; padding: 2px;"> </div>	
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		<div style="display: inline-block; border: 1px solid black; padding: 2px;">757143.91</div> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee California Nurses Association		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> 03 / 19 / 2016	
Mailing Address 155 Grand Avenue		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">175.00</div>	
City Oakland	State CA	Zip Code 94612	Transaction ID : D711390 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> 03 / 22 / 2016
Purpose of Expenditure Online Ad		Category/Type <div style="border: 1px solid black; padding: 2px;"> </div>	
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		<div style="display: inline-block; border: 1px solid black; padding: 2px;">757143.91</div> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="display: inline-block; border: 1px solid black; padding: 2px;">275.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="display: inline-block; border: 1px solid black; padding: 2px;"> </div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="display: inline-block; border: 1px solid black; padding: 2px;"> </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.			
Signature <u>Martha Kuhl</u>		Date <div style="display: inline-block; border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> 04 / 15 / 2016	

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Full Name of Payee California Nurses Association		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>03 / 22 / 2016</div> </div>	
Mailing Address 155 Grand Avenue			Amount <div> <div></div> <div>100.00</div> </div>	
City Oakland	State CA	Zip Code 94612	Transaction ID : D711392 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>03 / 23 / 2016</div> </div>	
Purpose of Expenditure Online Ad		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: <u>00</u> State: <u>DC</u>	
Calendar Year-To-Date Per Election for Office Sought		<div> <div></div> <div>757143.91</div> </div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

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

FEC Schedule E (Form 3X) Rev. 12/2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 145 OF 151
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">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 <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>				
Full Name of Payee Alliance Graphics			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">03 / 25 / 2016</div>	
Mailing Address 1101 8th Street			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1314.00</div>	
City Berkeley		State CA	Zip Code 94710	
Purpose of Expenditure Printing		Category/Type <div style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></div>		
Name of Federal Candidate Bernie Sanders			Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> House <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) ▶	
<div style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></div> 757143.91				
Full Name of Payee Outfront Media			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">03 / 28 / 2016</div>	
Mailing Address 185 US Highway 46			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2775.00</div>	
City Fairfield		State NJ	Zip Code 07004	
Purpose of Expenditure Print Advertising		Category/Type <div style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></div>		
Name of Federal Candidate Bernie Sanders			Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> House <input type="checkbox"/> Senate District: 00 State: CA	
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) ▶	
<div style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></div> 372762.50				
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></div> 4089.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></div>	
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></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.				
Signature <i>Martha Kuhl</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">04 / 15 / 2016</div> <div style="text-align: center;">[Electronically Filed]</div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 146 OF 151
 FOR LINE 24 OF FORM 3X

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 Outfront Media			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 04 / 2016		
Mailing Address 185 US Highway 46			Amount 4750.00		
City Fairfield		State NJ	Zip Code 07004		Transaction ID : D711375
Purpose of Expenditure Print Advertising		Category/Type 		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 03 / 24 / 2016	
Name of Federal Candidate Bernie Sanders			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 372762.50			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Outfront Media			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 04 / 2016		
Mailing Address 185 US Highway 46			Amount 9000.00		
City Fairfield		State NJ	Zip Code 07004		Transaction ID : D711376
Purpose of Expenditure Print Advertising		Category/Type 		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 03 / 24 / 2016	
Name of Federal Candidate Bernie Sanders			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 372762.50			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			13750.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			 		
(c) TOTAL Independent Expenditures..... ▶			 		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Martha Kuhl</u> <div style="text-align: right;">[Electronically Filed]</div>			Date M M / D D / Y Y Y Y Y Y 04 / 15 / 2016		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 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 MM / DD / YYYY				
Full Name of Payee <input type="checkbox"/> Memo Item Outfront Media			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 04 / 04 / 2016 </div>	
Mailing Address 185 US Highway 46			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">243.75</div>	
City State Zip Code Fairfield NJ 07004		Transaction ID : D711377 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 03 / 24 / 2016 </div>		
Purpose of Expenditure Print Advertising		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
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: CA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">372762.50</div>			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 <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 03 / 24 / 2016 </div>	
Mailing Address 155 Grand Avenue			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">100.00</div>	
City State Zip Code Oakland CA 94612		Transaction ID : D711393 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 03 / 24 / 2016 </div>		
Purpose of Expenditure Online Ad		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
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 <div style="border: 1px solid black; padding: 2px; display: inline-block;">757143.91</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">343.75</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </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.				
Signature <u>Martha Kuhl</u>			Date MM / DD / YYYY 04 / 15 / 2016	

