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Image# 201604159012564422

FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X   Fo	or Other Than	An Authorized	Committe	e			
	VDE OD BRINT -					Office Use Only	
1. NAME OF T COMMITTEE (in full)	YPE OR PRINT <b>T</b>		ample: If typiner the lines.	g, type	12FE4M5		
National Nurses United	for Patient P	rotection					
				1 1 1 1			, , , , <b>,</b> ,
ADDRESS (number and street)	8630 Fenton Stre	et, Suite 1100					
Check if different than previously reported. (ACC)	Silver Spring				MD	20910	
2. FEC IDENTIFICATION NUM	MBER ▼	CITY ▲		S	STATE A	ZIP COI	DE 🛦
C C00490375		3. IS THIS REPORT	× (N	EW I) <b>OR</b>	AM (A)	IENDED	
4. TYPE OF REPORT (Choose One)  (a) Quarterly Reports:  X 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	(c) 12-Day PRE-EI Report  (d) 30-Day POST-I	lection for the:	J	2C)	Sep	in the	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE)  Runoff (12R)
(TER)		Election on	M = M /	D   D /	Y	in the State o	f
5. Covering Period 01	01	2016	through	03	31	2016	
I certify that I have examined this	Report and to th	ne best of my kno	wledge and b	elief it is true	e, correct and	l complete.	
Type or Print Name of Treasurer	Martha Kuhl						
Signature of Treasurer Martha	Kuhl		[Electronically	<i>Filed]</i> Da	ate 04	15	2016
NOTE: Submission of false, erroneo	ous, or incomplete	information may su	ubject the pers	on signing thi	s Report to th	ne penalties of 2 l	J.S.C. §437g.
Office Use Only						FEC FOR Rev. 12/20	

## SUMMARY PAGE

PEC Form 3X (Rev. 02/2003)	OF RECEIPTS AND DISBURSEMENTS	Page <b>2</b>
Write or Type Committee Name		
National Nurses United for Patient F	Protection	
Report Covering the Period: From: 01	M / 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	o: 03 / 31 / 2016
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand  January 1,  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 <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	239686.55	
This committee has qualified as a multicar	ndidate committee. (see FEC FORM 1M)	
F	For further information contact:	
	Federal Election Commission 999 E Street, NW Washington, DC 20463	
	Toll Free 800-424-9530	

## **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

National	Nurses	United	for	Patient	Protection
Halionai	INGISCS	OHILGA	101	ı aucıı	1 1010011

I. Receipts  Livions (other than loans) From:  Lividuals/Persons Other an Political Committees  Itemized (use Schedule A)  Unitemized	COLUMN A Total This Period  0.00 0.00 0.00 0.00 2006410.84	
Unitemized	0.00 0.00 0.00 2006410.84	0.00 0.00 0.00 2006410.84
Unitemized (use Schedule A)  Unitemized  TOTAL (add Lines 11(a)(i) and (ii)  litical Party Committees  cher Political Committees  ch as PACs)  al Contributions (add Lines (a)(iii), (b), and (c)) (Carry cals to Line 33, page 5)  rs From Affiliated/Other	0.00 0.00 0.00 2006410.84	0.00 0.00 0.00 2006410.84
Unitemized	0.00 0.00 0.00 2006410.84	0.00 0.00 0.00 2006410.84
Unitemized  TOTAL (add Lines 11(a)(i) and (ii)  Ilitical Party Committees  ner Political Committees  ich as PACs)  ial Contributions (add Lines (a)(iii), (b), and (c)) (Carry ials to Line 33, page 5)  rs From Affiliated/Other	0.00 0.00 0.00 2006410.84	0.00 0.00 0.00 2006410.84
TOTAL (add Lines 11(a)(i) and (ii)	0.00 0.00 2006410.84 2006410.84	0.00 0.00 2006410.84
TOTAL (add Lines 11(a)(i) and (ii)	0.00 0.00 2006410.84 2006410.84	0.00 0.00 2006410.84
Lines 11(a)(i) and (ii)	0.00 2006410.84 2006410.84	2006410.84
litical Party Committees	0.00 2006410.84 2006410.84	2006410.84
ner Political Committees ich as PACs)  al Contributions (add Lines (a)(iii), (b), and (c)) (Carry rals to Line 33, page 5)  rs From Affiliated/Other	2006410.84	2006410.84
ner Political Committees ich as PACs)	2006410.84	2006410.84
cal Contributions (add Lines (a)(iii), (b), and (c)) (Carry cals to Line 33, page 5)  rs From Affiliated/Other	2006410.84	
al Contributions (add Lines (a)(iii), (b), and (c)) (Carry (als to Line 33, page 5)  rs From Affiliated/Other		2006410.84
(a)(iii), (b), and (c)) (Carry rals to Line 33, page 5)▶		2006410.84
rals to Line 33, page 5)		2006410.84
rs From Affiliated/Other		
ommittees		
	0.00	0.00
ns Received	0.00	0.00
epayments Received	0.00	0.00
	7	
Totals to Line 37, page 5)	0.00	0.00
s of Contributions Made		, , , , , , , , , , , , , , , , , , , ,
eral Candidates and Other		
	0.00	0.00
	0.00	0.00
	0.00	2.22
om Schedule H3)	0.00	0.00
_	0.00	0.00
in Funds (from Schedule H5)	0.00	0.00
I Transfers (add 40(a) and 40(b)	0.00	222
I Transfers (add 18(a) and 18(b))	0.00	0.00
r	To Operating Expenditures ds, Rebates, etc.) Totals to Line 37, page 5)s of Contributions Made eral Candidates and Other I Committees	To Operating Expenditures ds, Rebates, etc.) Totals to Line 37, page 5)

### **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
	rating Expenditures:	1000 1110	Jaienda Tear-to-Date
(a)	Allocated Federal/Non-Federal Activity (from Schedule H4)		
	(i) Federal Share	0.00	0.00
	(i) N 5 1 101	0.00	0.00
(h)	(ii) Non-Federal Share Other Federal Operating	0.00	0.00
(b)	Expenditures	317135.30	317135.30
(c)	Total Operating Expenditures		7
( )	(add 21(a)(i), (a)(ii), and (b))▶	317135.30	317135.30
2. Trar	nsfers to Affiliated/Other Party		
	nmitteestributions to	0.00	0.00
Fed	eral Candidates/Committees	0.00	0.00
	Other Political Committees	0.00	0.00
	ependent Expenditures e Schedule E)	1974218.82	1974218.82
5. Coo	rdinated Party Expenditures		
(2 U	J.S.C. §441a(d)) Schedule F)	0.00	0.00
,	•		
3. Loai	n Repayments Made	0.00	0.00
		2.22	0.00
7. Loai 3. Refi	ns Made unds of Contributions To:	0.00	0.00
	Individuals/Persons Other	0.00	0.00
	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	0.00	0.00
	(add Lines 28(a), (b), and (c))▶	0.00	0.00
9. Othe	er Disbursements	3810.52	3810.52
. Out	Si Bioburcomente	0010.02	
D. Fed	eral Election Activity (2 U.S.C. §431(20))		
(a)	Allocated Federal Election Activity		
	(from Schedule H6)	0.00	
	(i) Federal Share	0.00	0.00
	(ii) III ovinii Chara	0.00	0.00
(b)	(ii) "Levin" Share Federal Election Activity Paid Entirely	7	7 7
(D)	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
	Il Disbursements (add Lines 21(c), 22,		
23,	24, 25, 26, 27, 28(d), 29 and 30(c))	2295164.64	2295164.64
) Toto	l Federal Disbursements		
	ntract Line 21(a)(ii) and Line 30(a)(ii)		
	1 Line 31)	2295164.64	2295164.64
		223001.01	2293104.04

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	2006410.84	2006410.84
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2006410.84	2006410.84
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	317135.30	317135.30
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	317135.30	317135.30

## S IT

	CHEDULE A (FEC Form 3X) EMIZED 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 X 11c 12 13 14 15 16 17
				erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  National Nurses United for Patie	ent Prote	ction	
Α.	Full Name (Last, First, Middle Initial) National Nurses United  Mailing Address 8630 Fenton Street Suite 1100  City	State	Zip Code	Date of Receipt  02 26 2016  Transaction ID : C9958327
	Silver Spring  FEC ID number of contributing federal political committee.	МО	20910	Amount of Each Receipt this Period 243149.08
	Name of Employer  Receipt For:  Primary General  Other (specify) ▼	Occupation	Year-to-Date ▼ 2006410.84	Memo Item
В.	Full Name (Last, First, Middle Initial)  National Nurses United  Mailing Address 8630 Fenton Street  Suite 1100  City	State	Zip Code	Date of Receipt  03 04 2016  Transaction ID : C9958328
	Silver Spring  FEC ID number of contributing federal political committee.  Name of Employer	MD C	20910	Amount of Each Receipt this Period  263261.76  Memo Item
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼  2006410.84	
С.	Full Name (Last, First, Middle Initial)  National Nurses United  Mailing Address 8630 Fenton Street			Date of Receipt
	Suite 1100  City Silver Spring	State MD	Zip Code 20910	03 14 2016  Transaction ID : C9958329  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1500000.00 Memo Item
	Name of Employer  Receipt For:  Primary General  Other (specify) ▼	Occupation	Year-to-Date ▼ 2006410.84	

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

2006410.84

ITEMIZED DISBURSEMENTS	Llas concrete cobodulo(s)	LINE NUMBER: PAGE 7 OF 151 ck only one)  21b 22 23 24 25 26 27 28a 28b 28c 29 30
Any information copied from such Reports and Statem or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)  National Nurses United for Patient F	e and address of any political comm	y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  A. Alliance Graphics  Mailing Address 1101 8th Street		Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
,	ate Zip Code CA 94710	Transaction ID : D711015  Amount of Each Disbursement this Period
Candidate Name  Office Sought: House Disbursem Senate President	Category Ent For:  Primary General  Other (specify)	pry/ 1952 49
State: District:  Full Name (Last, First, Middle Initial)  B. Bus Bank  Mailing Address 820 West Jackson		Date of Disbursement  03 09 2016
Suite 815 City S	rate Zip Code IL 60607  Catego	Transaction ID : D710716  Amount of Each Disbursement this Period
State: President (		Memo Item
Full Name (Last, First, Middle Initial)  C. Bus Bank  Mailing Address, 820 West Jackson		Date of Disbursement
Chicago Purpose of Disbursement Bus tour expense Candidate Name  Office Sought: House Disbursem		
	Primary General Other (specify) ▼	
SUBTOTAL of Disbursements This Page (optional)  TOTAL This Period (last page this line number only)		

ITEMIZED DISBURSEMENTS	l llas sanarata sahadula(s)	OR LINE NUMBER:       PAGE       8 OF 151         heck only one)       22       23       24       25       26         27       28a       28b       28c       29       30
Any information copied from such Reports and Statem or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)  National Nurses United for Patient	e and address of any political co	any person for the purpose of soliciting contributions nmittee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  A. Bus Bank  Mailing Address 820 West Jackson		Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Suite 815  City S  Chicago  Purpose of Disbursement	State Zip Code IL 60607	Transaction ID : D711012
Bus tour expense  Candidate Name  Office Sought: House Disburser		Amount of Each Disbursement this Period egory/ ype  Memo Item
Senate President State: District:	Primary General Other (specify) ▼	The first term
B. California Nurses Association  Mailing Address 155 Grand Avenue		Date of Disbursement  O1 11 2016
Oakland Purpose of Disbursement Admin	State Zip Code CA 94612	Transaction ID : D711002  Amount of Each Disbursement this Period
Candidate Name  Office Sought: House Disbursen Senate President State: District:		egory/ ype 398.11 Memo Item
Full Name (Last, First, Middle Initial)  C. California Nurses Association		Date of Disbursement  Date of Disbursement  02
Oakland	State Zip Code CA 94612	Transaction ID : D711003
Purpose of Disbursement Payroll Expense  Candidate Name		Amount of Each Disbursement this Period egory/ ype 873.80
Office Sought: House Disburser Senate		Memo Item

y information copied from such Reports and Statemer for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)  National Nurses United for Patient Presults of Pre	for each of Detailed Some stand address rotection and address rotection at the A	Zip Code 94612	X 21b 27   2sed by any person	22 28a on for the purpo solicit contrib	sbursement  16 2016  ion ID: D711004  Each Disbursement this Period  1886.85
for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)  National Nurses United for Patient Present President Presi	rotection  atte A  nt For: rimary	Zip Code 94612	Category/	Date of Dis  M M M / 02  Transacti  Amount of	sbursement  16 2016  ion ID: D711004  Each Disbursement this Period  1886.85
NAME OF COMMITTEE (In Full)  National Nurses United for Patient Present President	nt For:	Zip Code 94612	Category/	Date of Dis	sbursement  16 2016  ion ID: D711004  Each Disbursement this Period  1886.85
Full Name (Last, First, Middle Initial)  California Nurses Association  Mailing Address 155 Grand Avenue  City State: District:  Full Name (Last, First, Middle Initial)  State: Full Name (Last, First, Middle Initial)	nt For:	Zip Code 94612		Transacti  Amount of	ion ID : D711004  Each Disbursement this Period  1886.85
California Nurses Association  Mailing Address 155 Grand Avenue  City State Oakland Compurpose of Disbursement Payroll Expense  Candidate Name  Disbursement President President Otter Octobrical President State:  Full Name (Last, First, Middle Initial)	nt For:	94612 General		Transacti  Amount of	ion ID : D711004  Each Disbursement this Period  1886.85
Mailing Address 155 Grand Avenue  City Stat Oakland C/ Purpose of Disbursement Payroll Expense  Candidate Name  Office Sought: House Disbursement Senate Pri President State: District:  Full Name (Last, First, Middle Initial)	nt For:	94612 General		Transacti  Amount of	ion ID : D711004  Each Disbursement this Period  1886.85
City State  Oakland C/  Purpose of Disbursement Payroll Expense  Candidate Name  Office Sought: House Disbursement Senate President State: District:  Full Name (Last, First, Middle Initial)	nt For:	94612 General		Transacti Amount of	ion ID : D711004  Each Disbursement this Period  1886.85
Oakland CA Purpose of Disbursement Payroll Expense  Candidate Name  Office Sought: House Senate Pri President Ot State: District:  Full Name (Last, First, Middle Initial)	nt For:	94612 General		Amount of	Each Disbursement this Period
Purpose of Disbursement Payroll Expense  Candidate Name  Office Sought: House Senate Prime President Otto  State: District:  Full Name (Last, First, Middle Initial)	nt For: rimary	General			1886.85
Office Sought: House Disbursemer Senate Prisident Ot State: District:  Full Name (Last, First, Middle Initial)	rimary				1886.85
Office Sought: House Disbursemer Senate President Ot State: District:  Full Name (Last, First, Middle Initial)	rimary			Memo II	
Senate Pri President Ot  State: District:  Full Name (Last, First, Middle Initial)	rimary			Memo I	tem
State: District: Full Name (Last, First, Middle Initial)					
California Nurses Association					sbursement
Mailing Address 155 Grand Avenue				03	01 2016
City Sta Oakland CA		Zip Code 94612		Transacti	ion ID : D711005
Purpose of Disbursement Travel				Amount of	Each Disbursement this Period
Candidate Name			Category/ Type	7 tillourit of	66530.53
	nt For: rimary ther (speci	General <b>Telephone</b>		Memo It	tem
State: District:					
Full Name (Last, First, Middle Initial)  California Nurses Association					sbursement
Mailing Address 155 Grand Avenue				03	09 2016
City Star Oakland CA		Zip Code 94612		Transacti	ion ID : D711006
Purpose of Disbursement Site Rental					
Candidate Name			Category/ Type		Each Disbursement this Period 1380.00
	nt For: rimary ther (speci	General	.,,,,,	Memo It	tem
State: District:					

TEMIZED DISBURSEMENTS	Llos concrete cohodulo(s)	OR LINE NUMBER: PAGE 10 OF 151  check only one)    X   21b
Any information copied from such Reports and Statem or for commercial purposes, other than using the name	ents may not be sold or used by	any person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)  National Nurses United for Patient I	•	THINKES TO SOURCE CONTINUES.
Full Name (Last, First, Middle Initial)  California Nurses Association		Date of Disbursement
Mailing Address 155 Grand Avenue		03 14 2016
,	tate Zip Code CA 94612	Transaction ID : D711007
Purpose of Disbursement Payroll Expense Candidate Name		Amount of Each Disbursement this Period egory/
		Memo Item
Full Name (Last, First, Middle Initial)  3. California Nurses Association		Date of Disbursement
Mailing Address 155 Grand Avenue		03 14 2016
,	tate Zip Code CA 94612	Transaction ID : D711008  Amount of Each Disbursement this Period
Candidate Name	Т	egory/ Type 1370.00
Office Sought: House Disbursem Senate	ent For: Primary General	Memo Item
President State: District:	Other (specify)	
	,	Date of Disbursement
State: District:  Full Name (Last, First, Middle Initial)	,	
State: District:  Full Name (Last, First, Middle Initial)  C-California Nurses Association  Mailing Address 155 Grand Avenue  City S Oakland	,	M = M / D = D / Y = Y = Y
State: District:  Full Name (Last, First, Middle Initial)  C-California Nurses Association  Mailing Address 155 Grand Avenue  City S	Other (specify)   tate Zip Code CA 94612  Cat	03 / 23 / 2016
State: District:  Full Name (Last, First, Middle Initial)  California Nurses Association  Mailing Address 155 Grand Avenue  City S Oakland Purpose of Disbursement Overhead  Candidate Name  Office Sought: House Senate	Other (specify) ▼  tate Zip Code CA 94612  Cat	Transaction ID : D711009  Amount of Each Disbursement this Period
State: District:  Full Name (Last, First, Middle Initial)  C. California Nurses Association  Mailing Address 155 Grand Avenue  City Solution  Oakland  Purpose of Disbursement Overhead  Candidate Name  Office Sought: House Senate President	Other (specify)   tate Zip Code CA 94612  Cat T  ent For:  Primary General Other (specify)   Other (specify)	Transaction ID : D711009  Amount of Each Disbursement this Period egory/ Type Memo Item

r information copied from such Reports and State or commercial purposes, other than using the nar	for each c Detailed S	rate schedule(s) category of the Summary Page	X 21b	one)	
or commercial purposes, other than using the nar			27	28a	28b 28c 29 3
National Nurses United for Patient			car committee to	SOIICIT COITE	indutions from Such committee.
Full Name (Last, First, Middle Initial)					
California Nurses Association				Date of	Disbursement
Mailing Address 155 Grand Avenue				03	22 2016
Dakland	State CA	Zip Code 94612		Transa	ction ID : D711010
Purpose of Disbursement Payroll Expense				Amount	of Each Disbursement this Period
Candidate Name			Category/ Type		22435.84
Office Sought: House Disburse Senate President	ment For: Primary Other (speci	General		Mem	o Item
State: District:					
Full Name (Last, First, Middle Initial)  California Nurses Association				Date of	Disbursement
Mailing Address 155 Grand Avenue				03	11 2016
Oakland	State CA	Zip Code 94612		Transa	ction ID : D711020
Purpose of Disbursement Site Rental				Amount	of Each Disbursement this Period
Candidate Name			Category/ Type		25.00
Office Sought: House Disburse Senate President	ment For: Primary Other (speci	General		Mem	o Item
State: District:		·			
Full Name (Last, First, Middle Initial)  California Nurses Association				Date of	Disbursement
Mailing Address 155 Grand Avenue				03	03 2016
City Dakland	State CA	Zip Code 94612		Transa	ction ID : D711021
Purpose of Disbursement Payroll Expense				Amount	of Each Disbursement this Period
Candidate Name			Category/ Type	The same of	436.90
Office Sought: House Disburse Senate President	ment For: Primary Other (speci	General ify) ▼		Mem	o Item
State: District:					

SCHEDULE B (FEC Form 3X)	11	FOR LINE	NUMBER: PAGE 12 OF 151
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	
	Detailed Summary Page	X 21b 27	22 23 24 25 26 28a 28b 28c 29 30b
Any information copied from such Reports and Statem	I nents may not be sold or us		
or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)			
igwedge National Nurses United for Patient	Protection		
Full Name (Last, First, Middle Initial)			
A. California Nurses Association			Date of Disbursement
Mailing Address 155 Grand Avenue			03 03 2016
,	State Zip Code		Transaction ID : D711023
	CA 94612		
Purpose of Disbursement Payroll Expense		· · ·	Amount of Each Disbursement this Period
Candidate Name		Category/	943.43
Office Sought: House Disbursem	nent For:	Type	
	nent For: Primary General		Memo Item
	Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial)			Data of Dishumana
3. California Nurses Association			Date of Disbursement
Mailing Address 155 Grand Avenue			02 29 2016
,	State Zip Code CA 94612		Transaction ID : D712349
Purpose of Disbursement	94012		
Printing			Amount of Each Disbursement this Period
Candidate Name		Category/	193.20
Office Sought: House Disbursem	nent For:	Туре	Memo Item
	Primary General		_ memo nem
	Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial)  California Nurses Association			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address 155 Grand Avenue			03 07 2016
	State Zip Code		Transaction ID : D712351
Oakland Purpose of Disbursement	CA 94612		
Purpose of Disbursement Payroll		· · · ·	Amount of Each Disbursement this Period
Candidate Name	Candidate Name		
Office Coursely	and Fee	Category/ Type	436.90
Office Sought: House Disbursem	nent For: Primary General		Memo Item
	Other (specify)		
State: District:			
SUBTOTAL of Disbursements This Page (optional)		······	1573.53
TOTAL This Period (last nage this line number only)			

TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE I (check only 21b	one) 22 23 24 25 26		
	, 0	27	28a 28b 28c 29 30b		
Any information copied from such Reports and Statem or for commercial purposes, other than using the name	ents may not be sold or used e and address of any political	by any perso	on for the purpose of soliciting contributions solicit contributions from such committee.		
NAME OF COMMITTEE (In Full)  National Nurses United for Patient I	Protection				
Full Name (Last, First, Middle Initial)  A. California Nurses Association			Date of Disbursement		
Mailing Address 155 Grand Avenue			03 07 2016		
,	tate Zip Code CA 94612		Transaction ID : D712352		
Purpose of Disbursement Payroll Candidate Name	[	Catagani	Amount of Each Disbursement this Period		
President		Category/ Type	943.42  Memo Item		
State: District:  Full Name (Last, First, Middle Initial)  California Nurses Association			Date of Disbursement		
Mailing Address 155 Grand Avenue			03 15 2016		
,	tate Zip Code CA 94612		Transaction ID : D712353  Amount of Each Disbursement this Period		
Candidate Name		Category/ Type	2748.82		
	ent For: Primary General Other (specify)		Memo Item		
Full Name (Last, First, Middle Initial) California Nurses Association			Date of Disbursement		
Mailing Address 155 Grand Avenue			03 22 2016		
•	tate Zip Code CA 94612		Transaction ID : D712356		
Purpose of Disbursement Payroll Candidate Name	[	Category/ Type	Amount of Each Disbursement this Period 943.42		
	ent For: Primary General Other (specify) ▼		Memo Item		
SUBTOTAL of Disbursements This Page (optional)			4635.66		
TOTAL This Period (last page this line number only)					

TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE I (check only	one) 22 23 24 25 26		
Any information copied from such Reports and Statem or for commercial purposes, other than using the name					
NAME OF COMMITTEE (In Full)  National Nurses United for Patient I		committee to	Solicit contributions from Such committee.		
Full Name (Last, First, Middle Initial)  A. DLX for Small Business			Date of Disbursement		
Mailing Address 3680 Victoria Street North			02 22 2016		
	tate Zip Code MN 55126		Transaction ID : D712323		
Purpose of Disbursement Checks Candidate Name		Category/ Type	Amount of Each Disbursement this Period 349.96		
	ent For: Primary General Other (specify) ▼	,,	Memo Item		
Full Name (Last, First, Middle Initial)  3. ELead Resources			Date of Disbursement		
Mailing Address 314 W Superior St			01 22 2016		
City S Chicago Purpose of Disbursement Printing for PAC	tate Zip Code IL 60654		Transaction ID : D711558  Amount of Each Disbursement this Period		
Candidate Name		Category/ Type	1687.50		
	ent For:  Primary General  Other (specify) ▼		Memo Item		
Full Name (Last, First, Middle Initial)  C. Iowa CCI Action Fund			Date of Disbursement		
Mailing Address 2001 Forest Ave			02 10 2016		
Des Moines	tate Zip Code IA 50311		Transaction ID : D711018		
Purpose of Disbursement Payroll Expense Candidate Name	[	Category/ Type	Amount of Each Disbursement this Period 18486.66		
	ent For: Primary General Other (specify) ▼		Memo Item		
SUBTOTAL of Dishursements This Page (ontional)			20524.12		
TOTAL This Period (last page this line number only)					

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER:			PA	GE 15	OF	15	
ITEMIZED DISBURSEMENTS	for each	category of the Summary Page	(check only 21b 27	one) 22 28a	23 28b	24 28c	25 29		30
Any information copied from such Reports and Statem or for commercial purposes, other than using the name									
NAME OF COMMITTEE (In Full)  National Nurses United for Patient I			car committee to	JOHOIT COI	Tanoution	5 110111 500	ii comili	muce.	
Full Name (Last, First, Middle Initial)									
A. JP Morgan Chase					Disburs		V		
Mailing Address 350 20th Street					01 13 2016				
,	tate	Zip Code		Trans	action IE	) : D71129	6		
Oakland Purpose of Disbursement	CA	94612							
Bank fee for PAC				Amount	t of Each	Disburser	nent thi	s Per	iod
Candidate Name			Category/				2	5.00	
Office Sought: House Disbursem	ent For:		Туре		. 7				-
	Primary	General		Mer	mo Item				
	Other (spec	cify) 🔻							
State: District:									
Full Name (Last, First, Middle Initial)  B. JP Morgan Chase				Data of	Disburs	omont			
B. JP Morgan Chase				M M	/ D		YYY	V	
Mailing Address 350 20th Street				01		14	2016		
	tate	Zip Code		Trans	action II	D : D71129	7		
Oakland Purpose of Disbursement	CA	94612							
Bank fee for PAC				Amount	t of Each	Disburser	nent thi	s Per	iod
Candidate Name			Category/ Type				2	5.00	
Office Sought: House Disbursem	ent For:		.,,,,	Mer	no Item				
	Primary	General		_					
State: District:	Other (spec	cify) 🔻							
Full Name (Last, First, Middle Initial)					. 5				
C. JP Morgan Chase					Disburs				
Mailing Address 350 20th Street				02	/ D	18	2016	- Y	
•	tate	Zip Code		Trans	action IF	D : D71231	7		
Oakland Purpose of Disbursement	CA	94612		riuito			-		
Bank Fee				Amount	of Each	Disburser	nent thi	s Par	iod
Candidate Name			Category/	Amount	OI Laci	Disburser			lou
Office Sought: House Disbursem	ont For		Type		7		2	5.00	_
	Primary	General		Mer	no Item				
	Other (spec								
State: District:									
SUBTOTAL of Disbursements This Page (optional)			·····		-		7	5.00	_
TOTAL This Period (last page this line number only).									

TEMIZED DISDLIBSEMENTS	Lloo concrete cohodulo(c) I	R LINE NUMBER: PAGE 16 OF 15 eck only one)
ITEMIZED DISBURSEMENTS	for each actorony of the	X     21b     22     23     24     25     26       27     28a     28b     28c     29     30
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam		
NAME OF COMMITTEE (In Full)  National Nurses United for Patient	•	THE TO COMMISSION OF THE TOTAL CONTINUES.
Full Name (Last, First, Middle Initial)  A. JP Morgan Chase		Date of Disbursement
Mailing Address 350 20th Street		02 26 2016
Oakland	tate Zip Code CA 94612	Transaction ID : D712318
Purpose of Disbursement Bank Fee Candidate Name		Amount of Each Disbursement this Period
Office Sought: House Disbursen	Categ Typ	e 13.00
Senate President	Primary General Other (specify)	Memo Item
State: District:  Full Name (Last, First, Middle Initial)  3. JP Morgan Chase  Mailing Address 350 20th Street		Date of Disbursement  03
Oakland	rtate Zip Code CA 94612	Transaction ID : D712319
Purpose of Disbursement Bank Fee		Amount of Each Disbursement this Period
Candidate Name	Categ Typ	
	nent For:  Primary General  Other (specify)	Memo Item
Full Name (Last, First, Middle Initial) - Local 1, Lithographers		Date of Disbursement
<del></del>		02 24 2016
Mailing Address 113 University Place		
City S New York	itate Zip Code NY 10003	Transaction ID : D711019
City	NY 10003  Categ	Transaction ID : D711019  Amount of Each Disbursement this Period
City New York Purpose of Disbursement Site Rental  Candidate Name  Office Sought: House Disbursem Senate	NY 10003  Categ	Transaction ID : D711019  Amount of Each Disbursement this Period

TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE I (check only	one) 22 23 24 25 26			
Any information copied from such Reports and Statem		by any perso	28a 28b 28c 29 30b on for the purpose of soliciting contributions			
or for commercial purposes, other than using the nam						
Name of COMMITTEE (In Full)  National Nurses United for Patient I	Protection					
Full Name (Last, First, Middle Initial)  A. Minnesota Nurses Association			Date of Disbursement			
Mailing Address 345 Randolph Ave #200			03 28 2016			
- ,	tate Zip Code MN 55102		Transaction ID : D711559			
Purpose of Disbursement Travel for PAC Candidate Name	[		Amount of Each Disbursement this Period			
Office Sought: House Disbursem		Category/ Type	1838.60			
Senate	Primary General Other (specify)		Memo Item			
Full Name (Last, First, Middle Initial)						
3. National Intervention			Date of Disbursement			
Mailing Address 1211 D St NE			01 14 2016			
Washington	tate Zip Code DC		Transaction ID : D711560			
Purpose of Disbursement Data services for PAC			Amount of Each Disbursement this Period			
Candidate Name	,	Category/ Type	50000.00			
President	nent For: Primary General Other (specify)		Memo Item			
State: District:  Full Name (Last, First, Middle Initial)						
C. Postal Systems, Inc.			Date of Disbursement			
Mailing Address 1890 North Blvd.		01 08 2016				
•	tate Zip Code CA 94577		Transaction ID : D711013			
Purpose of Disbursement Postage			Amount of Fook Diskumsons at this Paried			
Candidate Name		Category/ Type	Amount of Each Disbursement this Period 5219.32			
	nent For: Primary General Other (specify)	.,,,,,	Memo Item			
			57057.92			
SUBTOTAL of Disbursements This Page (optional)						

TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page (check	INE NUMBER: PAGE 18 OF 151 only one)  21b 22 23 24 25 26 27 28 29 29 29 29 29 29 29 29 29 29 29 29 29
Any information copied from such Reports and Statem	ents may not be sold or used by any	27 28a 28b 28c 29 30b person for the purpose of soliciting contributions
or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)  National Nurses United for Patient	e and address of any political committ	ee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  - Postal Systems, Inc.		Date of Disbursement
Mailing Address 1890 North Blvd.		03 03 2016
,	tate Zip Code CA 94577	Transaction ID : D711014
Purpose of Disbursement postage  Candidate Name	Category	Amount of Each Disbursement this Period 56249.17
	Type  lent For:  Primary General  Other (specify)	Memo Item
Full Name (Last, First, Middle Initial)  3. Reclaim Chicago		Date of Disbursement
Mailing Address 850 W Jefferson Blvd Suite 750		03 03 2016
City S Chicago Purpose of Disbursement Equipment	tate Zip Code IL 60607	Transaction ID : D712320
Candidate Name	Category	Amount of Each Disbursement this Period 43.60
	ent For:  Primary General  Other (specify)	Memo Item
Full Name (Last, First, Middle Initial)		Date of Disbursement
Mailing Address		
•	tate Zip Code	
D (D: 1		
Purpose of Disbursement  Candidate Name	Category Type	Amount of Each Disbursement this Period
Candidate Name  Office Sought: House Disbursem Senate	Туре	
Candidate Name  Office Sought: House Disbursem Senate President	Type  Type  Type  General  Other (specify)	Memo Item

SCHEDULE B (FEC Form 3X)	Hoo concrete estimated (	FOR LINE	
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	
	Detailed Summary Page	21b 27	22 23 24 25 26 28a 28b 28c X 29 30b
Any information copied from such Reports and Statem	nents may not be sold or use		
or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)	_		
angle National Nurses United for Patient	Protection		
Full Name (Last, First, Middle Initial)			
A. California Nurses Association			Date of Disbursement
Mailing Address 155 Grand Avenue			03 14 2016
,	State Zip Code		Transaction ID : D710717
Oakland Purpose of Disbursement	CA 94612		
Purpose of Disbursement Payroll			Amount of Each Disbursement this Period
Candidate Name		Category/	611.05
Office Sought: House Disbursem	nent For: 2016	Туре	
	Primary General		Memo Item
President	Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial)  - California Nurses Association			Date of Disbursement
Camorna Nuises Association			Mam / Dad / Yayayay
Mailing Address 155 Grand Avenue			03 14 2016
,	State Zip Code CA 94612		Transaction ID : D710718
Purpose of Disbursement	37012		
Payroll  Candidate Name		السبا	Amount of Each Disbursement this Period
Sandidate Hame		Category/ Type	225.00
	nent For: 2016	71: -	Memo Item
	Primary General		_
State: District:	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
California Nurses Association			Date of Disbursement
			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 155 Grand Avenue			03 14 2016
	State Zip Code		Transaction ID : D710719
Oakland Purpose of Disbursement	CA 94612		
Non-federal contribution Payroll			Amount of Each Disbursement this Period
Candidate Name		Category/	474.47
Office Sought: House Disbursem	nent For: 2016	Туре	
	Primary General		Memo Item
	Other (specify) ▼		
State: District:			
CURTOTAL of Dicharasanda This Days (ast			1310.52
SUBTOTAL of Disbursements This Page (optional)		······	1010.02
TOTAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3X)	Lies constate achadula(s) FOR LINE NUMBER:		NUMBER:	PAGE 20 OF 151	
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only			
	Detailed Summary Page	21b 27	22 23 28b	24 25 26 28c X 29 30	
Any information copied from such Reports and Statem	lents may not be sold or use				
or for commercial purposes, other than using the nam					
NAME OF COMMITTEE (In Full)	Destant				
National Nurses United for Patient	Protection				
Full Name (Last, First, Middle Initial)			D		
A. Reclaim Chicago			Date of Disbursem		
Mailing Address 850 W Jefferson Blvd			03 17	2016	
Suite 750	toto 7:0 Cada				
City S Chicago	State Zip Code IL 60607		Transaction ID :	D711016	
Purpose of Disbursement	33331				
Donation			Amount of Each D	isbursement this Period	
Candidate Name		Category/ Type		2500.00	
Office Sought: House Disbursem	nent For:	Турс	Memo Item		
	Primary General				
State: District:	Other (specify) ▼				
Full Name (Last, First, Middle Initial)					
<b>3.</b>			Date of Disbursem	nent	
Mailing Address			M M / D D	/	
Mailing Address					
City	State Zip Code				
Purpose of Disbursement					
·			Amount of Each D	isbursement this Period	
Candidate Name		Category/			
Office Sought: House Disbursem	nent For:	Туре	Memo Item	7	
	Primary General		I Memo item		
	Other (specify) ▼				
State: District:					
Full Name (Last, First, Middle Initial) C.			Date of Disbursen	nent	
			M M / D D	/ Y Y Y Y Y	
Mailing Address					
City	State Zip Code				
Purpose of Disbursement					
r dipose of Disbursement			Amount of Each D	sisbursement this Period	
Candidate Name		Category/	Amount of Edolf B		
Office Cought: House But	ant For	Type			
Office Sought: House Disbursem Senate	nent For:  Primary General		Memo Item		
	Other (specify)				
State: District:					
				2500.00	
SUBTOTAL of Disbursements This Page (optional)		·····		2500.00	
TOTAL This Period (last page this line number only).				3810.52	

**Excluding Loans** 

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

FOR LINE NUMBER: (check only one)

9 **X** 10

PAGE 21 OF 151

	ME OF COMMITTEE (In Full) ational Nurses United for Patient Pr	otection	
	A. Full Name (Last, First, Middle Initial) of Debtor National Nurses United	Nature of Debt (Purpose): Payroll	
	Mailing Address 8630 Fenton Street Suite 1100		
	City State	Zip Code	
	Silver Spring	MD 20910	
	Outstanding Balance Beginning This Period		Transaction ID : D712397
	0.00  Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
	18679.33	0.00	
	B. Full Name (Last, First, Middle Initial) of Debtor ( National Nurses United	or Creditor	Nature of Debt (Purpose): Online Communication
	National nurses United		Offine Communication
	Mailing Address 8630 Fenton Street Suite 1100		
	City State	Zip Code	
	Silver Spring	MD 20910	
	Outstanding Balance Beginning This Period 0.00		Transaction ID: D712398
	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
	3363.47	0.00	
	C. Full Name (Last, First, Middle Initial) of Debtor National Nurses United	or Creditor	Nature of Debt (Purpose): Travel
	Mailing Address 8630 Fenton Street Suite 1100		
	City Silver Spring	State Zip Code MD 20910	
	Outstanding Balance Beginning This Period		Transaction ID: D712399
	0.00  Amount Incurred This Period	Payment This Period	Outstanding Palance at Close of This Pariod
			Outstanding Balance at Close of This Period
	79194.83	0.00	79194.83
1)	SUBTOTALS This Period This Page (optional)		101237.63
•			
	TOTALS This Period (last page this line number of	only)	·,
2)	TOTALS This Period (last page this line number of		

**Excluding Loans** 

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

PAGE 22 OF 151 FOR LINE NUMBER: (check only one)

	9
X	10

Name of Committee (In Full)  National Nurses United for Patient P	rotection		
A. Full Name (Last, First, Middle Initial) of Debto National Nurses United			
Mailing Address 8630 Fenton Street Suite 1100			
City State Silver Spring	Zip Code MD 20910		
Outstanding Balance Beginning This Period	20910	Transaction ID : D712400	
0.00	Doument This Device	Outstanding Polones at Class of This Povied	
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
1036.91	0.00	1036.91	
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of Debt (Purpose):	
National Nurses United		Office Supplies	
Mailing Address 8630 Fenton Street			
Suite 1100 City State	Zip Code	-	
Silver Spring	MD 20910		
Outstanding Balance Beginning This Period		Transaction ID : D712401	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
917.50	0.00	917.50	
C. Full Name (Last, First, Middle Initial) of Debto National Nurses United	or or Creditor	Nature of Debt (Purpose): Travel	
Mailing Address 8630 Fenton Street Suite 1100			
City Silver Spring	State Zip Code MD 20910		
Outstanding Balance Beginning This Period		Transaction ID : D712402	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
47308.20	0.00	47308.20	
1) SUBTOTALS This Period This Page (optional)	<b>&gt;</b>	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) ▶		

**Excluding Loans** 

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

PAGE 23 OF 151 FOR LINE NUMBER: (check only one)

	9
X	10

National Nurses United for Patient P	rotection	
A. Full Name (Last, First, Middle Initial) of Debto	or or Creditor	Nature of Debt (Purpose):
National Nurses United		Travel
Mailing Address 8630 Fenton Street Suite 1100		
City State	Zip Code	
Silver Spring	MD 20910	
Outstanding Balance Beginning This Period 0.00		Transaction ID: D712403
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
52029.13	0.00	52029.13
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of Debt (Purpose):
National Nurses United		Travel
Mailing Address 8630 Fenton Street Suite 1100		
City State	Zip Code	
Silver Spring	MD 20910	
Outstanding Balance Beginning This Period		Transaction ID: D712404
0.00  Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
8253.04	0.00	8253.04
C. Full Name (Last, First, Middle Initial) of Debto National Nurses United	or or Creditor	Nature of Debt (Purpose): Rent
Mailing Address 8630 Fenton Street Suite 1100		
City Silver Spring	State Zip Code MD 20910	
Outstanding Balance Beginning This Period		Transaction ID : D712405
0.00	Doumont This Dovied	Outstanding Polones at Class of This Pariod
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
2611.95	0.00	2611.95
) SUBTOTALS This Period This Page (optional)		62894.12
TOTALS This Period (last page this line number	only)	·
t) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	<b>&gt;</b>
ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page only)	<u> </u>

**Excluding Loans** 

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

PAGE FOR LINE NUMBER: (check only one)

	9
X	10

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24 OF

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Payroll **National Nurses United** Mailing Address 8630 Fenton Street **Suite 1100** City State Zip Code Silver Spring 20910 Transaction ID: D712598 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 5556.52 5556.52 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Travel National Nurses United Mailing Address 8630 Fenton Street Suite 1100 City State Zip Code Silver Spring MD 20910 Outstanding Balance Beginning This Period Transaction ID: D712599 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 10051.19 10051.19 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Travel National Nurses United Mailing Address 8630 Fenton Street Suite 1100 Zip Code City State Silver Spring 20910 MD Transaction ID: D712600 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 10684.48 10684.48 0.00 26292.19 1) SUBTOTALS This Period This Page (optional)..... 239686.55 2) TOTALS This Period (last page this line number only)..... 0.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 239686.55 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

PAGE	25	•	OF	F 151	
FOR	LINE	24	OF	FORM 3X	

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)  National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼
National Nuises Office for Patient Protection		C C00490375
Check if 24-hour report 48-hour report New rep	oort Amends report	filed on Mam / Dab / Yayayay
Full Name of Payee California Nurses Association	☐ Memo Item	Date of Public Distribution/Dissemination
		M M / D D / Y Y Y Y
Mailing Address 155 Grand Avenue		Amount
City State	Zip Code	20.00
Oakland CA	94612	Transaction ID : D692604  Date of Disbursement or Obligation
Purpose of Expenditure Online advertising	Category/ Type	01 07 2016
Name of Federal Candidate	Support (	Office Sought: House District:00
Bernie Sanders	Oppose	President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:
Full Name of Payee	Memo Item	Date of Public Distribution/Dissemination
Alliance Graphics		M M / D D / Y Y Y Y Y
Mailing Address 1101 8th Street		Amount
City State	Zip Code	1560.38
Berkeley CA	94710	Transaction ID : D692605  Date of Disbursement or Obligation
Purpose of Expenditure Printing	Category/ Type	01 / 11 / 2016
Name of Federal Candidate	X Support	Office Sought: House District:00
Bernie Sanders	Oppose	President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		1580.38
(b) SUBTOTAL of Unitemized Independent Expenditures		•
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
Martha Kuhl [Electron	nically Filed] Date	04 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

### SCHEDULE E (FEC ITEMIZED INDEPENDEN

MIZED INDEPENDENT EXPENDI	TURES				E 26 OF R LINE 24 OF FO	151 DRM 3X
ME OF COMMITTEE (In Full)				FEC IDENT	IFICATION NUM	BER ▼
ational Nurses United for Patio	ent Protection			C C004	90375	
ck if 24-hour report 48-hour re	port New	report Amends repo	rt filed on	M = M / D	D / Y Y	Y
Full Name of Payee California Nurses Association		☐ Memo It	em Date		tribution/Dissemin	
Mailing Address 155 Grand Avenue			Amo	ount		
City	State	Zip Code	-		466	6.50
Oakland	CA	94612		saction ID : D6 e of Disbursem		
Purpose of Expenditure Printing		Category/ Type			11 / 201	16 Y
Name of Federal Candidate		Support	Office Sou	ght: Ho	ouse District:	00
Bernie Sanders		Oppose	X Pres		enate State:	DC
			Dichurcom	ent For:	Primary	General
Calendar Year-To-Date Per Election for Office Sought		757143.91	2016	Other (specify)		Joneran
		757143.91	2016	Other (specify)	) ▶tribution/Dissemin	nation
Per Election for Office Sought  Full Name of Payee	1 1 9 1 1		2016 Dat	Other (specify)	tribution/Dissemin	nation
Per Election for Office Sought  Full Name of Payee  California Nurses Association  Mailing Address	State		2016 Dat	Other (specify) e of Public Dis	tribution/Dissemin	nation
Per Election for Office Sought  Full Name of Payee California Nurses Association  Mailing Address 155 Grand Avenue  City Oakland	State CA	☐ Memo Ite	m Dat Am Tran	Other (specify e of Public Dis	tribution/Dissemin	nation 16
Per Election for Office Sought  Full Name of Payee California Nurses Association  Mailing Address 155 Grand Avenue  City		☐ Memo Ite	m Dat  Am  Tran  Dat	Other (specify e of Public Dis 01  ount  saction ID : De e of Disburser	tribution/Dissemin  12 / 20  220  292894 nent or Obligation	nation 16
Per Election for Office Sought  Full Name of Payee California Nurses Association  Mailing Address 155 Grand Avenue  City Oakland  Purpose of Expenditure		Zip Code 94612  Category/ Type	m Dat  Am  Tran  Dat	Other (specify) e of Public Dis 01  Dount  Saction ID : Dee of Disburser	tribution/Dissemin  12 / 20  220  292894 nent or Obligation	nation 16 Y
Full Name of Payee California Nurses Association  Mailing Address 155 Grand Avenue  City Oakland  Purpose of Expenditure Site rental		Zip Code 94612	m Dat  Am  Tran  Dat	Other (specify) e of Public Dis 01  Dunt  Saction ID: De e of Disbursem 01  ght: H	tribution/Dissemin 12 20 220 592894 nent or Obligation	nation 16 0.00
Full Name of Payee California Nurses Association  Mailing Address 155 Grand Avenue  City Oakland  Purpose of Expenditure Site rental  Name of Federal Candidate		Zip Code 94612  Category/ Type  Support	m Dat  Am  Tran  Dat  Office Sou	Other (specify e of Public Dis 01  Dount  Saction ID: De e of Disbursem 01  Ght: He ident Se	tribution/Dissemin  12 20  220  392894  nent or Obligation  13 20  ouse District: enate State:	00
Per Election for Office Sought  Full Name of Payee California Nurses Association  Mailing Address 155 Grand Avenue  City Oakland  Purpose of Expenditure Site rental  Name of Federal Candidate BERNARD SANDERS  Calendar Year-To-Date	CA	Zip Code 94612  Category/ Type  Support Oppose	Date of the second of the seco	Other (specify) e of Public Dis nount  saction ID : De e of Disburser  M 01  ght: H ident So ent For:	tribution/Dissemin  12 20  220  392894  nent or Obligation  13 20  ouse District: enate State:	nation 16 0.00 1 16 00 IA General
Full Name of Payee California Nurses Association  Mailing Address 155 Grand Avenue  City Oakland  Purpose of Expenditure Site rental  Name of Federal Candidate BERNARD SANDERS  Calendar Year-To-Date Per Election for Office Sought	CA cpenditures	Zip Code 94612  Category/ Type  Support Oppose  98103.35	Date of the property of the pr	Other (specify) e of Public Dis nount  saction ID : De e of Disburser  M 01  ght: H ident So ent For:	tribution/Dissemir  12	nation 16 0.00 1 16 00 IA General

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consulta 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	15	2016
Signature		Date	<u> </u>	.0	2010

PAGE	27	OF	
FOR L	INE 24	OF F	ORM 3X

	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protection	C C00490375
Check if 24-hour report 48-hour report New report Amends repo	ort filed on
Full Name of Payee	mem Date of Public Distribution/Dissemination
Campaign Workshop	12 DDD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1129 20th Street, Suite 200	Amount
City State Zip Code	42000.00
Washington DC 20036	Transaction ID : D692895  Date of Disbursement or Obligation
Purpose of Expenditure Printing  Category/ Type	01 13 / 2016
Name of Federal Candidate Support	Office Sought: House District:00
BERNARD SANDERS Oppose	President Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 98103.35	Disbursement For: ☐ Primary ☐ General 2016 ☐ Other (specify) ▶
Full Name of Payee	
Campaign Workshop	Date of Public Distribution/Dissemination  01 15 2016
Mailing Address 1129 20th Street, Suite 200	Amount
City State Zip Code	28000.00
Washington DC 20036	Transaction ID : D692898  Date of Disbursement or Obligation
Purpose of Expenditure Printing  Category/ Type	01 13 2016
Name of Federal Candidate Support	Office Sought: House District:00
BERNARD SANDERS Oppose	President Senate State: NV
Calendar Year-To-Date Per Election for Office Sought 148607.61	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	> 70000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(3) CODICINE OF OFFICE HISOPORUCHE EXPERIENCES	
(c) TOTAL Independent Expenditures	· •
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent o party committee) any political party committee or its agent.	
Martha Kuhl [Electronically Filed] Date	9 04 15 2016
Signature	

PAGE	28	OF	151
FOR L	INE 24	OF F	ORM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)  National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼
ivational ivurses officed for Patient Protection		C C00490375
Check if 24-hour report 48-hour report New report	Amends report fi	led on Man / Dad / Yayayay
Full Name of Payee	Memo Item	Date of Public Distribution/Dissemination
Clear Channel Outdoor		12 28 7 2015
Mailing Address PO Box 591790		Amount
City State Zip Coo	le	1400.00
San Antonio TX 78259-	0139	Transaction ID : D692899  Date of Disbursement or Obligation
Purpose of Expenditure Printing  Category Tights  Categor	ory/ ype	01
Name of Federal Candidate	Support Of	fice Sought: House District: 00
BERNARD SANDERS	Oppose	President Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		sbursement For:
Full Name of Payee	Memo Item	Date of Public Distribution/Dissemination
California Nurses Association		01 12 2016
Mailing Address 155 Grand Avenue		Amount
City State Zip Coo	de	400.00
Oakland CA 94612		Transaction ID: D692900  Date of Disbursement or Obligation
Purpose of Expenditure Site rental  Category	ory/ ype	01 13 / 2016
Name of Federal Candidate	Support Of	ffice Sought: House District:00
BERNARD SANDERS		President Senate State: NV
Calendar Year-To-Date Per Election for Office Sought  14860		Substitution of the control of the
(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 with, or at the request or suggestion of, any candidate or authorized committed party committee) any political party committee or its agent.		
Martha Kuhl [Electronically File	ed] Date	04 15 2016
Signature	_ 5.10	

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HEDULE E (FEC Form 3X)				
MIZED INDEPENDENT EXPENDITURES	PAGE	29	OF	15
	FOR LI	NE 24	OF FO	ORM

	NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼					
Na	ational Nurses United for Patient Protection			C C00490375		
Che	ock if 24-hour report 48-hour report New report	ort Amends repo	rt filed o	on M = M / D = D / Y = Y = Y		
	Full Name of Payee Clear Channel Outdoor	☐ Memo Ite	em	Date of Public Distribution/Dissemination		
-	Mailing Address			01 / 25 / Y Y Y Y Y Y		
	PO Box 591790			Amount		
	City State	Zip Code		700.00		
	San Antonio TX	78259-0139		ransaction ID : D709360 Date of Disbursement or Obligation		
	Purpose of Expenditure Printing	Category/ Type		01 / 13 / Y Y Y Y Y Y		
ı	Name of Federal Candidate	X Support	Office	Sought: House District: 00		
	BERNARD SANDERS	Oppose		President Senate State: NV		
	Calendar Year-To-Date Per Election for Office Sought	148607.61	Disburs 2016	sement For:		
ŀ		□ Mome Ite	m			
	Full Name of Payee Clear Channel Outdoor	Memo Ite	m	Date of Public Distribution/Dissemination  01		
	Mailing Address PO Box 591790			01 25 2016 Amount		
ŀ	City State	Zip Code		950.00		
	San Antonio TX	78259-0139	Т	ransaction ID : D709361 Date of Disbursement or Obligation		
	Purpose of Expenditure Printing	Category/ Type		01 13 / 2016		
ı	Name of Federal Candidate	X Support	Office	Sought: House District:00		
	BERNARD SANDERS	Oppose		President Senate State: IA		
	Calendar Year-To-Date Per Election for Office Sought	98103.35	Disbur 2016	sement For:		
(a) SUBTOTAL of Itemized Independent Expenditures						
(	c) TOTAL Independent Expenditures		•			
W	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 [Electroni	ically Filed] Date	M 04	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	Signature					

Martha Kuhl

Signature

	CHEDULE E (FEC Form 3						
TI	EMIZED INDEPENDENT EXPENI	DITURES			PAGE FOR LI	30 OF 151 INE 24 OF FORM 3	X
N	AME OF COMMITTEE (In Full)					CATION NUMBER V	
١	National Nurses United for Pa	tient Protection			C C004903		
Cł	neck if 24-hour report 48-hour	report New rep	ort Amends repo	ort filed on	M / D D	/	]
	Full Name of Payee		Memo It	em Date o	of Public Distrib	ution/Dissemination	_
	Autumn Press				12 / 15		1
	Mailing Address 945 Camelia St			Amour	nt		_
	City	State	Zip Code	- [		627.83	٦
	Berkeley	CA	94710-1437		ction ID : D6928 of Disbursement		Ī
	Purpose of Expenditure Printing		Category/ Type	М	01 / 14	D / Y Y Y Y	]
	Name of Federal Candidate		Support	Office Sought	t: Hous	se District: 00	_
	BERNARD SANDERS		Oppose	X Preside		ate State: IA	_
	Calendar Year-To-Date Per Election for Office Sought		98103.35	Disbursement 2016 Ot	t For:	imary Genera	
	Full Name of Payee		☐ Memo Ite	em Date o	of Public Distrib	oution/Dissemination	_
	California Nurses Associatio	n		М	01 / D 13		٦
	Mailing Address 155 Grand Avenue			Amou	nt		
	City	State	Zip Code	-		220.00	٦
	Oakland	CA	94612		ction ID : D692		Ī
	Purpose of Expenditure Site rental		Category/ Type		01 / 14	D / Y Y Y Y Y	
	Name of Federal Candidate		Support	Office Sough	t: Hous	se District: 00	
	BERNARD SANDERS		Oppose	X Preside			_
	Calendar Year-To-Date Per Election for Office Sought	7 7	98103.35	Disbursement 2016	t For: X Pri		ıl
	(a) SUBTOTAL of Itemized Independent	Expenditures		•	7	847.83	]
	(b) SUBTOTAL of Unitemized Independent	nt Expenditures		<b>•</b>	7	4	]
	(c) TOTAL Independent Expenditures			<b>•</b>	7	7 1 7	]
	Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party comm	any candidate or authorized	•			·	

[Electronically Filed]

2016

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Date

	PAGE		OF	151
	FOR L	INE 24	OF FO	DRM 3X
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		FOR LINE 24 OF FORM 3X			
NAME OF COMMITTEE (In Full)  National Nurses United for Patient Protection  FEC IDENTIFICATION NUMBER ▼					
Tradional redises officed for Fatient Frotection		C C00490375			
Check if 24-hour report 48-hour report New rep	port Amends report	filed on Man / Dad / Yayayay			
Full Name of Payee  California Nurses Association	Memo Iter	m Date of Public Distribution/Dissemination			
Mailing Address 455 Crand Avenue		01 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
155 Grand Avenue		Amount			
City State	Zip Code	400.00			
Oakland CA	94612	Transaction ID : D692901  Date of Disbursement or Obligation			
Purpose of Expenditure Site rental	Category/ Type	01 / 14 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate	X Support	Office Sought: House District: 00			
BERNARD SANDERS	Oppose	President Senate State: NV			
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:			
Full Name of Payee	Memo Item				
Bus Bank		01 15 2016			
Mailing Address 820 West Jackson		Amount			
Suite 815					
City State	Zip Code	14124.00 Transaction ID : D692905			
Chicago IL	60607	Date of Disbursement or Obligation			
Purpose of Expenditure Bus tour expenses	Category/ Type	01 14 2016			
Name of Federal Candidate	Support	Office Sought: House District:00			
Bernie Sanders	Oppose	President Senate State: DC			
Calendar Year-To-Date Per Election for Office Sought	757143.91	Disbursement For:			
(a) SUBTOTAL of Itemized Independent Expenditures		14524.00			
(b) SUBTOTAL of Unitemized Independent Expenditures		<b>•</b>			
(c) TOTAL Independent Expenditures		<b>•</b>			
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.					
Martha Kuhl [Electron	nically Filed] Date	04 15 2016			
Signature					

PAGE	32	OF	151			
FOR L	INE 24	OF FO	DRM 3X			
FOR LINE 24 OF FORM 3X  DENTIFICATION NUMBER ▼						

Name of committee (In Full)  National Nurses United for Patient Protection  FEC IDENTIFICATION NUMBER ▼						
	ational real code of the defent at the code of the cod			C C00490375		
Che	ck if 24-hour report 48-hour report New report	ort Amends repo	rt filed	on Mam / Dad / Yayayay		
Т	Full Name of Payee	☐ Memo Ite	em	Date of Public Distribution/Dissemination		
	Autumn Press			01 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
١	Mailing Address 945 Camelia St			Amount		
ŀ	City State	Zip Code		833.79		
	Berkeley CA	94710-1437		Transaction ID : D692903  Date of Disbursement or Obligation		
	Purpose of Expenditure Printing	Category/ Type		01 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
ı	Name of Federal Candidate	Support	Office	Sought: House District: 00		
	BERNARD SANDERS	Oppose		President Senate State: NV		
	Calendar Year-To-Date Per Election for Office Sought	148607.61	Disbu 2016	rsement For:		
┢	Full Name of Payee	☐ Memo Ite	m			
١	Autumn Press	_ Memoriem		Date of Public Distribution/Dissemination  01 15 2016		
-	Mailing Address 945 Camelia St			Amount		
-	City. Chata	Zin Codo		1261.02		
١	City State Berkeley CA	Zip Code 94710-1437		Transaction ID : D692904  Date of Disbursement or Obligation		
ľ	Purpose of Expenditure Printing	Category/ Type		01 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
ŀ	Name of Federal Candidate	Support	Office	e Sought: House District: 00		
١	BERNARD SANDERS	Oppose		President Senate State: IA		
	Calendar Year-To-Date Per Election for Office Sought	98103.35	Disbu 2016	orsement For:		
(;	a) SUBTOTAL of Itemized Independent Expenditures		. ▶	2094.81		
(1	b) SUBTOTAL of Unitemized Independent Expenditures		•	1 7 1 7 1 7		
(0	c) TOTAL Independent Expenditures		•			
W	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 [Electroni	cally Filed] Date	M 04	4 15 2016		
	Signature	_ Date	ئا			

	PAGE	33	OF	151	٦
	FOR L	INE 24	OF F	ORM 3X	
IDENTIFICATION NUMBER ▼					
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		FOR LINE 24 OF FORM 3X			
NAME OF COMMITTEE (In Full)  National Nurses United for Patient Protection  FEC IDENTIFICATION NUMBER ▼					
Tradional nurses officed for Patient Protection		C C00490375			
Check if 24-hour report 48-hour report New rep	oort Amends repor	t filed on			
Full Name of Payee Autumn Press	☐ Memo Ite	m Date of Public Distribution/Dissemination			
Mailing Addrass		01 15 / Y 2016			
945 Camelia St		Amount			
City State	Zip Code	1291.61			
Berkeley CA	94710-1437	Transaction ID : D692906  Date of Disbursement or Obligation			
Purpose of Expenditure Printing	Category/ Type	01 15 / 2016			
Name of Federal Candidate	X Support	Office Sought: House District: 00			
Bernie Sanders	Oppose	President Senate State: DC			
Calendar Year-To-Date Per Election for Office Sought	757143.91	Disbursement For:			
Full Name of Payee	☐ Memo Iter				
California Nurses Association		01 18 2016			
Mailing Address 155 Grand Avenue		Amount			
City State	Zip Code	100.00			
Oakland CA	94612	Transaction ID: D693164  Date of Disbursement or Obligation			
Purpose of Expenditure Online Ad	Category/ Type	01 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate	X Support	Office Sought: House District:00			
Bernie Sanders	Oppose	President Senate State: DC			
Calendar Year-To-Date Per Election for Office Sought	757143.91	Disbursement For:			
(a) SUBTOTAL of Itemized Independent Expenditures		1391.61			
(b) CURTOTAL of Uniterpized Independent Expanditures					
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures		<b>•</b>			
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.					
Martha Kuhl [Electron	nically Filed] Date	04 15 2016			
Signature					

PAGE		OF	151			
FOR LI	NE 24	OF F	ORM 3X			
ENTIFICATION NUMBER ▼						

			FOR LINE 24 OF FORM 3X		
NAME OF COMMITTEE (In Full)  National Nurses United for Patient Protection  FEC IDENTIFICATION NUMBER ▼					
Tradional nuises officed for Patient Protection			C C00490375		
Check if 24-hour report 48-hour report New report	rt Amends repor	t filed on	M / D D / Y Y Y Y		
Full Name of Payee California Nurses Association	☐ Memo Ite	m Date of	Public Distribution/Dissemination		
Mailing Address 455 Crand Avenue			01 18 7 2016		
155 Grand Avenue		Amoun	t		
City State 2	Zip Code		50.00		
	94612		tion ID: D693165  f Disbursement or Obligation		
Purpose of Expenditure Online Ad	Category/ Type		01 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate	X Support	Office Sought:	House District:00		
Bernie Sanders	Oppose	X Presider	nt Senate State: DC		
Calendar Year-To-Date Per Election for Office Sought	757143.91	Disbursement 2016 Oth	For: Primary General ner (specify)		
Full Name of Payee	☐ Memo Iter		f Public Distribution/Dissemination		
California Nurses Association		M	01 18 2016		
Mailing Address 155 Grand Avenue		Amoun			
City State	Zip Code		100.00		
	94612		tion ID : D693166 f Disbursement or Obligation		
Purpose of Expenditure Online Ad	Category/ Type	M	01 / 19 / 2016		
Name of Federal Candidate	X Support	Office Sought:	: House District:00		
Bernie Sanders	Oppose	X Presider	nt Senate State: DC		
Calendar Year-To-Date Per Election for Office Sought	757143.91	Disbursement 2016 Oth	For:		
(a) SUBTOTAL of Itemized Independent Expenditures		<b>.</b>	150.00		
(b) SUBTOTAL of Unitemized Independent Expenditures		· [.	4		
(c) TOTAL Independent Expenditures			4 4 4		
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.					
Martha Kuhl [Electronic	cally Filed] Date	M M / / 04	15 2016		
Signature					

PAGE 35 OF 151 FOR LINE 24 OF FORM 3X
FEC IDENTIFICATION NUMBER ▼
C C00490375
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ent Senate State:
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of Disbursement or Obligation
01 / 19 / 2016
nt: House District: 00
ent Senate State: DC
nt For: X Primary General
Other (specify) -
285.30

NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼				
National Nurses United for Patient Protection	C C00490375				
Check if 24-hour report 48-hour report New report Amends report filed on	= M / D = D / Y = Y = Y				
	of Public Distribution/Dissemination				
California Nurses Association	01 18 2016				
Mailing Address 155 Grand Avenue Amour	nt				
City State Zip Code	85.30				
Date of	ction ID : D693167 of Disbursement or Obligation				
Purpose of Expenditure Printing  Category/ Type	01 19 / 2016				
Name of Federal Candidate Support Office Sough	t: House District: 00				
Bernie Sanders Oppose Preside	ent Senate State: DC				
Calendar Year-To-Date  Disbursement 2016  757143.91	t For: X Primary General				
	ther (specify) -				
California Nurses Association	of Public Distribution/Dissemination  01 18 2016				
Mailing Address 155 Grand Avenue Amount					
City State Zip Code	200.00				
Date of	ction ID : D693168 of Disbursement or Obligation				
Purpose of Expenditure Online Ad  Category/ Type	01 / 19 / 2016				
Name of Federal Candidate Support Office Sough	it: House District: 00				
Bernie Sanders Oppose Preside					
Per Election for Office Sought 757143.91 2016	t For:				
(a) SUBTOTAL of Itemized Independent Expenditures	285.30				
(b) SUBTOTAL of Unitemized Independent Expenditures	7 1 7 1 7				
(c) TOTAL Independent Expenditures	7 1 7 1 7				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Martha Kuhl  [Electronically Filed]  Date    Date	15 2016				
Signature					

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	FOR L	INE 24	OF FO	ORM 3X		

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NAME OF COMMITTEE (In Full)  National Nurses United for Patient Protection  FEC IDENTIFICATION NUMBER ▼					
C c00490375					
Check if 24-hour report 48-hour report New rep	ort Amends report f	iled on Mam / Dad / Yayayay			
Full Name of Payee California Nurses Association	Memo Item	Date of Public Distribution/Dissemination			
Mailing Address		01 18 / 2016			
155 Grand Avenue		Amount			
City State	Zip Code	180.00			
Oakland CA	94612	Transaction ID : D693169  Date of Disbursement or Obligation			
Purpose of Expenditure Online Ad	Category/ Type	01			
Name of Federal Candidate	Support C	office Sought: House District: 00			
Bernie Sanders	Oppose	President Senate State: DC			
Calendar Year-To-Date Per Election for Office Sought		isbursement For:			
Full Name of Payee	Memo Item	Date of Public Distribution/Dissemination			
California Nurses Association		01 19 2016			
Mailing Address 155 Grand Avenue		Amount			
City State	Zip Code	50.00			
Oakland CA	94612	Transaction ID: D693170  Date of Disbursement or Obligation			
Purpose of Expenditure Online Ad	Category/ Type	01 20 7 2016			
Name of Federal Candidate	Support C	Office Sought: House District:00			
Bernie Sanders	Oppose	President Senate State: DC			
Calendar Year-To-Date Per Election for Office Sought		olisbursement For:			
(a) SUBTOTAL of Itemized Independent Expenditures					
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures	)				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Martha Kuhl [Electron	nically Filed] Date	04 15 2016			
Signature	Date				

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FOR L	INE 24	OF F	ORM 3X
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		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)  National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼
TVALIGNAL TVALSES OFFICE TOFF ALIENT TOLECTION		C C00490375
Check if 24-hour report 48-hour report New report	port Amends report	filed on M M / D D / Y Y Y Y Y
Full Name of Payee California Nurses Association	Memo Iter	Date of Public Distribution/Dissemination
Mailing Address 455 Crand Avenue		01 20 7 2016
155 Grand Avenue		Amount
City State	Zip Code	50.00
Oakland CA	94612	Transaction ID : D693171  Date of Disbursement or Obligation
Purpose of Expenditure Online Ad	Category/ Type	01 20 / 2016
Name of Federal Candidate	X Support	Office Sought: House District: 00
Bernie Sanders	Oppose	President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General
5 11 11 12	☐ Mama Itam	Other (specify)
Full Name of Payee California Nurses Association	☐ Memo Item	M M / D D / Y Y Y Y Y
Mailing Address 155 Grand Avenue		01 19 2015  Amount
City State	Zip Code	230.00
Oakland CA	94612	Transaction ID : D693174  Date of Disbursement or Obligation
Purpose of Expenditure Site Rental	Category/ Type	01 / 21 / 2016
Name of Federal Candidate	X Support	Office Sought: House District:00
BERNARD SANDERS	Oppose	President Senate State: NV
Calendar Year-To-Date Per Election for Office Sought	148607.61	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		280.00
(b) SUBTOTAL of Unitemized Independent Expenditures		
· · · · · · · · · · · · · · · · · · ·		7 7 7
(c) TOTAL Independent Expenditures		<b>&gt;</b>
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
Martha Kuhl [Electro	nically Filed] Date	04 15 2016
Signature		

PAGE 38 OF 151 FOR LINE 24 OF FORM 3X
FEC IDENTIFICATION NUMBER ▼
C C00490375
M = M / D = D / Y = Y = Y
of Public Distribution/Dissemination
01 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
unt
120.00
action ID : D693175 of Disbursement or Obligation
01 / 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ht: House District: 00
dent Senate State: IA
ent For: X Primary General
Other (specify)
e of Public Distribution/Dissemination
01 / 20 / 2016
punt
430.00
action ID: D693176 of Disbursement or Obligation
M 01 / 21 / Y Y Y Y Y Y 2016
ght: House District: 00
dent Senate State: NV
ent For: X Primary General
Other (specify) ▶
550.00
4 4

NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
National Nurses United for Pat		C C00490375		
Check if 24-hour report 48-hour r	eport New repo	ort Amends repo	ort filed	on M = M / D = D / Y = Y = Y
Full Name of Payee California Nurses Association	_	Memo It	em	Date of Public Distribution/Dissemination
				01 19 2016
Mailing Address 155 Grand Avenue				Amount
City	State	Zip Code		120.00
Oakland	CA	94612		Transaction ID : D693175  Date of Disbursement or Obligation
Purpose of Expenditure Site Rental		Category/ Type		01 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office	Sought: House District: 00
BERNARD SANDERS		Oppose		President Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		98103.35	Disbu 2016	rrsement For: Primary General
				Other (specify) ▶
Full Name of Payee  California Nurses Association	1	☐ Memo Ite	em	Date of Public Distribution/Dissemination
Mailing Address 155 Grand Avenue				01 20 2016
iss Grand / (volide				Amount
City	State	Zip Code		430.00
Oakland	CA	94612		Transaction ID : D693176  Date of Disbursement or Obligation
Purpose of Expenditure Site Rental		Category/ Type		01 21 2016
Name of Federal Candidate		Support	Office	e Sought: House District: 00
BERNARD SANDERS		Oppose		President Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		148607.61	Disbu 2016	ursement For: X Primary General
rei Liection for Office Sought				Other (specify) -
(a) SUBTOTAL of Itemized Independent E	Expenditures		▶	550.00
(b) SUBTOTAL of Uniternized Independen	nt Expenditures		▶	
(c) TOTAL Independent Expenditures			▶	
	ny candidate or authorized			ade in cooperation, consultation, or concert r, or (if the reporting entity is not a political
Martha Kuhl	[F.lectroni	cally Filed]	M	M / D D / Y Y Y Y Y
Signature	Escuone	Date	è 0.	4 15 2016

ENT EXPENDITURES	PAGE 39 OF 151
	FOR LINE 24 OF FORM 3X

	IE OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Na	ational Nurses United for Patient Protection			C C00490375
Che	ck if 24-hour report 48-hour report New report	ort Amends repo	rt filed	on M M / D D / Y Y Y Y
Т	Full Name of Payee	☐ Memo Ite	em	Date of Public Distribution/Dissemination
	California Nurses Association  Mailing Address 455 Cond Association			01 20 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ľ	155 Grand Avenue			Amount
-	City State	Zip Code		210.00
L	Oakland CA	94612		Transaction ID : D693177  Date of Disbursement or Obligation
	Purpose of Expenditure Site Rental	Category/ Type		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate	Support	Office	Sought: House District:00
	BERNARD SANDERS	Oppose		President Senate State: IA
1	Calendar Year-To-Date Per Election for Office Sought	98103.35	Disbu 2016	rsement For:
Н	F. II Manus of Barre	☐ Memo Ite	m	
1	Full Name of Payee  National Nurses United	□ Memone	"	Date of Public Distribution/Dissemination  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 155 Grand Avenue			Amount
L				
	•	Zip Code		100.00
	Oakland CA	94612		Transaction ID: D693181  Date of Disbursement or Obligation
1	Purpose of Expenditure Online Ad	Category/ Type		01 22 2016
┢	Name of Federal Candidate	Support	Office	Sought: House District: 00
	BERNARD SANDERS	Oppose		President Senate State: IA
	Calendar Year-To-Date Per Election for Office Sought	98103.35	Disbu 2016	rsement For:
(8	a) SUBTOTAL of Itemized Independent Expenditures		. •	310.00
(k	o) SUBTOTAL of Unitemized Independent Expenditures		•	
(0	e) TOTAL Independent Expenditures		•	
W	nder penalty of perjury I certify that the independent expenditures ith, or at the request or suggestion of, any candidate or authorized arty committee) any political party committee or its agent.			
	Martha Kuhl [Electroni	cally Filed] Date	M = 04	4 15 2016
	Signature	_ Date		

PAGE	40	OF	151 ORM 3X
FOR L	INE 24	OF F	ORM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)  National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼
TVALIONAL INVISES ONITED TO FAILENT FIOLECTION		C C00490375
Check if 24-hour report 48-hour report New rep	port Amends report	filed on M M / D D / Y Y Y Y Y
Full Name of Payee California Nurses Association	Memo Iten	Date of Fabric Biotribation Biocommitation
Mailing Address		01 / 22 / 2016
155 Grand Avenue		Amount
City State	Zip Code	100.00
Oakland CA	94612	Transaction ID : D712348  Date of Disbursement or Obligation
Purpose of Expenditure Online Ad	Category/ Type	01 / 22 / 2016
Name of Federal Candidate	Support (	Office Sought: House District: 00
BERNARD SANDERS	Oppose	President Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☐ General  Other (specify) ►
	☐ Memo Item	
Full Name of Payee California Nurses Association	Memoriem	Date of Public Distribution/Dissemination  01 25 2016
Mailing Address 155 Grand Avenue		Amount
City State	Zip Code	50.00
Oakland CA	94612	Transaction ID : D709354  Date of Disbursement or Obligation
Purpose of Expenditure Online Ad	Category/ Type	01 26 2016
Name of Federal Candidate	Support	Office Sought: House District:00
Bernie Sanders	Oppose	President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		150.00
(b) OUDTOTAL of Heiteriand Index and at Formatilians		
(b) SUBTOTAL of Unitemized Independent Expenditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures		<b>&gt;</b>
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
Martha Kuhl [Electron	nically Filed] Date	04 15 2016
Signature		

Martha Kuhl

Signature

	CHEDULE E (FEC Form 3)							
T	EMIZED INDEPENDENT EXPEND	ITURES				PAGE 41 FOR LINE 2		151 RM 3X
N	AME OF COMMITTEE (In Full)				FEC II	DENTIFICATION	N NUMBI	ER ▼
١	National Nurses United for Pat	ient Protection				C00490375		
CI	neck if 24-hour report 48-hour re	eport New repo	ort Amends repo	ort filed on	- M /	D D /	Y = Y = Y	Y
	Full Name of Payee		Memo It	em Date	of Public	c Distribution/l	Disseminat	rion
	California Nurses Association				01 /	22	2016	Y
	Mailing Address 155 Grand Avenue			Amou	nt			
	City	State	Zip Code				50.0	)3
	Oakland	CA	94612			<b>D: D709355</b> ursement or O	bligation	
	Purpose of Expenditure Online Ad		Category/ Type	TV	01	26	2016	
	Name of Federal Candidate		Support	Office Sough	t:	House [	District:	00
	BERNARD SANDERS		Oppose	X Preside		Senate	State:	IA
	Calendar Year-To-Date Per Election for Office Sought		98103.35	Disbursemen 2016 O	t For: ther (sp	Primary Decify) ►	Ge	eneral
	Full Name of Payee		☐ Memo Ite	m Date	of Public	c Distribution/	Dissemina	tion
	California Nurses Association	1			01	26	2016	
	Mailing Address 155 Grand Avenue			Amou	nt			
	City	State	Zip Code				460.0	00
	Oakland	CA	94612			<b>D: D709356</b> ursement or C	bligation	
	Purpose of Expenditure Site Rental		Category/ Type		01	26	2016	
	Name of Federal Candidate		Support	Office Sough		House	District:	00
	BERNARD SANDERS		Oppose	X Preside	_	Senate	State:	IA
	Calendar Year-To-Date Per Election for Office Sought		98103.35	Disbursemer 2016		✓ Primary Decify) ►	Ge	eneral
	•					.,		
	(a) SUBTOTAL of Itemized Independent E	Expenditures		•		-	510.03	3
	(b) SUBTOTAL of Unitemized Independent	t Expenditures		•				
	(c) TOTAL Independent Expenditures			•		7		
	Under penalty of perjury I certify that the with, or at the request or suggestion of, ar party committee) any political party commi	ny candidate or authorized	•		•			

[Electronically Filed]

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Date

HEDULE E (FEC Form 3X)					
MIZED INDEPENDENT EXPENDITURES	PAGE	42	OF	151	
	FOR L	INE 24	OF F	ORM 3	K
ME OF COMMITTEE (In Full)					_

NAME OF COMMITTEE (In Full)  National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼
Tradional redises officed for Fatient Frotection		C C00490375
Check if 24-hour report 48-hour report New report	Amends report	filed on Mam / Dab / Yayayay
Full Name of Payee California Nurses Association	Memo Item	Date of Public Distribution/Dissemination
		01 26 2016
Mailing Address 155 Grand Avenue		Amount
City State Zip	Code	900.00
Oakland CA 94	612	Transaction ID : D709357  Date of Disbursement or Obligation
Purpose of Expenditure Site Rental	ategory/ Type	01 26 / Y Y Y Y Y
Name of Federal Candidate	Support C	Office Sought: House District: 00
BERNARD SANDERS	Oppose	President Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:
Full Name of Payee	Memo Item	Date of Public Distribution/Dissemination
California Nurses Association	_	01 25 2016
Mailing Address 155 Grand Avenue		Amount
City State Zip	Code	50.00
<b>1</b> '	612	Transaction ID : D709358  Date of Disbursement or Obligation
Purpose of Expenditure Online Ad	ategory/ Type	O1 26 2016
Name of Federal Candidate	Support (	Office Sought: House District: 00
BERNARD SANDERS	Oppose	President Senate State: IA
Calendar Year-To-Date		Disbursement For:  Primary General
Per Election for Office Sought	20103.33	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		950.00
4		
(b) SUBTOTAL of Unitemized Independent Expenditures		·
(c) TOTAL Independent Expenditures	1	
Under penalty of perjury I certify that the independent expenditures rep with, or at the request or suggestion of, any candidate or authorized corparty committee) any political party committee or its agent.		
Martha Kuhl [Electronicall	y Filed] Date	04 15 2016
Signature	Date	

CHEDULE E (FEC Form 3X)			
EMIZED INDEPENDENT EXPENDITURES	F	PAGE	43
	F	OR LI	NE 24
AME OF COMMITTEE (I. F. II)			

	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protection	C C00490375
Check if 24-hour report 48-hour report New report Amends report file	d on M M / D D / Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Autumin Fless	01 26 / Y Y Y Y
Mailing Address 945 Camelia St	Amount
City State Zip Code	1789.93
Berkeley CA 94710-1437	Transaction ID : D709359
Purpose of Expenditure Category/	Date of Disbursement or Obligation
Printing Type	01 26 2016
Name of Federal Candidate Support Office	ce Sought: House District: 00
Bernie Sanders Oppose	President Senate State: DC
	oursement For: X Primary General
Per Election for Office Sought 757143.91 2010	6 Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
California Nurses Association	M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
Mailing Address 155 Grand Avenue	1 [ [ ] [ ] [ ] [ ]
	Amount
City State Zip Code	50.00
Oakland CA 94612	Transaction ID: D709556  Date of Disbursement or Obligation
Purpose of Expenditure Online Ad Category/	M M / D D / Y Y Y Y
Type	01 27 2016
	ce Sought: House District: 00
BERNARD SANDERS Oppose	President Senate State: IA
Odicinati Toti To Bato	oursement For: X Primary General
Per Election for Office Sought 98103.35 201	Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	1839.93
(b) CURTOTAL of Unitersized Independent Funerality was	
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not n with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	
[F1 - 4	M / D D / Y Y Y Y
[Electronically Filed] Date	04 15 2016
-	l

OF

151

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	PAGE FOR LI	44 INE 24	OF OF FO	151 DRM 3X	1
DENTIFICATION NUMBER ▼					
					1

					FOR LINE 2	4 OF FORM 3X
	E OF COMMITTEE (In Full)			FEC ID	ENTIFICATIO	N NUMBER ▼
iva	tional Nurses United for Patient Protection			C	00490375	
Chec	k if 24-hour report 48-hour report New report	ort Amends repo	ort filed on	M = M /	D    D /	Y = Y = Y
	full Name of Payee	☐ Memo It	em Dat	e of Public	Distribution/	Dissemination
	Bus Bank			03	06	2016
IV	Mailing Address 820 West Jackson		Am	ount		
	Suite 815 Dity State	Zip Code	<u> —</u> г			20400.41
	Chicago IL	60607		saction ID e of Disbur	: <b>D709557</b> rsement or O	
	Purpose of Expenditure Bus tour expenses	Category/ Type		M M /	27	2016
N	lame of Federal Candidate	Support	Office Sou	ght:	House I	District: 00
E	Bernie Sanders	Oppose	X Pres		Senate	State: DC
	Calendar Year-To-Date Per Election for Office Sought	757143.91	Disbursem 2016	ent For:	Primary	General
-	Full Name of Payee	☐ Memo Ite	em Dat			Dissemination
	California Nurses Association		Da	M M /	28	2016
N	Mailing Address 155 Grand Avenue		Am	ount		
	Dity State	Zip Code				40.00
۱ ۱	Oakland CA	94612			: <b>D709846</b> rsement or C	Obligation
	Purpose of Expenditure Online Ad	Category/ Type		01	28	2016
N	Name of Federal Candidate	Support	Office Sou	ight:	House	District:00
	Bernie Sanders	Oppose	X Pres	-	Senate	State: DC
	Calendar Year-To-Date Per Election for Office Sought	757143.91	Disbursem 2016	ent For: Other (spe	Primary ecify) ▶	General
(a)	) SUBTOTAL of Itemized Independent Expenditures		· [	-J-		20440.41
(b)	) SUBTOTAL of Unitemized Independent Expenditures		· •	-		
(c)	) TOTAL Independent Expenditures		•			
wit	nder penalty of perjury I certify that the independent expenditures th, or at the request or suggestion of, any candidate or authorized rty committee) any political party committee or its agent.					
	Martha Kuhl [Electroni	ically Filed] Date	, 04	/ 15	/ Y Y 2016	o Y
	Signature					

Signature

	EMIZED INDEPENDENT EXPENDITURES			PAGE 45 OF 151 FOR LINE 24 OF FORM 3X
N	AME OF COMMITTEE (In Full)			
	National Nurses United for Patient Protection			C C00490375
CI	neck if 24-hour report 48-hour report New I	report Amends repo	ort filed	I on Man / Dad / Yayayay
	Full Name of Payee Alliance Graphics	☐ Memo I	tem	Date of Public Distribution/Dissemination
	Mailing Address			02 03 / 2016
	1101 8th Street			Amount
	City State	Zip Code		1512.89
	Berkeley CA	94710		Transaction ID : D710082  Date of Disbursement or Obligation
	Purpose of Expenditure Printing	Category/ Type		01 28 2016
	Name of Federal Candidate		000	a Sought: House District: 00
	Bernie Sanders	Support Oppose		e Sought: House District: 00  President Senate State: DC
	Calendar Year-To-Date Per Election for Office Sought	757143.91	Disbu 2016	ursement For: X Primary General  Other (specify) ▶
	Full Name of Payee California Nurses Association	☐ Memo Ite	em	Date of Public Distribution/Dissemination
	Mailing Address			01 27 2016
	Mailing Address 155 Grand Avenue			Amount
	City State	Zip Code		25.00
	Oakland CA	94612		Transaction ID : D710089  Date of Disbursement or Obligation
	Purpose of Expenditure Online Ad	Category/ Type		01 28 7 2016
	Name of Federal Candidate	Support	Offic	e Sought: House District:00
	Bernie Sanders	Oppose		President Senate State: DC
	Calendar Year-To-Date Per Election for Office Sought	757143.91	Disb 2016	ursement For:
	(a) SUBTOTAL of Itemized Independent Expenditures		▶	1537.89
	(b) SUBTOTAL of Unitemized Independent Expenditures		·· •	
	(c) TOTAL Independent Expenditures		·· •	
	Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.			
	Martha Kuhl [Elect	tronically Filed]		M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

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Date

CHEDULE E (FEC Form 3X)		
MIZED INDEPENDENT EXPENDITURES	PAGE	46
	E0D : !!	NIE 0

TE	EMIZED INDEPENDENT EXPENDITURES				PAGE 46 OF 151 FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
N	lational Nurses United for Patient Protectio	n			C C00490375
Ch	eck if 24-hour report 48-hour report N	ew rep	ort Amends re	eport fil	led on Man / Dad / Yayayay
	Full Name of Payee		Memo	o Item	Date of Public Distribution/Dissemination
	California Nurses Association				01 / D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 155 Grand Avenue				Amount
	City State		Zip Code		200.00
	Oakland CA		94612		Transaction ID : D710090  Date of Disbursement or Obligation
	Purpose of Expenditure Online Ad		Category/ Type		01 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate		X Support	Off	ffice Sought: House District: 00
	Bernie Sanders		Oppose		President Senate State: DC
	Calendar Year-To-Date Per Election for Office Sought	- 7	757143.91	Dis 20	sbursement For:
	Full Name of Payee		☐ Memo	ltem	Date of Public Distribution/Dissemination
	California Nurses Association				01 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 155 Grand Avenue				Amount
	City State		Zip Code		40.00
	Oakland CA		94612		Transaction ID : D709931  Date of Disbursement or Obligation
	Purpose of Expenditure Online Ad		Category/ Type		02 01 2016
	Name of Federal Candidate		X Support	Of	ffice Sought: House District: 00
	BERNARD SANDERS		Oppose		President Senate State: IA
	Calendar Year-To-Date Per Election for Office Sought	,	98103.35		isbursement For:
	(a) SUBTOTAL of Itemized Independent Expenditures			····· <b>&gt;</b>	240.00
	(b) SUBTOTAL of Uniternized Independent Expenditures				
	(b) SOBTOTAL OF CHIRCHIEZES HISEPORTS Experimitates			····· •	4 4
	(c) TOTAL Independent Expenditures			····· <b>&gt;</b>	
	Under penalty of perjury I certify that the independent expen with, or at the request or suggestion of, any candidate or aut party committee) any political party committee or its agent.				
	Martha Kuhl	Electron	ically Filed]	ate	04 15 2016
	Signature		_		

CHEDULE E (FEC Form 3X) EMIZED INDEPENDENT EXPENDITURES		PAGE	47	OF	151
		FOR LIN	NE 24	OF FO	DRM 3X
ME OF COMMITTEE (In Full)	FEC ID	ENTIFIC	ATION	NUM	BER ▼

NAME OF COMMITTEE (In Full)  National Nurses United for Patient Protection	FEC IDENTIFICATION NUMBER ▼	
		C C00490375
Check if 24-hour report 48-hour report New report	Amends report	filed on
Full Name of Payee	☐ Memo Item	Date of Public Distribution/Dissemination
California Nurses Association		01 30 / 2016
Mailing Address 155 Grand Avenue		Amount
City State Zip	Code	40.00
Oakland CA 946	612	Transaction ID : D709932  Date of Disbursement or Obligation
Purpose of Expenditure Online Ad	ategory/ Type	02 01 7 2016
Name of Federal Candidate	Support C	Office Sought: House District: 00
BERNARD SANDERS		President Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General  Other (appeils)
E-II Name of Power	☐ Memo Item	Other (specify)
Full Name of Payee California Nurses Association	Memortem	Date of Public Distribution/Dissemination  01 30 2016
Mailing Address 155 Grand Avenue		Amount
0111	Octo	50.00
	Code 612	50.00 Transaction ID : D709933
Purpose of Expenditure Online Ad	ategory/ Type	Date of Disbursement or Obligation  02 01 01 2016
Name of Federal Candidate	X Support C	Office Sought: House District: 00
BERNARD SANDERS	Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		90.00
	·	7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	······	
(c) TOTAL Independent Expenditures	)	
Under penalty of perjury I certify that the independent expenditures represent, or at the request or suggestion of, any candidate or authorized comparty committee) any political party committee or its agent.		
Martha Kuhl [Electronically	y Filed]	04 15 2016
Signature	Date Date	

Martha Kuhl

Signature

	CHEDULE E (FEC Form 3)							
T	EMIZED INDEPENDENT EXPEND	ITURES				PAGE 48 FOR LINE 24		151 RM 3X
N	AME OF COMMITTEE (In Full)				FEC ID	ENTIFICATIO	N NUMB	ER ▼
١	National Nurses United for Pat	ient Protection				C00490375		
CI	neck if 24-hour report 48-hour re	eport New repo	ort Amends repo	ort filed on	- M /	D   D /	Y = Y = Y	Y
	Full Name of Payee		Memo It	em Date	of Public	Distribution/[	 Dissemina	tion
	California Nurses Association		_		02 <sup>M</sup> /	01 /	2016	Y Y
	Mailing Address 155 Grand Avenue			Amou	nt			
	City	State	Zip Code				50.0	00
	Oakland	CA	94612			: <b>D709934</b> irsement or O	bligation	
	Purpose of Expenditure Online Ad		Category/ Type	TV	02	01	2016	
	Name of Federal Candidate		X Support	Office Sough	t:	House [	District:	00
	BERNARD SANDERS		Oppose	X Preside	ent	Senate	State:	IA
	Calendar Year-To-Date Per Election for Office Sought	7	98103.35	Disbursemen 2016 O	t For: ther (sp	Primary ecify) ▶	Ge	eneral
	Full Name of Payee		☐ Memo Ite	em Date	of Public	c Distribution/I	Dissemina	ation
	California Nurses Association	i 			01 /	30	2016	
	Mailing Address 155 Grand Avenue			Amou	nt			
	City	State	Zip Code	— I.			150.0	00
	Oakland	CA	94612			<b>D: D709935</b> ursement or O	bligation	
	Purpose of Expenditure Site Rental		Category/ Type		02 /	01	201	
	Name of Federal Candidate		Support	Office Sough	nt·	House I	District:	00
	BERNARD SANDERS		Oppose	X Preside		Senate	State:	IA
	Calendar Year-To-Date Per Election for Office Sought	7	98103.35	Disbursemer 2016	nt For: Other (sp	Primary Decify) ▶	G	eneral
					(0)			
	(a) SUBTOTAL of Itemized Independent E	Expenditures		•		-	200.0	0
	(b) SUBTOTAL of Unitemized Independent	t Expenditures		· •		1 1 4		
	(c) TOTAL Independent Expenditures			· .	-	7		
	Under penalty of perjury I certify that the with, or at the request or suggestion of, ar party committee) any political party commi	ny candidate or authorized	•					