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 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 California Nurses Association			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 03 / 24 / 2016</div> </div>	
Mailing Address 155 Grand Avenue			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">100.00</div>	
City State Zip Code Oakland CA 94612		Transaction ID : D711394 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 03 / 24 / 2016</div> </div>		
Purpose of Expenditure Online Ad		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 <div style="border: 1px solid black; padding: 2px; display: inline-block;">757143.91</div>			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 <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 03 / 24 / 2016</div> </div>	
Mailing Address 155 Grand Avenue			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">100.00</div>	
City State Zip Code Oakland CA 94612		Transaction ID : D711395 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 03 / 24 / 2016</div> </div>		
Purpose of Expenditure Online Ad		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 <div style="border: 1px solid black; padding: 2px; display: inline-block;">757143.91</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<div style="display: flex; justify-content: space-between;"> <div> (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ </div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">200.00</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> (b) SUBTOTAL of Unitemized Independent Expenditures ▶ </div> <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> (c) TOTAL Independent Expenditures..... ▶ </div> <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> </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.				
Signature <u>Martha Kuhl</u>			Date <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 04 / 15 / 2016</div> </div>	

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 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 MM / DD / YYYY			
Full Name of Payee <input type="checkbox"/> Memo Item Campaign Workshop		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 04 / 25 / 2016 </div>	
Mailing Address 1129 20th Street, Suite 200		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 41000.00 </div>	
City State Zip Code Washington DC 20036	Transaction ID : D711490 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 03 / 25 / 2016 </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 372762.50		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CA 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 North Wood Advertising		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 04 / 26 / 2016 </div>	
Mailing Address 1201 Fifteen Building 15 South Fifth		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 40000.00 </div>	
City State Zip Code Minneapolis MN 55402	Transaction ID : D711491 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 03 / 25 / 2016 </div>		
Purpose of Expenditure Radio	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 40000.00		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: PA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 81000.00 </div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </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.			
Signature <u>Martha Kuhl</u>		Date MM / DD / YYYY 04 / 15 / 2016	

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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 Outfront Media			Date of Public Distribution/Dissemination 03 / 25 / 2016		
Mailing Address 185 US Highway 46			Amount 1850.00		
City Fairfield		State NJ	Zip Code 07004		Transaction ID : D712322
Purpose of Expenditure Print Advertising		Category/Type 		Date of Disbursement or Obligation 03 / 25 / 2016	
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: <u>00</u> State: <u>CA</u>		
Calendar Year-To-Date Per Election for Office Sought 372762.50			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee California Nurses Association			Date of Public Distribution/Dissemination 03 / 25 / 2016		
Mailing Address 155 Grand Avenue			Amount 30.00		
City Oakland		State CA	Zip Code 94612		Transaction ID : D711024
Purpose of Expenditure Online ads		Category/Type 		Date of Disbursement or Obligation 03 / 26 / 2016	
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: <u>00</u> State: <u>HI</u>		
Calendar Year-To-Date Per Election for Office Sought 23530.00			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			1880.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Martha Kuhl</u>			Date 04 / 15 / 2016		

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 151 OF 151
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">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 <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>			
Full Name of Payee Erin L FitzGerald		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 03 / 21 / 2016	
Mailing Address 1028 Florida Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">840.00</div>	
City Vallejo	State CA	Zip Code 94590	Transaction ID : D711409 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 03 / 28 / 2016
Purpose of Expenditure Video Production		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>DC</u>	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">757143.91</div> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee California Nurses Association		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 03 / 30 / 2016	
Mailing Address 155 Grand Avenue		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">50.00</div>	
City Oakland	State CA	Zip Code 94612	Transaction ID : D711396 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 03 / 30 / 2016
Purpose of Expenditure Online Ad		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>DC</u>	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">757143.91</div> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;">890.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;">1974218.82</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.			
Signature <u>Martha Kuhl</u>		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 04 / 15 / 2016	

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