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Date

CHEDULE E (FEC Form 3X)		
MIZED INDEPENDENT EXPENDITURES	PAGE	49

					FOR LINE	24 OF FORM 3X
NAME OF COMMITTEE (In Full)	. (*			FEC ID	ENTIFICATI	ON NUMBER ▼
National Nurses United for Patient Protect	ction			C	000490375	
Check if 24-hour report 48-hour report	New report	Amends repo		M = M /	D   D /	Y Y Y Y Y
Full Name of Payee		Memo It	em Date	of Public	Distribution	n/Dissemination
California Nurses Association				M M /	31	2016
Mailing Address 155 Grand Avenue			Amo	unt		
City Sta	ate Zip (	Code				150.00
Oakland C/					: <b>D709936</b> rsement or	
Purpose of Expenditure	Cat	egory/		M M /	D D /	Obligation
Site Rental		Type	_	02	01	2016
Name of Federal Candidate		X Support	Office Soug	jht:	House	District:00
BERNARD SANDERS		Oppose	X Presid	dent	Senate	State:IA
Calendar Year-To-Date Per Election for Office Sought	98	103.35	Disburseme	ent For:	X Primary	y General
		_		Other (spe	ecify) 🕨	
Full Name of Payee California Nurses Association		Memo Ite	em Date			n/Dissemination
				02	01	2016
Mailing Address 155 Grand Avenue			Amo	ount		
City	ate Zip (	Code				800.00
Oakland C	CA 946	12			: D709937 rsement or	Obligation
Purpose of Expenditure Site Rental	Cat	egory/	<b>T</b>	M M /	01	2016
Site Netital		Туре		UZ	O1	2016
Name of Federal Candidate		X Support	Office Soug	ght:	House	District:00
BERNARD SANDERS		Oppose	X Presi	dent	Senate	State: IA
Calendar Year-To-Date Per Election for Office Sought	98	103.35	Disburseme	ent For:	X Primar	y General
Per Election for Office Sought				Other (sp	ecify) 🕨	
			_			1 1
(a) SUBTOTAL of Itemized Independent Expenditures			. •			950.00
(b) SUBTOTAL of Unitemized Independent Expenditures						
				7	7	
(c) TOTAL Independent Expenditures			· •			
					,	
Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate or party committee) any political party committee or its ager	r authorized comi					
Martha Kuhl	[Electronically	Filed]	M M /	15	/ 20	16
Signature		Date	, ,	10	20	

OF

151

PAGE		OF	
FOR L	INE 24	OF F	FORM 3X

			FOR LINE 2	4 OF FORM 3X
NAME OF COMMITTEE (In Full)  National Nurses United for Patient Protection			FEC IDENTIFICATION	N NUMBER ▼
rvational nurses officed for Patient Protection			C C00490375	
Check if 24-hour report 48-hour report New report	Amends report f		M / D D /	Y = Y = Y
Full Name of Payee California Nurses Association	Memo Item	Date o	f Public Distribution/	Dissemination
Mailing Address 455 Crand Avenue			02 / 01 /	2016
155 Grand Avenue		Amoun	nt	
City State Zip	Code			200.00
Oakland CA 946	612		ction ID: D709938 of Disbursement or C	Obligation
Purpose of Expenditure Site Rental	tegory/ Type		02 / 01 /	2016
Name of Federal Candidate	X Support O	office Sought	:: House	District:00
BERNARD SANDERS	Oppose	X Preside	nt Senate	State: NV
Calendar Year-To-Date Per Election for Office Sought		isbursement 016 Ot	For: Primary	General
Full Name of Payee	☐ Memo Item		of Public Distribution/	Dissemination
California Nurses Association		M	02 D D /	2016
Mailing Address 155 Grand Avenue		Amour		
City State Zip	Code		1 (0) 1 1 2	580.00
Oakland CA 946	512		ction ID: D709939 of Disbursement or C	Obligation
Purpose of Expenditure Site Rental	tegory/ Type	М	02 / 01 /	2016
Name of Federal Candidate	X Support C	Office Sought	t: House	District: 00
BERNARD SANDERS	Oppose	X Preside	ent Senate	State: NV
Calendar Year-To-Date Per Election for Office Sought		Disbursement 016 Ot	t For:	General
(a) SUBTOTAL of Itemized Independent Expenditures			7117	780.00
(b) SUBTOTAL of Unitemized Independent Expenditures	)		-7-1-7	
(c) TOTAL Independent Expenditures	······································		4	
Under penalty of perjury I certify that the independent expenditures repo with, or at the request or suggestion of, any candidate or authorized com- party committee) any political party committee or its agent.				
Martha Kuhl [Electronically	Filed] Date	M M / 04	15 / Y Y 201	
Signature				

IEDULE E (FEC Form 3X)					
EMIZED INDEPENDENT EXPENDITURES		PAGE	51	OF	151
		FOR L	NE 24	OF FC	)RM 3
ME OF COMMITTEE (In Full)	FEC ID	ENTIFI	CATIO	NUMI	BER 7

		TOTT LINE 24 OF TOTAL 3X
NAME OF COMMITTEE (In Full)  National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼
ivational ivuises officed for Patient Protection		C C00490375
Check if 24-hour report 48-hour report New rep	ort Amends repor	t filed on M M / D D / Y B Y B Y B Y
Full Name of Payee	☐ Memo Ite	m Date of Public Distribution/Dissemination
California Nurses Association		02 01 7 2016
Mailing Address 155 Grand Avenue		Amount
City State	Zip Code	40.00
Oakland CA	94612	Transaction ID : D710083  Date of Disbursement or Obligation
Purpose of Expenditure Online Ad	Category/ Type	02 / 2016
Name of Federal Candidate	X Support	Office Sought: House District: 00
BERNARD SANDERS	Oppose	President Senate State: IA
Calendar Year-To-Date Per Election for Office Sought	98103.35	Disbursement For:
Full Name of Payee	Memo Iten	
California Nurses Association	_ memoriten	Date of Public Distribution/Dissemination  Date of Public Distribution/Dissemination  02 01 2016
Mailing Address 155 Grand Avenue		Amount
City State	Zip Code	40.00
Oakland CA	94612	Transaction ID : D710084  Date of Disbursement or Obligation
Purpose of Expenditure Online Ad	Category/ Type	02 / 02 / 2016
Name of Federal Candidate	Support	Office Sought: House District:00
BERNARD SANDERS	Oppose	President Senate State: IA
Calendar Year-To-Date Per Election for Office Sought	98103.35	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditures		80.00
(c) TOTAL Independent Expenditures		<b>•</b>
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.	•	•
Martha Kuhl [Electron	nically Filed] Date	04 15 2016
Signature	Date	

NAME OF COMMITTEE (In Full)

Full Name of Payee **Bus Bank** 

Purpose of Expenditure

Name of Federal Candidate

Calendar Year-To-Date

Per Election for Office Sought

California Nurses Association

155 Grand Avenue

Bus tour expenses

Bernie Sanders

Full Name of Payee

Purpose of Expenditure

Name of Federal Candidate

Calendar Year-To-Date

Per Election for Office Sought

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

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures.....

Mailing Address

City

Oakland

Online Ad

Bernie Sanders

Mailing Address

24-hour report

Check if

City

Chicago

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

National Nurses United for Patient Protection

820 West Jackson

Suite 815

48-hour report

New report

State

IL

State

CA

		PAGE 52 OF 151 FOR LINE 24 OF FORM 3X
		FEC IDENTIFICATION NUMBER ▼
		C C00490375
ort Amends repor	rt filed	on M = M / D = D / Y = Y = Y
Memo Ite	em	Date of Public Distribution/Dissemination
		02 08 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
		Amount
Zip Code		131600.00
60607		Transaction ID : D710075  Date of Disbursement or Obligation
Category/ Type		02 / 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
X Support	Office	Sought: House District: 00
Oppose	X	President Senate State: DC
757143.91	Disbur 2016	rsement For: X Primary General Other (specify)
Memo Iter	n	Date of Public Distribution/Dissemination
		02
		Amount
Zip Code		50.00
94612		Transaction ID : D710071  Date of Disbursement or Obligation
Category/ Type		M 02 / 08 / Y 2016
X Support	Office	Sought: House District: 00
Oppose	X	President Senate State: DC
757143.91	Disbui 2016	rsement For:
	•	131650.00
	•	
	•	

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]	l) Date	04 /	15	2016
Signature					

PAGE 53 OF 151 FOR LINE 24 OF FORM 3X
FEC IDENTIFICATION NUMBER ▼
C C00490375
M / D D / Y Y Y Y
Public Distribution/Dissemination
02 05 7 2016
t
50.00
tion ID : D710072  f Disbursement or Obligation
02 / 08 / 2016
House District:00
nt Senate State: DC
For: Primary General
ner (specify)
f Public Distribution/Dissemination
02 05 / Y Y Y Y Y Y
t
100.00
tion ÍD : D710073 f Disbursement or Obligation
02 08 7 2016
House District 00

	E OF COMMITTEE (In Full)	. 5			FEC IDENTIFICATION NUMBER ▼
Na	tional Nurses United for Patie	nt Protection			C C00490375
Chec	k if 24-hour report 48-hour report	ort New repo	ort Amends repo	rt filed	on M M / D D / Y Y Y Y Y
F	ull Name of Payee		Memo Ite	em	Date of Public Distribution/Dissemination
	California Nurses Association				02 05 7 2016
I	Mailing Address 155 Grand Avenue				Amount
	Dity	State	Zip Code		50.00
C	Dakland	CA	94612		Transaction ID : D710072 Date of Disbursement or Obligation
	Purpose of Expenditure Online Ad		Category/ Type		02 08 7 2016
Ν	Name of Federal Candidate		Support	Office	e Sought: House District: 00
E	Bernie Sanders		Oppose		President Senate State: DC
	Calendar Year-To-Date Per Election for Office Sought		757143.91	Disbu 2016	
H			☐ Marra a lan		Other (specify)
	Full Name of Payee California Nurses Association		Memo Ite	m	Date of Public Distribution/Dissemination
N	Mailing Address 155 Grand Avenue				02 05 2016 Amount
Т					Amount
	City	State	Zip Code		100.00
	Oakland	CA	94612		Transaction ID : D710073  Date of Disbursement or Obligation
	Purpose of Expenditure Online Ad		Category/ Type		02 / 08 / 2016
1	Name of Federal Candidate		Support	Office	e Sought: House District: 00
	Bernie Sanders		Oppose	X	DC DC
	Calendar Year-To-Date Per Election for Office Sought		757143.91	Disbu 2016	ursement For:
					Other (specify) -
(a	) SUBTOTAL of Itemized Independent Exp	enditures		• •	150.00
(b	) SUBTOTAL of Unitemized Independent E	xpenditures		•	
(C	) TOTAL Independent Expenditures			•	4 4
wit		candidate or authorized			ade in cooperation, consultation, or concert r, or (if the reporting entity is not a political
	Martha Kuhl	[Electron	ically Filed] Date	M 0	4 15 2016
	Signature		_ Date	تا	

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HEDULE E (FEC FORM 3X)	_					
MIZED INDEPENDENT EXPENDITURES	[	PAGE	54	OF	151	<u> </u>
		FOR L	INE 24	4 OF I	FORM	ЗХ

	OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Natio	onal Nurses United for Patient Protection			C C00490375
Check if	f 24-hour report 48-hour report New report	ort Amends repo	ort filed	on Mam / Dad / Yayayay
	Name of Payee	☐ Memo It	em	Date of Public Distribution/Dissemination
	Alifornia Nurses Association			02 06 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Iviali	ling Address 155 Grand Avenue			Amount
City	State	Zip Code		40.00
Oak	cland CA	94612		Transaction ID : D710074  Date of Disbursement or Obligation
	pose of Expenditure ine Ad	Category/ Type		02 08 2016
Nan	ne of Federal Candidate	Support	Office	Sought: House District: 00
Ber	nie Sanders	Oppose	X	President Senate State: DC
	Calendar Year-To-Date Per Election for Office Sought	757143.91	Disbu 2016	rsement For:
Full	Name of Payee	☐ Memo Ite	m	Date of Public Distribution/Dissemination
	ampaign Workshop			02 08 2016
Mai	ling Address 1129 20th Street, Suite 200			Amount
City	State	Zip Code		505.82
	ashington DC	20036		Transaction ID : D710076  Date of Disbursement or Obligation
	pose of Expenditure nting	Category/ Type		02 / 08 / 2016
Nar	ne of Federal Candidate	Support	Office	e Sought: House District: 00
ВЕ	RNARD SANDERS	Oppose		President Senate State: NV
	Calendar Year-To-Date Per Election for Office Sought	148607.61	Disbu 2016	
	Tel Ziocaeli ici cinico coagni			Other (specify) -
(a) S	SUBTOTAL of Itemized Independent Expenditures			545.82
(b) S	SUBTOTAL of Unitemized Independent Expenditures		▶	
(c) T	OTAL Independent Expenditures			
with,	r penalty of perjury I certify that the independent expenditures or at the request or suggestion of, any candidate or authorized committee) any political party committee or its agent.			
,,	Martha Kuhl		М	M / D D / Y Y Y Y
	[Electronic	ically Filed] Date		
Si	gnature			

CHEDULE E (FEC Form 3X)	_			
MIZED INDEPENDENT EXPENDITURES	[	PAGE	55	
		FOR LI	NE 24	Ю

			FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	. 5		FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patie	ent Protection		C C00490375
			0
Check if 24-hour report 48-hour re	port New rep	port Amends repo	ort filed on
Full Name of Payee		☐ Memo It	tem Date of Public Distribution/Dissemination
Campaign Workshop			02 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1129 20th Street, Suite 20	00		Amount
City	State	Zip Code	62.34
Washington	DC	20036	Transaction ID : D710077  Date of Disbursement or Obligation
Purpose of Expenditure Printing		Category/ Type	02 08 2016
Name of Federal Candidate		Support	Office Sought: House District: 00
BERNARD SANDERS		Oppose	President Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		148607.61	Disbursement For: ☐ Primary ☐ General 2016 ☐ Other (specify) ▶
Full Name of Payee		☐ Memo Ite	
Campaign Workshop		_	M = M / D = D / Y = Y = Y
Mailing Address	20		01 27 2016
1129 20th Street, Suite 20	JO		Amount
City	State	Zip Code	62.34
Washington	DC	20036	Transaction ID : D710078  Date of Disbursement or Obligation
Purpose of Expenditure Printing		Category/	02 08 2016
		Type	02 00 2010
Name of Federal Candidate		X Support	Office Sought: House District:00
BERNARD SANDERS		Oppose	President Senate State: NV
Calendar Year-To-Date		148607.61	Disbursement For: Primary General 2016
Per Election for Office Sought		140007.01	Other (specify)
(a) SUBTOTAL of Itemized Independent Ex	penditures		124.68
(b) SUBTOTAL of Unitemized Independent	Expenditures		>
(a) TOTAL ladar and add For and there			
(c) TOTAL Independent Expenditures			• •
	candidate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Martha Kuhl	[Elastma	rically Filad!	M M / D D / Y Y Y Y
Signature	[Electron	nically Filed] Date	9 04 15 2016

151

SCHEDULE E (FEC Form 3X) TEMIZED INDEPENDENT EXPENDIT				PAGE 56 OF 151
NAME OF COMMITTEE (I. F. II)				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)  National Nurses United for Patie	ent Protection		FE	C IDENTIFICATION NUMBER ▼
			C	C00490375
Check if 24-hour report 48-hour rep	ort New rep	oort Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee		☐ Memo I	tem Date of P	Public Distribution/Dissemination
Campaign Workshop			M 01	20 / 2016
Mailing Address 1129 20th Street, Suite 20	0		Amount	
City	State	Zip Code		1433.95
Washington	DC	20036		on ID: D710079 Disbursement or Obligation
Purpose of Expenditure Printing		Category/ Type	02	08 / 2016
Name of Federal Candidate		Support	Office Sought:	House District:00
BERNARD SANDERS		Oppose	X President	Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		98103.35	Disbursement Fo	or: X Primary General
Full Name of Payee	·	☐ Memo Ite		Public Distribution/Dissemination
Campaign Workshop			M	M / D D / Y Y Y Y
Mailing Address	0		01	15 2016
1129 20th Street, Suite 20	0		Amount	
City	State	Zip Code		537.47
Washington	DC	20036		on ÍD : D710080 Disbursement or Obligation
Purpose of Expenditure Printing		Category/ Type	02	
Name of Federal Candidate			Office Sought:	House District: 00
BERNARD SANDERS		Oppose	X President	Senate State: IA
Calendar Year-To-Date		98103.35	Disbursement Fo	or: X Primary General
Per Election for Office Sought		98103.35		r (specify) -
(a) SUBTOTAL of Itemized Independent Ex	penditures		<b>)</b>	1971.42
(b) SUBTOTAL of Unitemized Independent	Expenditures		· •	4 1 4 1 4 1
(a) TOTAL Indomendant Francisco				
(c) TOTAL Independent Expenditures			·· •	4   4   4
Under penalty of perjury I certify that the in	dependent expenditures	reported herein were	not made in coor	peration, consultation, or concert
with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorized	•		

Martha Kuhl	[Electronically Filed]	Date	04	/	15	2016	Y
Signature							

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HEDULE E (FEC FORM 3X)				
MIZED INDEPENDENT EXPENDITURES	PAGE	57	OF	151
	FOR L	INE 24	OF F	ORM

NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protection		C C00490375
Check if 24-hour report 48-hour report New report	ort Amends repo	rt filed on
Full Name of Payee  Campaign Workshop	☐ Memo Ite	Date of Public Distribution/Dissemination
		01 / 11 / 2016
Mailing Address 1129 20th Street, Suite 200		Amount
City State	Zip Code	537.47
Washington DC	20036	Transaction ID : D710081  Date of Disbursement or Obligation
Purpose of Expenditure Printing	Category/ Type	02 D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support	Office Sought: House District: 00
BERNARD SANDERS	Oppose	President Senate State: IA
Calendar Year-To-Date Per Election for Office Sought	98103.35	Disbursement For:
Full Name of Payee	☐ Memo Ite	
California Nurses Association		02 08 2016
Mailing Address 155 Grand Avenue		Amount
City State	Zip Code	700.00
Oakland CA	94612	Transaction ID : D710085  Date of Disbursement or Obligation
Purpose of Expenditure Site Rental	Category/ Type	02 / 08 / 2016
Name of Federal Candidate	Support	Office Sought: House District: 00
BERNARD SANDERS	Oppose	President Senate State: NV
Calendar Year-To-Date	148607.61	Disbursement For: Primary General 2016
Per Election for Office Sought	140007.01	Other (specify) >
(a) SUBTOTAL of Itemized Independent Expenditures		1237.47
(b) SUPTOTAL of Unitermized Independent Evennditures		
(b) SUBTOTAL of Unitemized Independent Expenditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures		<b>•</b>
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
Martha Kuhl [Electroni	cally Filed] Date	04 15 2016
Signature	_ Date	

	PAGE FOR L		OF OF FO	151 DRM 3X	7
FEC I	DENTIFI	CATIO	N NUM	BER ▼	٦
	C004903	.==		-	-

		FOR LINE 24 OF	FURIVI 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NU	JMBER ▼
National Nurses United for Patient Protection		C C00490375	
Check if 24-hour report 48-hour report New report	rt Amends report		Y
Full Name of Payee	☐ Memo Iter	Date of Public Distribution/Disser	mination
California Nurses Association			2016
Mailing Address 155 Grand Avenue		Amount	
City State 2	Zip Code		180.00
Oakland CA	94612	Transaction ID : D710086  Date of Disbursement or Obligati	on
Purpose of Expenditure Site Rental	Category/ Type		2016
Name of Federal Candidate	X Support	Office Sought: House Distric	t:00
BERNARD SANDERS	Oppose	President Senate State	e:
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:	General
Full Name of Davis	☐ Memo Item		
Full Name of Payee California Nurses Association	_ Memorien	M M / D D / Y	mination 2016
Mailing Address 155 Grand Avenue		Amount	2010
City State	Zip Code		720.00
	94612	Transaction ID : D710087  Date of Disbursement or Obligat	ion
Purpose of Expenditure Site Rental	Category/ Type	02 / D D / Y	2016
Name of Federal Candidate	X Support	Office Sought: House District	t: 00
BERNARD SANDERS	Oppose	President Senate State	e: NV
Calendar Year-To-Date Per Election for Office Sought	148607.61	Disbursement For:	General
(a) SUBTOTAL of Itemized Independent Expenditures		120	00.00
(I) OUDTOTAL (III II I			
(b) SUBTOTAL of Unitemized Independent Expenditures		<b>&gt;</b>	45
(c) TOTAL Independent Expenditures		<b>&gt;</b>	
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.			
Martha Kuhl [Electronic	cally Filed] Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	1
Signature	Date		4

HEDULE E (FEC Form 3X)				
MIZED INDEPENDENT EXPENDITURES	PAGE	59	OF	15
	FOR LI	NE 24	OF FC	DRM

	ME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
N	ational Nurses United for Patient Protection			C C00490375
Che	eck if 24-hour report 48-hour report New report	ort Amends repo	rt filed on	M = M / D = D / Y = Y = Y
	Full Name of Payee	☐ Memo Ite	em Da	ate of Public Distribution/Dissemination
	California Nurses Association  Mailing Address  455 Creat Association			02 / 11 / 2016
1	155 Grand Avenue		Aı	mount
ŀ	City State	Zip Code	<u> —</u> Г	580.00
	Oakland CA	94612		nsaction ID : D710088 ate of Disbursement or Obligation
	Purpose of Expenditure Site Rental	Category/ Type		02 08 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ı	Name of Federal Candidate	X Support	Office Sc	ought: House District: 00
١	BERNARD SANDERS	Oppose	X Pre	esident Senate State: NV
	Calendar Year-To-Date Per Election for Office Sought	148607.61	Disburse 2016	ment For:
ŀ	Full Name of Payee	☐ Memo Iter	m D	ate of Public Distribution/Dissemination
1	Postal Systems, Inc.			M = M / D = D / Y = Y = Y
	Mailing Address 1890 North Blvd.		A	02 09 2016 mount
ŀ	City State	Zip Code		77048.67
١	San Leandro CA	94577		ansaction ID : D710103 ate of Disbursement or Obligation
	Purpose of Expenditure Postage	Category/ Type		02 08 2016
ľ	Name of Federal Candidate	X Support	Office So	ought: House District:00
	BERNARD SANDERS	Oppose	X Pro	esident Senate State: NV
	Calendar Year-To-Date Per Election for Office Sought	148607.61	Disburse 2016	ment For:
	(a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures		· -	77628.67
(	c) TOTAL Independent Expenditures		•	
٧	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.			
	Martha Kuhl [Electroni	ically Filed] Date	M = M 04	15 2016
	Signature			

PAGE	60	OF	151 ORM 3X
FOR L	INE 24	OF FO	ORM 3X

		FOR LINE 24 OF FORM 3
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER
National Nurses United for Patient Protection		C C00490375
Check if 24-hour report 48-hour report New report	rt Amends report	t filed on
Full Name of Payee	Memo Iter	m Date of Public Distribution/Dissemination
Postal Systems, Inc.		02 09 2016
Mailing Address 1890 North Blvd.		Amount
City State 2	Zip Code	6335.23
	94577	Transaction ID : D710104  Date of Disbursement or Obligation
Purpose of Expenditure Postage	Category/ Type	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support	Office Sought: House District: 00
Bernie Sanders	Oppose	President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☐ General 2016 ☐ Other (specify) ▶
Full Name of Payee	Memo Item	
Postal Systems, Inc.		Date of Public Distribution/Dissernination  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1890 North Blvd.		Amount
City State	Zip Code	11957.95
	94577	Transaction ID : D710107  Date of Disbursement or Obligation
Purpose of Expenditure Postage	Category/ Type	02 08 2016
Name of Federal Candidate	X Support	Office Sought: House District:00
BERNARD SANDERS	Oppose	President Senate State: SC
Calendar Year-To-Date Per Election for Office Sought	21347.52	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		18293.18
(b) SUBTOTAL of Unitemized Independent Expenditures		·
(c) TOTAL Independent Expenditures		<b>&gt;</b>
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
Martha Kuhl [Electronic	cally Filed] Date	04 / 15 / 2016
Signature		

Martha Kuhl

Signature

	CHEDULE E (FEC Form :					
Т	EMIZED INDEPENDENT EXPEN	IDITURES			PAGE 61 FOR LINE 24	OF 151 OF FORM 3X
	AME OF COMMITTEE (In Full)				FEC IDENTIFICATION	NUMBER ▼
1	National Nurses United for P	atient Protection			C C00490375	
С	heck if 24-hour report 48-hou	r report New report	ort Amends repo	ort filed on	M / D D / Y	Y
	Full Name of Payee Postal Systems, Inc.		☐ Memo It	Date	of Public Distribution/Dis	ssemination
	Mailing Address 1890 North Blvd.			Amou	02 10 nt	2016
	City	State	Zip Code			23829.17
	San Leandro	CA	94577		ction ID : D710120 of Disbursement or Obli	gation
	Purpose of Expenditure postage		Category/ Type			2016
	Name of Federal Candidate		Support	Office Sough	t: House Dis	strict: 00
	BERNARD SANDERS		Oppose	X Preside	ent Senate S	State: MO
	Calendar Year-To-Date Per Election for Office Sought		32655.37	Disbursemen 2016 O	t For:	General
	Full Name of Payee		☐ Memo Ite	em Date	of Public Distribution/Dis	ssemination
	Postal Systems, Inc.			N	02 / 10	2016
	Mailing Address 1890 North Blvd.			Amou	nt	
	City	State	Zip Code			33543.88
	San Leandro	CA	94577		ction ID : D710121 of Disbursement or Obl	igation
	Purpose of Expenditure postage		Category/ Type		02 / 08 /	2016
	Name of Federal Candidate		Support	Office Sough	nt: House Dis	strict: 00
	BERNARD SANDERS		Oppose	X Preside	ent Senate S	State: IA
	Calendar Year-To-Date Per Election for Office Sought		98103.35	Disbursemen 2016	nt For:	General
	•					
	(a) SUBTOTAL of Itemized Independent	t Expenditures		. •	Ę	57373.05
	(b) SUBTOTAL of Unitemized Independ	lent Expenditures		· •		1.00
	(c) TOTAL Independent Expenditures			·· •	7 1 7 1	
	Under penalty of perjury I certify that the with, or at the request or suggestion of, party committee) any political party committee.	any candidate or authorized				

[Electronically Filed]

2016

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Date

PAGE 62 OF 151 FOR LINE 24 OF FORM 3X	7
FEC IDENTIFICATION NUMBER ▼	٦
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02 10 2016	
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nsaction ID : D710122 ate of Disbursement or Obligation	
02 08 2016	
ought: House District: 00	
esident Senate State: CO	.
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71875.68	
nsaction ID: D710134 ate of Disbursement or Obligation	
02 / 08 / 2016	
ought: House District: 00	_
esident Senate State: FL	
ment For:	
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91829.35	
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	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
N	lational Nurses United for Pat	ient Protection			C C00490375
Ch	eck if 24-hour report 48-hour r	report New rep	ort Amends repo	ort filed or	M = M / D = D / Y = Y = Y = Y
П	Full Name of Payee		☐ Memo It	ет г	Date of Public Distribution/Dissemination
	Postal Systems, Inc.				02 10 2016
	Mailing Address 1890 North Blvd.				Amount
-					unoun
	City	State	Zip Code		19953.67
	San Leandro	CA	94577		ansaction ID : D710122 Date of Disbursement or Obligation
	Purpose of Expenditure postage		Category/ Type		02 08 7 2016
	Name of Federal Candidate		Support	Office S	ought: House District: 00
	BERNARD SANDERS		Oppose		resident Senate State: CO
	Calendar Year-To-Date Per Election for Office Sought		27518.27	Disburse 2016	ement For:
	Full Name of Payee		Memo Ite	m r	Date of Public Distribution/Dissemination
	Postal Systems, Inc.				Date of Public Distribution/Disserningtion  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 1890 North Blvd.				Amount
-					
-	City	State	Zip Code		71875.68
	San Leandro	CA	94577		Pansaction ID: D710134 Date of Disbursement or Obligation
	Purpose of Expenditure Postage		Category/ Type		02 / 08 / 2016
-	Name of Federal Candidate		Support	Office S	Sought: House District:00
	BERNARD SANDERS		Oppose		resident Senate State: FL
	Calendar Year-To-Date			Diehure	ement For: X Primary General
- 1	Per Election for Office Sought		107877.13	2016	¬ — . — —
	Per Election for Office Sought		107877.13	2016	Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent E	Expenditures		2016	¬ — . — —
	-	•			Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent E	•			Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent E	nt Expenditures		. •	Other (specify) ▶
1	(a) SUBTOTAL of Itemized Independent E  (b) SUBTOTAL of Unitemized Independent	independent expenditures ny candidate or authorized	reported herein were	2016  - >	Other (specify)  91829.35  e in cooperation, consultation, or concert
	(a) SUBTOTAL of Itemized Independent E  (b) SUBTOTAL of Unitemized Independent  (c) TOTAL Independent Expenditures  Under penalty of perjury I certify that the with, or at the request or suggestion of, an	independent expenditures ny candidate or authorized ittee or its agent.	reported herein were	not made of either, of	Other (specify)  91829.35  e in cooperation, consultation, or concert

### SCHEDULE E (FEC For ITEMIZED INDEPENDENT EX

## OF COMMITTEE (In Full) ## ational Nurses United for Patient Protection    C	MIZED INDEPENDENT EXPENDIT	JRES				E 63 R LINE 2	OF 151 4 OF FORM 3X
ck if					FEC IDENT	IFICATIO	ON NUMBER ▼
New report   A8-hour	tional Nurses United for Patier	nt Protection			C C004	90375	
Postal Systems, Inc.  Mailing Address  1890 North Blvd.  City State Zip Code San Leandro CA 94577  Purpose of Expenditure Printing Category/ Type  Category/ Type  Calegory Office Sought: House District: 00 President Senate State: IL  Calendar Year-To-Date Per Election for Office Sought  City San Leandro  Category/ Type  Memo Item  Date of Public Distribution/Dissemination  Date of Disbursement For: Primary General  Amount  Amount  Amount  Category/ Type  Disbursement For: Primary General  Date of Public Distribution/Dissemination  Date of Public Distribution/Dissemination  Date of Public Distribution/Dissemination  Date of Public Distribution/Dissemination  Category/ Type  Category/ Type  Category/ Type  Office Sought: House District: 00  Date of Public Distribution/Dissemination  Date of Public Distribution/Dissemination  Date of Public Distribution/Dissemination  Date of Public Distribution/Dissemination  Date of Disbursement or Obligation  Category/ Type  Category/ Type  Category/ Type  Category/ Type  Office Sought: House District: 00  President Senate State: NY  Disbursement For: Primary General  Category/ Disbursement For:	ck if 24-hour report 48-hour repo	ort New r	eport Amends repo	ort filed on		D /	Y Y Y Y Y
Mailing Address  1890 North Blvd.  Amount  City San Leandro CA 94577  Transaction ID: D710142 Date of Disbursement or Obligation  O2 08 2016  Name of Federal Candidate BERNARD SANDERS Oppose  Calendar Year-To-Date Per Election for Office Sought San Leandro  Postal Systems, Inc.  City San Leandro  CA 94577  Full Name of Payee  Memo Item  Date of Public Distribution/Dissemination  O2 12 08 12 2016  Amount  Date of Disbursement For: Primary General 2016 Other (specify) ▶  Full Name of Payee  CA 94577  Full Name of Payee  CA 94577  Full Name of Payee  CA 94577  Full Name of Payee  O2 12 08 12 016  Other (specify) ▶  Category/ Type  Category/			☐ Memo It	em D	ate of Public Dis	tribution/	Dissemination
Mailing Address 1890 North Blvd.  City State Zip Code 94577  Purpose of Expenditure Printing Category/ Type Transaction ID: D710142  Date of Disbursement or Obligation  Category/ Type Transaction ID: D710142  Date of Disbursement or Obligation  Category/ Type Transaction ID: D710142  Date of Disbursement or Obligation  Category/ Type Transaction ID: D710142  Date of Disbursement or Obligation  Category/ Type Transaction ID: D710142  Date of Disbursement For: ✓ Primary General 2016  Other (specify) ►  Full Name of Payee Postal Systems, Inc.  Mailing Address 1890 North Blvd.  City State Zip Code San Leandro CA 94577  Purpose of Expenditure Postage Category/ Type Transaction ID: D710152  Date of Disbursement or Obligation  Purpose of Expenditure Postage Category/ Type Transaction ID: D710152  Date of Disbursement or Obligation  Category/ Type Transaction ID: D710152  Date of Disbursement or Obligation  Category/ Type Disbursement For: ✓ Primary General 2016  Category/ Type Transaction ID: D710152  Date of Disbursement For: ✓ Primary General 2016  Other (specify) ►  Calendar Year-To-Date Per Election for Office Sought State: NY  Calendar Year-To-Date Per Election for Office Sought State: NY  Amount Transaction ID: D710152  Disbursement For: ✓ Primary General 2016  Other (specify) ►	Postal Systems, Inc.						
City State Zip Code Purpose of Expenditure Printing Category/ Type Disbursement or Obligation  Name of Federal Candidate BERNARD SANDERS Disbursement For:	Mailing Address				02	12	2010
San Leandro  CA  94577  Transaction ID: D710142 Date of Disbursement or Obligation  Purpose of Expenditure Printing  Name of Federal Candidate  BERNARD SANDERS  Oppose  Oppose  President  Senate  State: IL  Support Office Sought: House District: OD  President Senate State: IL  Other (specify)  Full Name of Payee Postal Systems, Inc.  Mailing Address  1890 North Blvd.  Category/ Type  Other Specific Disbursement For: Primary  Category/ Type  Date of Public Distribution/Dissemination  Amount  Transaction ID: D710142 Date of Obligation  Og2 / 08 / 2016  Other (specify)  Date of Public Distribution/Dissemination  Date of Public Distribution/Dissemination  Transaction ID: D710152 Date of Disbursement or Obligation  Date of Public Distribution/Dissemination  Transaction ID: D710152 Date of Disbursement or Obligation  Date of Public Distribution/Dissemination  Transaction ID: D710152 Date of Disbursement or Obligation  Date of Public Distribution/Dissemination  Transaction ID: D710152 Date of Disbursement or Obligation  Date of Public Distribution/Dissemination  Transaction ID: D710152 Date of Disbursement or Obligation  Date of Public Distribution/Dissemination  Transaction ID: D710152 Date of Disbursement or Obligation  Date of Public Distribution/Dissemination  Transaction ID: D710152 Date of Disbursement or Obligation  Date of Public Distribution/Dissemination  Transaction ID: D710152 Date of Disbursement or Obligation  Date of Public Distribution/Dissemination  Transaction ID: D710152 Date of Disbursement or Obligation  Date of Public Distribution/Dissemination  Transaction ID: D710152 Date of Disbursement or Obligation  Date of Public Distribution/Dissemination  Transaction ID: D710152 Date of Disbursement or Obligation  Date of Public Distribution/Dissemination  Transaction ID: D710152 Date of Disbursement or Obligation  Date of Date of Public Distribution/Dissemination  Transaction ID: D710152 Date of Disbursement or Obligation  Date of Date of Public Date of Dat	1090 NOITH BIVE.			A	mount		
Purpose of Expenditure Printing    Category/ Type	City	State	Zip Code	— [			43316.75
Purpose of Expenditure Printing    Category/ Type	San Leandro	CA	94577				
Printing    Name of Federal Candidate   Support   Office Sought:   House   District:   00	Purpose of Expenditure		Catagory				
BERNARD SANDERS    Oppose   President   Senate   State:   IL							
BERNARD SANDERS    Oppose   President   Senate   State   IL	Name of Federal Candidate		✓ Support	Office S	ought: H	OUSA	District: 00
Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Postal Systems, Inc.  Mailing Address  1890 North Blvd.  City State San Leandro  CA  94577  Purpose of Expenditure Postage  Category/ Type  Calendar Year-To-Date Postage  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  San Leandro  Category/ Type  Category/ Type  Disbursement For:  Primary  General 2016  Other (specify)  Amount  Category/ Type  Category/ Type  Category/ Type  Category/ Type  Category/ Type  Disbursement For:  Primary  General 2016  Other (specify)  Primary  General 2016  Other (specify)  Other (specify)  Transaction ID: D710152 Date of Disbursement or Obligation  Disbursement For:  Primary  General 2016  Other (specify)  Transaction ID: D710152 Date of Disbursement For:  Oppose  President  Senate State: NY  Other (specify)  Transaction ID: D710152 Date of Disbursement For:  Oppose  President  Senate State: NY  Other (specify)  Transaction ID: D710152 Date of Disbursement For:  Oppose  Oppose  Category/ Type  Other (specify)  Transaction ID: D710152 Date of Disbursement For:  Oppose  President  Senate State: NY  Other (specify)  Transaction ID: D710152 Date of Disbursement For:  Oppose  Oppose  Oppose  Other (specify)	BERNARD SANDERS						
Per Election for Office Sought  Full Name of Payee Postal Systems, Inc.  Mailing Address  1890 North Blvd.  City State CA 94577  Purpose of Expenditure Postage Postage Postage  Name of Federal Candidate BERNARD SANDERS  Calendar Year-To-Date Per Election for Office Sought  Date of Public Distribution/Dissemination  Memo Item  Date of Public Distribution/Dissemination  May 2016  Amount  Transaction ID: D710152 Date of Disbursement or Obligation  May 2016  Support Disbursement For: President Senate State: NY Calendar Year-To-Date Per Election for Office Sought  Disbursement For: Primary Genera 2016  Other (specify)  Type  Transaction ID: D710152 Date of Disbursement For: Disbursement For: President Senate State: NY Calendar Year-To-Date Per Election for Office Sought  Disbursement For: Primary Genera 2016 Other (specify)  Type  T			Оррозе				State.
Postal Systems, Inc.  Mailing Address 1890 North Blvd.  City State Zip Code 32015.64  Transaction ID: D710152 Date of Disbursement or Obligation  Purpose of Expenditure Postage Category/ Type Office Sought: House District: 00  BERNARD SANDERS Oppose Senate State: NY  Calendar Year-To-Date Per Election for Office Sought Sought Other (specify)   A) SUBTOTAL of Itemized Independent Expenditures			58589.55		_	•	General
Mailing Address 1890 North Blvd.  City State Zip Code San Leandro CA 94577  Purpose of Expenditure Postage Category/ Type Disbursement or Obligation  Name of Federal Candidate Support Office Sought: House District: 00 Disbursement For: Negretate State: NY  Calendar Year-To-Date Per Election for Office Sought Sanate State: NY  Support Office Sought: Primary General Sanate State: NY  Calendar Year-To-Date Per Election for Office Sought Sanate State: NY  Support Office Sought: Primary General Sanate State: NY  Support Office Sought Senate State: NY  Calendar Year-To-Date Per Election for Office Sought Sanate State: NY  Support Office Sought: NY  Calendar Year-To-Date Sought Sanate State: NY  Support Office Sought Senate State: NY  Calendar Year-To-Date Sought Sanate State: NY  Support Office Sought Sanate State: NY  Total Sanate State: NY  Support Office Sought Sanate State: NY  Total Sanate State: NY  Support Sanate State: NY  Total Sanate State: NY  Total Sanate State: NY  Support Sanate State: NY  Total Sanate State: NY			☐ Memo Ite	em E	Date of Public Dis	stribution/	Dissemination
Mailing Address  1890 North Blvd.  City State Zip Code San Leandro CA 94577  Purpose of Expenditure Postage Category/ Type Office Sought: House District: 00 BERNARD SANDERS Oppose President Senate State: NY  Calendar Year-To-Date Per Election for Office Sought  Support Office Sought Oppose Oppose Other (specify)  Amount  Transaction ID: D710152  Date of Disbursement or Obligation  Mailing Address  Date of Disbursement or Obligation  Mailing Address  Amount  Amount  Transaction ID: D710152  Date of Disbursement or Obligation  Mailing Address  Date of Disbursement or Obligation  Mailing Address  Amount  Transaction ID: D710152  Date of Disbursement or Obligation  Mailing Address  Amount  Transaction ID: D710152  Date of Disbursement or Obligation  Mailing Address  Amount  Transaction ID: D710152  Date of Disbursement or Obligation  Mailing Address  Amount  Transaction ID: D710152  Date of Disbursement or Obligation  Mailing Address  Amount  Transaction ID: D710152  Date of Disbursement or Obligation  Mailing Address  Amount  Transaction ID: D710152  Date of Disbursement or Obligation  Mailing Address  Amount  Transaction ID: D710152  Date of Disbursement or Obligation  Mailing Address  Amount  Transaction ID: D710152  Date of Disbursement or Obligation  Mailing Address  Amount  Transaction ID: D710152  Date of Disbursement or Obligation  Mailing Address  Amount  Transaction ID: D710152  Date of Disbursement or Obligation  Mailing Address  Amount  Transaction ID: D710152  Date of Disbursement or Obligation  Mailing Address  Amount  Transaction ID: D710152  Date of Disbursement or Obligation  Mailing Address  Transaction ID: D710152  Date of Disbursement or Obligation  Mailing Address  Transaction ID: D710152  Date of Disbursement or Obligation  Mailing Address  Transaction ID: D710152  Date of Disbursement or Obligation  Transaction ID: D710152  Date of Disbursement or Obligation  Transaction ID: D710152	Postal Systems, Inc.						
City State Zip Code San Leandro CA 94577  Purpose of Expenditure Postage Category/ Type Category/ Type Office Sought: House District: 00 BERNARD SANDERS Oppose President Senate State: NY  Calendar Year-To-Date Per Election for Office Sought  Amount  Transaction ID: D710152 Date of Disbursement or Obligation  M	Mailing Address				UZ	12	2010
San Leandro  CA  94577  Transaction ID: D710152  Date of Disbursement or Obligation  Purpose of Expenditure Postage  Category/ Type  Og  Og  Og  Og  Oppose  Calendar Year-To-Date Per Election for Office Sought  Support  Oppose  Oppose  Oppose  Disbursement or Obligation  Office Sought:  House  District:  Oppose  Oppose  Oppose  Other (specify)  Other (specify)  Other (specify)	1030 North Blvd.			A	mount		
Purpose of Expenditure Postage  Category/ Type  Office Sought: House District: 00  BERNARD SANDERS  Oppose  Calendar Year-To-Date Per Election for Office Sought  A) SUBTOTAL of Itemized Independent Expenditures.  Date of Disbursement or Obligation  May / 08 / 2016  Support Office Sought: House District: NY  Disbursement For: Primary General Calendar Year-To-Date Other (specify)  75332.39	City	State	Zip Code				32015.64
Purpose of Expenditure Postage  Category/ Type  O2  O8  2016  Name of Federal Candidate  BERNARD SANDERS  Oppose  Calendar Year-To-Date Per Election for Office Sought  Senate  State:  NY  Disbursement For: Primary Genera 2016  Other (specify)  Type  O2  O8  O7  O8  O7  O9  O8  OTHER  OD  OTHER	San Leandro	CA	94577				N. P. P.
Postage    Name of Federal Candidate   X Support   Office Sought: House District: 00	Purpose of Expenditure		Catagory/	_			
BERNARD SANDERS  Oppose  President  Senate  State:  NY  Calendar Year-To-Date Per Election for Office Sought  BERNARD SANDERS  Oppose  District:  NY  Disbursement For:  2016  Other (specify)  Total Support  Other (specify)  Total Support  Other (specify)  Total Support  Other (specify)  Total Support  Tot			Type				
BERNARD SANDERS  Oppose  President  Senate  State:  NY  Calendar Year-To-Date Per Election for Office Sought  BERNARD SANDERS  Oppose  Disbursement For:  Other (specify)  Other (specify)  Totals  Totals  NY  Genera  Totals  NY  Totals  Totals  NY  Totals  NY  Totals  Totals  Totals  NY  Totals  To	Name of Federal Candidate		V Support	Office S	ought:	ouse	Dietrict: 00
Calendar Year-To-Date Per Election for Office Sought  Bassacs.  Disbursement For: Primary Genera 2016  Other (specify)  Testident State.  Primary Genera 2016  Other (specify)  75332.39	BERNARD SANDERS				_		NV
Per Election for Office Sought  83325.04  2016  Other (specify)  75332.39			Oppose				Jiaie.
			83325.04		_		General
b) SUBTOTAL of Unitemized Independent Expenditures	a) SUBTOTAL of Itemized Independent Expe	enditures					75332.39
	SUBTOTAL of Unitemized Independent E	xpenditures		. , [	1 1 1 1		
					7	-7-	

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

Martha Kuhl	[Electronically Filed]	Date	04 /	15	/	2016
Signature						

PAGE 64 OF 151 FOR LINE 24 OF FORM 3X
FEC IDENTIFICATION NUMBER ▼
C C00490375
M / D D / Y Y Y Y Y
Public Distribution/Dissemination
02 / 12 / 2016
t
41251.30
tion ID: D710153 f Disbursement or Obligation
02 / 08 / 2016
House District: 00
nt Senate State: OH
For: Primary General
ner (specify) ►
f Public Distribution/Dissemination
02 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
t
11309.40
tion ID: D710154  f Disbursement or Obligation
02 / 08 / 2016
: House District: 00

				TOTT LINE 24 OF TOTAL 3X
NAME OF COMMITTEE (In Full)	iont Ductoction			FEC IDENTIFICATION NUMBER ▼
National Nurses United for Pat	ient Protection			C C00490375
Check if 24-hour report 48-hour re	eport New repo	ort Amends repo	rt filed o	on
Full Name of Payee		☐ Memo Ite	em	Date of Public Distribution/Dissemination
Postal Systems, Inc.				02 12 2016
Mailing Address 1890 North Blvd.				Amount
City	State	Zip Code		41251.30
San Leandro	CA	94577		ransaction ID : D710153 Date of Disbursement or Obligation
Purpose of Expenditure Postage		Category/ Type		02 08 7 2016
Name of Federal Candidate		Support	Office S	Sought: House District: 00
BERNARD SANDERS		Oppose		President Senate State: OH
Calendar Year-To-Date Per Election for Office Sought		57980.50	Disburs	sement For: Primary General
	, , , ,		<u> </u>	Other (specify) -
Full Name of Payee Autumn Press		☐ Memo Ite	m	Date of Public Distribution/Dissemination
Mailing Address 945 Camelia St				02 12 2016
0.000				Amount
City	State	Zip Code		11309.40
Berkeley	CA	94710-1437		Fransaction ID : D710154 Date of Disbursement or Obligation
Purpose of Expenditure Printing		Category/ Type		02 08 7 2016
Name of Federal Candidate		Support	Office	Sought: House District:00
BERNARD SANDERS		Oppose		President Senate State: NY
Calendar Year-To-Date Per Election for Office Sought		83325.04	Disburs 2016	sement For: Primary General
				Other (specify) -
(a) SUBTOTAL of Itemized Independent E	Expenditures			52560.70
(b) SUBTOTAL of Unitemized Independen	t Expenditures			
				45 45
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the with, or at the request or suggestion of, as party committee) any political party commi	ny candidate or authorized			· · · · · · · · · · · · · · · · · · ·
Martha Kuhl	[Electron	ically Filed]	M 04	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		Date	04	10 2010

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

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)  National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼
National Nurses Office for Patient Protection		C C00490375
Check if 24-hour report 48-hour report New report	port Amends repor	t filed on
Full Name of Payee Autumn Press	☐ Memo Ite	m Date of Public Distribution/Dissemination
		M = M / D = D / Y = Y = Y
Mailing Address 945 Camelia St		Amount
City State	Zip Code	15079.20
Berkeley CA	94710-1437	Transaction ID : D710155  Date of Disbursement or Obligation
Purpose of Expenditure Printing	Category/ Type	02 / 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support	Office Sought: House District:00
BERNARD SANDERS	Oppose	President Senate State: OH
Calendar Year-To-Date Per Election for Office Sought	57980.50	Disbursement For:
Full Name of Payee	☐ Memo Iter	
Alliance Graphics		02
Mailing Address 1101 8th Street		Amount
City State	Zip Code	427.05
Berkeley CA	94710	Transaction ID : D710105  Date of Disbursement or Obligation
Purpose of Expenditure Printing	Category/ Type	02 09 / 2016
Name of Federal Candidate	X Support	Office Sought: House District:00
Bernie Sanders	Oppose	President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought	757143.91	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		15506.25
(b) SUBTOTAL of Unitemized Independent Expenditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures		•
		42 45 45
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
Martha Kuhl [Electron	nically Filed] Date	04 15 2016
Signature		

PAGE 66 OF 151 FOR LINE 24 OF FORM 3X
FEC IDENTIFICATION NUMBER ▼
C C00490375
M / D D / Y B Y B Y
f Public Distribution/Dissemination
02 09 7 2016
t
5449.45
tion ID : D710106 f Disbursement or Obligation
02 / 09 / 2016
: House District: 00
nt Senate State: NV
For: Primary General
her (specify)
f Public Distribution/Dissemination
02 10 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
nt
10971.90
ction ID: D710108  f Disbursement or Obligation

AME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protection			C C00490375
heck if 24-hour report 48-hour report New rep	ort Amends repor	t filed or	n
Full Name of Payee Autumn Press	☐ Memo Ite	m [	Date of Public Distribution/Dissemination
Mailing Address			02 09 2016
945 Camelia St		4	Amount
City State	Zip Code		5449.45
Berkeley CA	94710-1437		ansaction ID: D710106 Date of Disbursement or Obligation
Purpose of Expenditure Printing	Category/ Type		02 09 / 2016
Name of Federal Candidate	X Support	Office S	Sought: House District: 00
BERNARD SANDERS	Oppose	XP	resident Senate State: NV
Calendar Year-To-Date Per Election for Office Sought	148607.61	Disburs 2016	ement For:
Full Name of Payee	☐ Memo Iter	n	Date of Public Distribution/Dissemination
Alliance Graphics			02 10 2016
Mailing Address 1101 8th Street			Amount
City State	Zip Code		10971.90
City State Berkeley CA	94710		ransaction ID : D710108 Date of Disbursement or Obligation
Purpose of Expenditure Printing	Category/ Type		02 / 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support	Office	Sought: House District: 00
	\ Juppoit	Office 3	
Bernie Sanders	Oppose		President Senate State: DC
Bernie Sanders  Calendar Year-To-Date Per Election for Office Sought		X	President Senate State: DC  ement For: Primary General
Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures	Oppose 757143.91	Disburs 2016	President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought	Oppose 757143.91	Disburs 2016	President Senate State: DC  ement For:
Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures	757143.91	Disburs 2016	President Senate State: DC  ement For: Primary General  Other (specify)
Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures	Oppose 757143.91  reported herein were	Disburs 2016  Indicate the property of the pro	President Senate State: DC  ement For: Primary General  Other (specify)   16421.35
Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures	Oppose 757143.91  reported herein were	Disburs 2016  Indicate the property of the pro	President Senate State: DC  ement For: Primary General  Other (specify)   16421.35

SCHEDULE E (FEC Form 3X) TEMIZED INDEPENDENT EXPENDIT					PAGE 67		151
					FOR LINE		
NAME OF COMMITTEE (In Full)  National Nurses United for Patie	ent Protection			FEC	IDENTIFICAT	ION NUM	BER ▼
				С	C00490375		
Check if 24-hour report 48-hour rep	port New re	eport Amends repo	ort filed on	M = M	/ D D /	Y	Y
Full Name of Payee		☐ Memo It	tem Da	ate of Pub	lic Distribution	n/Dissemir	nation
Alliance Graphics				02	12	20	16
Mailing Address 1101 8th Street			An	mount			
City	State	Zip Code		-		19637	7.31
Berkeley	CA	94710			ID: D710132 oursement or	Obligation	1
Purpose of Expenditure Printing		Category/		M = M	/ D D	/ Y Y	YY
Finang		Type	_	02	09	201	16
Name of Federal Candidate		X Support	Office So	ught:	House	District:	00
Bernie Sanders		Oppose	X Pre	sident	Senate	State: .	DC
Calendar Year-To-Date Per Election for Office Sought		757143.91	Disbursen 2016	7		у (	General
Full Name of Payee Minneapolis Labor Review  Mailing Address 312 Central Ave		∐ Memo Ite		of Pub 02 mount	Distributio	/ Y Y	nation 16
Suite 542	Otata	7'- Od.	<u> —</u>   г			2/11	0.60
City	State	Zip Code	Tra	neaction	ID : D710484	2413	3.63
Minneapolis	MN	55414			bursement or	Obligation	1
Purpose of Expenditure Printing		Category/ Type		M M M 02	/ 09		)16
Name of Federal Candidate		Support	Office So	mapt.	House	District:	00
Bernie Sanders		Oppose	X Pre	•	Senate	State:	MN
Calendar Year-To-Date Per Election for Office Sought		2413.63	Disburser 2016	ment For:	Priman	ry	General
(a) SUBTOTAL of Itemized Independent Ex	penditures					22050.	.94
(b) SUBTOTAL of Unitemized Independent	Expenditures		<b>.</b> [				
(-) TOTAL ladamendant Evnanditures							
(c) TOTAL Independent Expenditures			· L				
Under penalty of perjury I certify that the ir with, or at the request or suggestion of, any							

Martha Kuhl	[Electronically Filed]	Date	04 /	15	/	2016
Signature						

CHEDULE E (FEC Form 3X)			
MIZED INDEPENDENT EXPENDITURES	PAGE	68	OF
	FOR L	NE 24	OF F

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protection		C C00490375
Check if 24-hour report 48-hour report New rep	port Amends repor	t filed on
Full Name of Payee	Memo Ite	m Date of Public Distribution/Dissemination
Autumn Press		02 10 2016
Mailing Address 945 Camelia St		
		Amount
City State	Zip Code	3322.30
Berkeley CA	94710-1437	Transaction ID: D710112  Date of Disbursement or Obligation
Purpose of Expenditure Printing	Category/ Type	02 / 10 / 2016
Name of Federal Candidate	Support	Office Sought: House District: 00
BERNARD SANDERS	Oppose	President Senate State: SC
Calendar Year-To-Date Per Election for Office Sought	21347.52	Disbursement For: Primary General 2016
Full Name of Payee	☐ Memo Iten	Other (specify)
Autumn Press	_ Memorien	Date of Public Distribution/Dissemination
Mailing Address 045 Compline St		02 10 2016
945 Camelia St		Amount
City State	Zip Code	13198.03
Berkeley CA	94710-1437	Transaction ID : D710113  Date of Disbursement or Obligation
Purpose of Expenditure	Category/	M M / D D / Y Y Y Y Y
Printing	Type	02 10 2016
Name of Federal Candidate	X Support	Office Sought: House District:00
Bernie Sanders	Oppose	President Senate State: DC
Calendar Year-To-Date	1-1-1-1	Disbursement For:
Per Election for Office Sought	757143.91	2016 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		16520.33
(b) CURTOTAL of United in add an and dark For an disturb		
(b) SUBTOTAL of Unitemized Independent Expenditures		<b>•</b>
(c) TOTAL Independent Expenditures		·
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
Martha Kuhl IElectron	nically Filed]	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	Date	04 15 2016

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Signature

	CHEDULE E (FEC Form 3X) EMIZED INDEPENDENT EXPENDIT					PAGE 69	OF 151 4 OF FORM 3X
	AME OF COMMITTEE (In Full)				FEC I	DENTIFICATIO	
1	National Nurses United for Patie	ent Protection			С	C00490375	
С	heck if 24-hour report 48-hour rep	port New rep	port Amends repo	ort filed on	M = M	/ D = D /	Y = Y = Y = Y
	Full Name of Payee Autumn Press		☐ Memo It	em Da	ate of Publ	ic Distribution/E	Dissemination 2016
	Mailing Address 945 Camelia St			Ar	mount	10	2010
	City	State	Zip Code	— г			8796.20
	Berkeley	CA	94710-1437			D: D710114 oursement or Ol	
	Purpose of Expenditure Printing		Category/ Type		02	10	2016
	Name of Federal Candidate		X Support	Office Sc	ought:	House D	District: 00
	BERNARD SANDERS		Oppose	X Pre	esident	Senate	State: MO
	Calendar Year-To-Date Per Election for Office Sought		32655.37	Disburser 2016	ment For: Other (s	Primary pecify) ▶	General
	Full Name of Payee Autumn Press		☐ Memo Ite	em D	ate of Publ	lic Distribution/[	Dissemination 2016
	Mailing Address 945 Camelia St			A	mount	10	2010
	City	State	Zip Code	— I			12566.05
	Berkeley	CA	94710-1437			<b>D</b> : <b>D710115</b> oursement or O	bligation
	Purpose of Expenditure Printing		Category/ Type		02	10 10	2016
	Name of Federal Candidate		Support	Office So	ought:	House [	District:00
	BERNARD SANDERS		Oppose	X Pre	- 1	Senate	State: IA
	Calendar Year-To-Date Per Election for Office Sought		98103.35	Disburse 2016	ment For: Other (s	Primary pecify) ▶	General
	(a) SUBTOTAL of Itemized Independent Ex	penditures				7	21362.25
	(b) SUBTOTAL of Unitemized Independent	Expenditures		•		7	
	(c) TOTAL Independent Expenditures						-
	Under penalty of perjury I certify that the in with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorize					
	Martha Kuhl			MM	/ 0 0	) / Y Y	Y

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Date

PAGE	70	OF	151
FOR L	INE 24	OF F	151 ORM 3X

		FOR LINE 24 OF FORM 3X			
NAME OF COMMITTEE (In Full)  FEC IDENTIFICATION NUMBER					
National Nurses United for Patient Protection	C C00490375				
Check if 24-hour report 48-hour report New rep	ort Amends repo	rt filed on			
Full Name of Payee	Memo Ite	Date of Public Distribution/Dissemination			
Autumn Press		02 10 7 2016			
Mailing Address 945 Camelia St		Amount			
City State	Zip Code	7539.60			
Berkeley CA	94710-1437	Transaction ID : D710116  Date of Disbursement or Obligation			
Purpose of Expenditure Printing	Category/ Type	02 10 7 2016			
Name of Federal Candidate	X Support	Office Sought: House District: 00			
BERNARD SANDERS	Oppose	President Senate State: CO			
Calendar Year-To-Date Per Election for Office Sought	27518.27	Disbursement For:			
Full Name of Payee	☐ Memo Ite				
Autumn Press	_ memorica	Date of Public Distribution/Dissemination  02  02  02  02  03			
Mailing Address 945 Camelia St		Amount			
City State	Zip Code	26388.60			
Berkeley CA	94710-1437	Transaction ID : D710117  Date of Disbursement or Obligation			
Purpose of Expenditure Printing	Category/ Type	02 / 10 / 2016			
Name of Federal Candidate	X Support	Office Sought: House District: 00			
BERNARD SANDERS	Oppose	President Senate State: NV			
Calendar Year-To-Date Per Election for Office Sought	148607.61	Disbursement For:			
(a) SUBTOTAL of Itemized Independent Expenditures		33928.20			
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures		<b>&gt;</b>			
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.					
Martha Kuhl [Electron	nically Filed] Date	04 / 15 / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y			
Signature					

Signature

	CHEDULE E (FEC Form 3X) EMIZED INDEPENDENT EXPENDITUR	ES				PAGE 71	OF 151
N/	AME OF COMMITTEE (In Full)				EEC I		OF FORM 3X
	National Nurses United for Patient	Protection				DENTIFICATIO	N NUMBER V
					C	C00490375	
CI	heck if 24-hour report 48-hour report	New rep	port Amends repo	ort filed on	M = M	/ D D /	Y
	Full Name of Payee Autumn Press		☐ Memo It	em Dat		ic Distribution/[	
					02	10	2016
	Mailing Address 945 Camelia St			Am	ount		
	City	State	Zip Code				3769.80
	Berkeley	CA	94710-1437			<b>D: D710118</b> ursement or O	oligation
	Purpose of Expenditure		Category/		M M	/ D D /	Y = Y = Y = Y
	Printing		Туре	_	02	10	2016
	Name of Federal Candidate		X Support	Office Sou	ght:	House [	District: 00
	BERNARD SANDERS		Oppose	X Pres	ident	Senate	State: SC
	Calendar Year-To-Date Per Election for Office Sought		21347.52	Disbursem 2016		> Primary	General
			☐ Mama Ita	<u> </u>		pecify)	
	Full Name of Payee  Michael Konopacki		∐ Memo Ite	Da <sup>t</sup>	te of Publ	lic Distribution/[	Dissemination
	Mailing Address DO Box 1017				02	10	2016
	PO Box 1917			Am	ount		
	City	State	Zip Code				600.00
	Madison	WI	53701-1917			D: D710119 oursement or O	bligation
	Purpose of Expenditure Graphic Design for PAC		Category/ Type		02 02	10 /	2016
	Name of Federal Candidate		Support	Office Sou	ıght:	House [	District: 00
	Bernie Sanders		Oppose	X Pres	- 1	Senate	State: DC
	Calendar Year-To-Date		1000000	Disbursem	ent For:	Primary	General
	Per Election for Office Sought		757143.91	2016	Other (s	pecify) ►	
	(a) SUBTOTAL of Itemized Independent Expend	litures		. ▶		-	4369.80
	(b) SUBTOTAL of Unitemized Independent Expe	enditures					
	(c) TOTAL Independent Expenditures			•			
	Under penalty of perjury I certify that the independent						
	with, or at the request or suggestion of, any can party committee) any political party committee or		a committee or agent of	of either, or	(If the rep	oorting entity is	not a political
	Martha Kuhl					/ V V	

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Date

	PAGE 72 OF 151 FOR LINE 24 OF FORM 3X						
EC IDENTIFICATION NUMBER ▼							
EC I	DENTIFICATION NUMBER ▼						

			FOR LINE 24 OF FORM 3X	
NAME OF COMMITTEE (In Full)  Next and Allerine and Allerine and For Decision Approximation (In Full)				
National Nurses United for Patient Protection		C C00490375		
Check if 24-hour report 48-hour report New report	ort Amends repo		M / D D / Y B Y B Y B Y	
Full Name of Payee	☐ Memo Ite	em Date of	f Public Distribution/Dissemination	
Autumn Press			12	
Mailing Address 945 Camelia St		Amoun	ıt	
City State	Zip Code	- [	25132.06	
Berkeley CA	94710-1437		etion ID : D710133 f Disbursement or Obligation	
Purpose of Expenditure Printing	Category/ Type	M	02 10 2016	
Name of Federal Candidate	Support Support	Office Sought	: House District: 00	
BERNARD SANDERS	Oppose	X Preside		
Calendar Year-To-Date Per Election for Office Sought	107877.13	Disbursement 2016	For:	
Full Name of Payee	☐ Memo Ite	.		
Autumn Press	_ memorited	Date o	of Public Distribution/Dissemination  12 2016	
Mailing Address 945 Camelia St		Amour		
City State	Zip Code		15079.20	
Berkeley CA	94710-1437	1	ction ID : D710144  If Disbursement or Obligation	
Purpose of Expenditure Printing	Category/ Type	M	02 10 2016	
Name of Federal Candidate	X Support	Office Sought	: House District: 00	
BERNARD SANDERS	Oppose	X Preside		
Calendar Year-To-Date Per Election for Office Sought	58589.55	Disbursement 2016 Ot	For: X Primary General	
(a) SUBTOTAL of Itemized Independent Expenditures		· [	40211.26	
(b) SUBTOTAL of Unitemized Independent Expenditures		•	7	
(c) TOTAL Independent Expenditures		•	7	
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.				
Martha Kuhl [Electroni	ically Filed] Date	M / 04	15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Signature				

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HEDULE E (FEC Form 3X)			
MIZED INDEPENDENT EXPENDITURES	PAGE	73	OF
	FOR L	INE 24	OF F

				FOR LINE 2	24 OF FORM 3X
NAME OF COMMITTEE (In Full)	. 5			FEC IDENTIFICATION	ON NUMBER ▼
National Nurses United for Patier	nt Protection			C C00490375	
Check if 24-hour report 48-hour report	rt New repo	ort Amends repo		/ D = D /	Y Y Y Y Y
Full Name of Payee		☐ Memo Ite	em Date	of Public Distribution/	Dissemination
California Nurses Association			N	01 02 /	2016
Mailing Address 155 Grand Avenue			Amou	nt	
City	State	Zip Code	-		3935.43
Oakland	CA	94612		ction ID : D710145 of Disbursement or C	
Purpose of Expenditure Printing		Category/ Type		02 / 12	2016
Name of Federal Candidate		Support	Office Sough	nt: House	District:00
Bernie Sanders		Oppose	X Preside	ent Senate	State: DC
Calendar Year-To-Date Per Election for Office Sought	7	757143.91	Disbursemen 2016	nt For: X Primary	General
Full Name of Payee		☐ Memo Ite		of Public Distribution	/Dissemination
California Nurses Association			_ n	02 12	2016
Mailing Address 155 Grand Avenue			A-mau		2010
			Amou	ını	
City	State	Zip Code			12082.66
Oakland 	CA	94612		action ID: D710146 of Disbursement or C	Obligation
Purpose of Expenditure Printing		Category/ Type		02 / 12 /	2016
Name of Federal Candidate		X Support	Office Sough	nt: House	District:00
Bernie Sanders		Oppose	X Presid	ent Senate	State: DC
Calendar Year-To-Date Per Election for Office Sought	7	757143.91	Disbursemer 2016	nt For:	General
				(-[	
(a) SUBTOTAL of Itemized Independent Expe	enditures		· [		16018.09
(b) SUBTOTAL of Unitemized Independent Ex	cpenditures		· •	7 7	
(c) TOTAL Independent Expenditures			· [		
Under penalty of perjury I certify that the indewith, or at the request or suggestion of, any committee) any political party committee	andidate or authorized				
Martha Kuhl	[Flactron:	ically Filed]	M M /		Y
Signature	[Electroni	Date	04	15 201	0

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Martha Kuhl

Signature

	CHEDULE E (FEC Form 3							
IE	MIZED INDEPENDENT EXPEN	DITURES			PAG FOF		OF FORM	3X
	ME OF COMMITTEE (In Full)				FEC IDENT	IFICATION	NUMBER	<b>—</b>
N	ational Nurses United for Pa	atient Protection			C C004	90375		
Ch	eck if 24-hour report 48-hour	report New re	eport Amends rep		M / D	D /	Y Y Y	Y
	Full Name of Payee		☐ Memo I	tem Date	of Public Dis	tribution/Di	issemination	
	California Nurses Association			M	02 / D	11 /	2016	Υ
	Mailing Address 155 Grand Avenue			Amou	nt			
	City	State	Zip Code	— IT.			100.00	
	Oakland	CA	94612		ction ID : D7 of Disbursem		ligation	
	Purpose of Expenditure Online Ad		Category/ Type		02 / D		2016	Υ
	Name of Federal Candidate		Support	Office Sough	t: H	ouse Di	strict: 00	
	Bernie Sanders		Oppose	X Preside		enate	State: DC	
	Calendar Year-To-Date Per Election for Office Sought		757143.91	Disbursemen 2016 O	t For: X	Primary	Gener	al
	Full Name of Payee Michael Konopacki		☐ Memo It	Date	of Public Dis		issemination Y Y Y 2016	
	Mailing Address PO Box 1917			Amou	nt			
	City	State	Zip Code				600.00	
	Madison	WI	53701-1917		ction ID : D7 of Disbursen		ligation	_
	Purpose of Expenditure Cartoon		Category/ Type	N	02 / D	12 <sup>D</sup> /	2016	Υ
	Name of Federal Candidate		X Support	Office Sough	nt: H	ouse D	istrict: 00	_
	Bernie Sanders		Oppose	X Preside			State: DC	
	Calendar Year-To-Date Per Election for Office Sought		757143.91	Disbursemen 2016	nt For: X	Primary  y) ▶	Gene	al
	(a) SUBTOTAL of Itemized Independent	Expenditures			7		700.00	
	(b) SUBTOTAL of Unitemized Independent	ent Expenditures		<b>-</b>	4		1.7	
	(c) TOTAL Independent Expenditures			· •	7	7	1.4	
1	Under penalty of perjury I certify that the with, or at the request or suggestion of,	any candidate or authoriz						

[Electronically Filed]

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Date

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age# 201604159012564496 CHEDULE E (FEC Form 3X)	)			
EMIZED INDEPENDENT EXPENDIT				PAGE 75 OF 151 FOR LINE 24 OF FORM 3X
AME OF COMMITTEE (In Full)				
National Nurses United for Patie	ent Protection			DENTIFICATION NUMBER ▼
			C	C00490375
heck if 24-hour report 48-hour rep	port New re	port Amends repo	ort filed on	D = D / Y = Y = Y
Full Name of Payee Erin L FitzGerald		☐ Memo It	M M /	Distribution/Dissemination
Mailing Address			02	01 2016
1028 Florida Street			Amount	
City	State	Zip Code		4200.00
Vallejo	CA	94590	Transaction ID	
Purpose of Expenditure		Category/	Date of Disbu	rsement or Obligation
Video Production		Type	02	12 2016
Name of Federal Candidate		X Support	Office Sought:	House District: 00
Bernie Sanders		Oppose	> President	Senate State: DC
Calendar Year-To-Date		757143.91	Disbursement For:	X Primary General
Per Election for Office Sought		737143.91	Other (sp	ecify) ►
Full Name of Payee		☐ Memo Ite	Date of Public	c Distribution/Dissemination
California Nurses Association			02 /	12 / 2016
Mailing Address 155 Grand Avenue			Amount	
City	State	Zip Code		50.00
Oakland	CA	94612	Transaction ID	
		1		ursement or Obligation
Purpose of Expenditure Online Ad		Category/ Type	02	16 / 2016
Name of Federal Candidate		X Support	Office Sought:	House District: 00
BERNARD SANDERS		Oppose		Senate State: SC
Calendar Year-To-Date Per Election for Office Sought		21347.52	Disbursement For:	Primary General
7 S. Zisskien ier Sines Saagrik			Other (sp	pecify)
(a) SUBTOTAL of Itemized Independent Ex	nenditures			4250.00
(a) SOBTOTAL OF REMIZED INDEPENDENT EX	perialitares			4230.00
(b) SUBTOTAL of Unitemized Independent	Expenditures			
(c) TOTAL Independent Expenditures				
(v) IVIAL macpendent Expenditules				

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			-				

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TEMIZED INDEPENDENT EXPENDITURES  PAGE 76 OF 151 FOR LINE 24 OF FORM 3X  IAME OF COMMITTEE (In Full) National Nurses United for Patient Protection  FEC IDENTIFICATION NUMBER ▼ C C00490375	NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection    Page   P		age# 201004135012304457			
National Nurses United for Patient Protection  FEC IDENTIFICATION NUMBER ▼  C C00490375  Check if	NAME OF COMMITTEE (In Full)  National Nurses United for Patient Protection  FEC IDENTIFICATION NUMBER ▼  C C00490375  Check if		CHEDULE E (FEC Form 3X)			
National Nurses United for Patient Protection	NAME OF COMMITTEE (in Full) National Nurses United for Patient Protection    C	TΕ	EMIZED INDEPENDENT EXPENDITURES			
National Nurses United for Patient Protection    C	National Nurses United for Patient Protection  Check if					FOR LINE 24 OF FORM 3X
National Nurses United for Patient Protection    C	National Nurses United for Patient Protection    C	NA	AME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Full Name of Payee	Check if	١	lational Nurses United for Patient Protection			
Full Name of Payee	Pull Name of Payee   Calegory/ Online Ad Service Se					C C00490375
California Nurses Association  Mailing Address  155 Grand Avenue  City  State  CA  94612  Transaction ID: D710196  Date of Disbursement or Obligation  Purpose of Expenditure Online Ad  Name of Federal Candidate  BERNARD SANDERS  Calendar Year-To-Date Per Election for Office Sought  California Nurses Association  City  State  Zip Code  Transaction ID: D710196  Date of Disbursement or Obligation  Purpose of Expenditure Online Ad  Name of Payee  California Nurses Association  Mailing Address  155 Grand Avenue  City  State  City  Code  Transaction ID: D710197  Date of Disbursement or Obligation	California Nurses Association  Mailing Address 155 Grand Avenue  City State Zip Code Oakland CA 94612  Purpose of Expenditure Online Ad Calegory/ Type  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee  California Nurses Association  Mailing Address 155 Grand Avenue  City State Zip Code Oakland Support Office Sought State: SC Oppose  Calendar Year-To-Date Per Election for Office Sought  City State Zip Code Oakland  CA 94612  Transaction ID: D710196  Date of Disbursement or Obligation  Transaction ID: D710196  Date of Disbursement or Obligation  Memo Item Oakland  Calendar Year-To-Date Per State State: SC Oakland  Calendar Year-To-Date Per State State: SC Oppose Office Sought  Calendar Year-To-Date Per State State: SC Oppose President Senate State: SC Oppose President Senate State: SC Oppose President Senate State: SC Other (specify) Per Support State Sc Oppose President Senate State: SC Other (specify) Per Support Senate State: SC Oppose President Senate State: SC Other (specify) Per Support Senate State: SC Other Se	Ch	neck if 24-hour report 48-hour report New rep	port Amends repo	ort filed on	M = M / D = D / Y = Y = Y
California Nurses Association  Mailing Address  155 Grand Avenue  City  State  CA  94612  Transaction ID: D710196  Date of Disbursement or Obligation  Purpose of Expenditure Online Ad  Name of Federal Candidate  BERNARD SANDERS  Calendar Year-To-Date Per Election for Office Sought  California Nurses Association  City  State  Zip Code  Transaction ID: D710196  Date of Disbursement or Obligation  Purpose of Expenditure Online Ad  Name of Payee  California Nurses Association  Mailing Address  155 Grand Avenue  City  State  City  Code  Transaction ID: D710197  Date of Disbursement or Obligation	California Nurses Association  Mailing Address 155 Grand Avenue  City State Zip Code Oakland CA 94612  Purpose of Expenditure Online Ad Calegory/ Type  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee  California Nurses Association  Mailing Address 155 Grand Avenue  City State Zip Code Oakland Support Office Sought State: SC Oppose  Calendar Year-To-Date Per Election for Office Sought  City State Zip Code Oakland  CA 94612  Transaction ID: D710196  Date of Disbursement or Obligation  Transaction ID: D710196  Date of Disbursement or Obligation  Memo Item Oakland  Calendar Year-To-Date Per State State: SC Oakland  Calendar Year-To-Date Per State State: SC Oppose Office Sought  Calendar Year-To-Date Per State State: SC Oppose President Senate State: SC Oppose President Senate State: SC Oppose President Senate State: SC Other (specify) Per Support State Sc Oppose President Senate State: SC Other (specify) Per Support Senate State: SC Oppose President Senate State: SC Other (specify) Per Support Senate State: SC Other Se		Full Name of Payee	Memo It	em Dat	e of Public Distribution/Dissemination
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(c) TOTAL Independent Expenditures	(c) TOTAL Independent Expenditures				•	
(c) TOTAL 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	04	15	1	2016
Signature						

PAGE	77	OF	151 ORM 3X
FOR L	INE 24	OF F	ORM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protection		C C00490375
Check if 24-hour report 48-hour report New report	ort Amends repor	rt filed on
Full Name of Payee	☐ Memo Ite	Date of Public Distribution/Dissemination
California Nurses Association		02 16 7 2016
Mailing Address 155 Grand Avenue		Amount
City State	Zip Code	50.00
Oakland CA	94612	Transaction ID : D710198  Date of Disbursement or Obligation
Purpose of Expenditure Online Ad	Category/ Type	02 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support	Office Sought: House District:00
Bernie Sanders	Oppose	President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought	757143.91	Disbursement For: ☐ Primary ☐ General 2016 ☐ Other (specify) ▶
Full Name of Payee	☐ Memo Iter	.
California Nurses Association	_ Memorie	Date of Public Distribution/Dissemination  02  16  2016
Mailing Address 155 Grand Avenue		Amount
City State	Zip Code	50.00
Oakland CA	94612	Transaction ID : D710199  Date of Disbursement or Obligation
Purpose of Expenditure Online Ad	Category/ Type	02
Name of Federal Candidate	Support	Office Sought: House District: 00
Bernie Sanders	Oppose	President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought	757143.91	Disbursement For: Primary General 2016 Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures		100.00
(b) SUBTOTAL of Unitemized Independent Expenditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures		<b>&gt;</b>
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
Martha Kuhl [Electroni	cally Filed] Date	04 15 2016
Signature		

### SC ITE

HEDULE E (FEC Form 3X)			
MIZED INDEPENDENT EXPENDITURES	PAGE	78	OF
	FOR LI	NE 24	OF FO

				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼
National Nurses United for Patien	t Protection		C	C00490375
			U	000400070
Check if 24-hour report 48-hour repor	t New re	port Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee		Memo It	em Date of Publ	ic Distribution/Dissemination
California Nurses Association			02	/ D D / Y Y Y Y Y 1 Y 16 2016
Mailing Address 155 Grand Avenue			Amount	
City	State	Zip Code		50.00
Oakland	CA	94612	Transaction II	D : D710200
Purpose of Expenditure		Cotogony	Date of Disp	ursement or Obligation
Online Ad		Category/ Type	02	16 2016
Name of Federal Candidate		X Support	Office Sought:	House District: 00
BERNARD SANDERS		Oppose		Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		148607.61	Disbursement For:	Primary General
			Other (s	pecity)
Full Name of Payee California Nurses Association		☐ Memo Ite	Date of Publ	ic Distribution/Dissemination
Mailing Address			02	16 2016
155 Grand Avenue			Amount	
City	State	Zip Code		873.80
Oakland	CA	94612	Transaction I	D: D710201 ursement or Obligation
Purpose of Expenditure		Category/	M = M	/ D D / Y Y Y Y
Payroll Expense		Type	02	16 2016
Name of Federal Candidate		X Support	Office Sought:	House District: 00
Bernie Sanders		Oppose	X President	Senate State: DC
Calendar Year-To-Date		757143.91	Disbursement For:	Primary General
Per Election for Office Sought		757 145.91		pecify) ►
(a) SUBTOTAL of Itemized Independent Expe	nditures		• •	923.80
(b) SUBTOTAL of Unitemized Independent Ex	penditures			
,			-	7 4
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the indewith, or at the request or suggestion of, any committee) any political party committee	andidate or authorize			
Martha Kuhl	[Flactro	nically Filed]	M M / D D	
Signature	[ERCHO	Date	, 04 15	2016

151

## ITEN

HEDULE E (FEC FORM 3X)					
MIZED INDEPENDENT EXPENDITURES	PAGE	79	OF	151	
	FOR L	INE 24	1 OF F	ORM 3	(

NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼		
National Nurses United for Patient Protection				
		C C00490375		
Check if 24-hour report 48-hour report New report	ort Amends repo	rt filed on		
Full Name of Payee	☐ Memo It	Date of Public Distribution/Dissemination		
California Nurses Association		02 / 16 / 2016		
Mailing Address 155 Grand Avenue		Amount		
City State	Zip Code	1886.85		
Oakland CA	94612	Transaction ID : D710202  Date of Disbursement or Obligation		
Purpose of Expenditure Payroll Expense	Category/ Type	02		
Name of Federal Candidate	Support	Office Sought: House District: 00		
Bernie Sanders	Oppose	President Senate State: DC		
Calendar Year-To-Date Per Election for Office Sought	757143.91	Disbursement For: Primary General 2016		
	□ Memo Ite	Other (specify)		
Full Name of Payee California Nurses Association	Memo Ite	Date of Public Distribution/Dissemination  02  17  2016		
Mailing Address 155 Grand Avenue		02 17 2016 Amount		
City State	Zip Code	570.00		
Oakland CA	94612	Transaction ID: D710464  Date of Disbursement or Obligation		
Purpose of Expenditure Site Rental	Category/ Type	02 / 18 / 2016		
Name of Federal Candidate	Support	Office Sought: House District: 00		
BERNARD SANDERS	Oppose	President Senate State: FL		
Calendar Year-To-Date Per Election for Office Sought	107877.13	Disbursement For:		
(a) SUBTOTAL of Itemized Independent Expenditures				
(b) CURTOTAL of Unitermized Independent Evrenditures				
(b) SUBTOTAL of Unitemized Independent Expenditures		<b>&gt;</b>		
(c) TOTAL Independent Expenditures		•		
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.				
Martha Kuhl [Electroni	ically Filed] Date	04 15 2016		
Signature				

PAGE	80	OF	151 DRM 3X
FOR L	INE 24	OF F	ORM 3X

			FOR LINE 24 OF FORM 32
NAME OF COMMITTEE (In Full)  National Nurses United for Patient Protection			FEC IDENTIFICATION NUMBER ▼
inational nuises officed for Patient Protection			C C00490375
Check if 24-hour report 48-hour report New report	t Amends repor		M / D D / Y Y Y Y Y
Full Name of Payee California Nurses Association	☐ Memo Ite	m Date o	f Public Distribution/Dissemination
Mailing Address 455 Crand Avenue			02 / 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
155 Grand Avenue		Amoun	nt
City State Z	Zip Code		640.00
	94612		etion ID : D710465 f Disbursement or Obligation
Purpose of Expenditure Site Rental	Category/ Type		02 18 2016
Name of Federal Candidate	X Support	Office Sought	: House District: 00
BERNARD SANDERS	Oppose	X Preside	nt Senate State: FL
Calendar Year-To-Date Per Election for Office Sought	107877.13	Disbursement 2016 Otl	For:
Full Name of Payee	☐ Memo Iten		of Public Distribution/Dissemination
California Nurses Association		M	02 20 2016
Mailing Address 155 Grand Avenue		Amour	
City State 2	Zip Code		320.00
	94612		ction ID: D710463 of Disbursement or Obligation
Purpose of Expenditure Site Rental	Category/ Type	M	02 20 2016
Name of Federal Candidate	X Support	Office Sought	t: House District: 00
BERNARD SANDERS	Oppose	X Preside	ent Senate State: FL
Calendar Year-To-Date Per Election for Office Sought	107877.13	Disbursement 2016 Ot	t For:
(a) SUBTOTAL of Itemized Independent Expenditures		· [	960.00
(b) SUBTOTAL of Unitemized Independent Expenditures		· [	
(c) TOTAL Independent Expenditures		· [	
Under penalty of perjury I certify that the independent expenditures rewith, or at the request or suggestion of, any candidate or authorized of party committee) any political party committee or its agent.			
Martha Kuhl [Electronic	ally Filed] Date	M M / 04	15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature			

Martha Kuhl

Signature

	CHEDULE E (FEC Form 3X) EMIZED INDEPENDENT EXPENDIT	TIDEO				or	
	EMIZED INDEPENDENT EXPENDIT	UNES				PAGE 81 FOR LINE 24	OF 151 4 OF FORM 3X
	AME OF COMMITTEE (In Full)				FEC I	DENTIFICATIO	N NUMBER ▼
١	National Nurses United for Patie	ent Protection			C	C00490375	
CI	neck if 24-hour report 48-hour rep	port New repo	ort Amends repo	ort filed on	M = M	/ D = D /	Y Y Y
	Full Name of Payee California Nurses Association		☐ Memo It	em Da	te of Publ	ic Distribution/I	Dissemination 2016
	Mailing Address 155 Grand Avenue			Am	nount	20	2010
	City Oakland	State CA	Zip Code 94612			D : D710467	50.00
	Purpose of Expenditure Online Ad		Category/ Type	Da	te of Disb	oursement or O	bligation 2016
	Name of Federal Candidate		Support	Office Sou	ught:	House [	District:00
	BERNARD SANDERS		Oppose	X Pres	sident	Senate	State: SC
	Calendar Year-To-Date Per Election for Office Sought		21347.52	Disbursen 2016	1	Primary pecify) ▶	General
	Full Name of Payee California Nurses Association  Mailing Address 155 Grand Avenue		☐ Memo Ite		02 02	lic Distribution/I	Dissemination 2016
	City	State	Zip Code	— Г			75.00
	Oakland	CA	94612	I		<b>D : D710472</b> oursement or O	bligation
	Purpose of Expenditure Online Ad		Category/ Type		02	23	2016
	Name of Federal Candidate		X Support	Office So	ught:	House [	District:00
	Bernie Sanders		Oppose	X Pre	sident	Senate	State: DC
	Calendar Year-To-Date Per Election for Office Sought		757143.91	Disbursen 2016	1	Primary pecify) ▶	General
	(a) SUBTOTAL of Itemized Independent Expendent (b) SUBTOTAL of Unitemized Independent (c) TOTAL Independent Expenditures	Expenditures		• [			125.00
	Under penalty of perjury I certify that the in with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorized					

[Electronically Filed]

2016

15

04

Date

PAGE	82	OF	151 ORM 3X
FOR L	INE 24	OF FO	ORM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protection		C C00490375
Check if 24-hour report 48-hour report New rep	ort Amends repo	rt filed on
Full Name of Payee	Memo Ite	Date of Public Distribution/Dissemination
California Nurses Association		02 / 21 / 2016
Mailing Address 155 Grand Avenue		Amount
City State	Zip Code	100.00
Oakland CA	94612	Transaction ID : D710474  Date of Disbursement or Obligation
Purpose of Expenditure Online Ad	Category/ Type	02 23 7 2016
Name of Federal Candidate	X Support	Office Sought: House District: 00
Bernie Sanders	Oppose	President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought	757143.91	Disbursement For: ☐ Primary ☐ General 2016 ☐ Other (specify) ▶
Full Name of Payee	☐ Memo Ite	
California Nurses Association	_ Memories	Date of Public Distribution/Dissemination  02 20 2016
Mailing Address 155 Grand Avenue		Amount
City State	Zip Code	100.00
Oakland CA	94612	Transaction ID : D710475  Date of Disbursement or Obligation
Purpose of Expenditure Online Ad	Category/ Type	02 23 2016
Name of Federal Candidate	Support	Office Sought: House District: 00
Bernie Sanders	Oppose	President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought	757143.91	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		200.00
(b) SUBTOTAL of Unitemized Independent Expenditures		· •
(c) TOTAL Independent Expenditures		<b>&gt;</b>
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
Martha Kuhl [Electron	nically Filed] Date	04 15 2016
Signature		

PAGE 83 OF 151 FOR LINE 24 OF FORM 3X
FEC IDENTIFICATION NUMBER ▼
C C00490375
M / D D / Y Y Y Y Y
of Public Distribution/Dissemination
02 / 19 / 2016
nt
20.00
ction ID: D710476 of Disbursement or Obligation
02 23 2016
t: District: 00
ent Senate State: DC
t For: Primary General
ther (specify) -
of Public Distribution/Dissemination
02 19 2016
nt
200.00
oction ID : D710481 of Disbursement or Obligation
02 / 23 / 2016
nt: House District:00
ent Senate State: MI
nt For: X Primary General
Other (specify) -
220.00
7 7 7

NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protection		C C00490375
Check if 24-hour report 48-hour report New report	t Amends report	t filed on
Full Name of Payee	Memo Iter	m Date of Public Distribution/Dissemination
California Nurses Association		02 19 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 155 Grand Avenue		Amount
City State 2	Zip Code	20.00
	94612	Transaction ID : D710476  Date of Disbursement or Obligation
Purpose of Expenditure Online Ad	Category/ Type	02 / 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support	Office Sought: House District: 00
Bernie Sanders	Oppose	President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:
	□ Mana ltan	
Full Name of Payee California Nurses Association	Memo Item	Date of Public Distribution/Dissemination  02 19 2016
Mailing Address 155 Grand Avenue		Amount
City State 2	Zip Code	200.00
	94612	Transaction ID : D710481  Date of Disbursement or Obligation
Purpose of Expenditure Online Ad	Category/ Type	02 / 23 / 2016
Name of Federal Candidate	X Support	Office Sought: House District: 00
Bernie Sanders	Oppose	President Senate State: MI
Calendar Year-To-Date  Per Election for Office Sought	2840.00	Disbursement For: Primary General 2016
		Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures		220.00
(b) SUBTOTAL of Unitemized Independent Expenditures		<b>•</b>
(c) TOTAL Independent Expenditures		<b>•</b>
Under penalty of perjury I certify that the independent expenditures r with, or at the request or suggestion of, any candidate or authorized oparty committee) any political party committee or its agent.		
Martha Kuhl [Electronic	ally Filed]	04 15 2016
Signature	Date	

	PAGE		OF	151	
Ī	FOR I	INE 24	OF F	ORM 3X	
DENTIFICATION NUMBER ▼					
	_	_			

			FOR LINE 24 OF FO	JHM 3X
NAME OF COMMITTEE (In Full)  National Nurses United for Patient Protection		F	FEC IDENTIFICATION NUM	BER ▼
rvational rivinses officed for Fatient Flotection			C C00490375	
Check if 24-hour report 48-hour report New rep	port Amends repo	rt filed on	M / D D / Y Y	Y
Full Name of Payee UE Western Regional Council	☐ Memo Ite	em Date of	Public Distribution/Dissemin	nation
Mailing Address			02 / 20 / Y Y Y	16 Y
37 South Ashland Ave		Amoun	t	
City State	Zip Code		100	0.00
Chicago	60607		tion ID : D710483 Disbursement or Obligation	1
Purpose of Expenditure Site Rental	Category/ Type	M C	)2 / D D / Y Y Y 20	16 Y
Name of Federal Candidate	X Support	Office Sought:	House District:	00
BERNARD SANDERS	Oppose	X Presider	Senate State:	<u>IL</u>
Calendar Year-To-Date Per Election for Office Sought	58589.55	Disbursement 2016 Oth	For: Primary ☐ (	General
Full Name of Payee	☐ Memo Ite		Public Distribution/Dissemin	nation
Autumn Press		M	M / D D / Y Y	16
Mailing Address 945 Camelia St		Amoun		
City State	Zip Code		3052	2.32
Berkeley CA	94710-1437		tion ID : D710478 Disbursement or Obligation	1
Purpose of Expenditure Printing	Category/ Type	M		)16
Name of Federal Candidate	Support	Office Sought:	House District:	00
Bernie Sanders	Oppose	X Presider	nt Senate State:	DC
Calendar Year-To-Date Per Election for Office Sought	757143.91	Disbursement 2016 Oth	For:	General
(a) SUBTOTAL of Itemized Independent Expenditures		•	3152.	.32
(b) SUBTOTAL of Unitemized Independent Expenditures		•	7	p
(c) TOTAL Independent Expenditures		•		
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.				
Martha Kuhl [Electron	nically Filed] Date	M = M / 04	15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Signature		اسا		

FOR LINE 24 OF FORM 3X	PAGE		OF	151
	FOR L	INE 24	OF F	ORM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)  National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼
national nurses officed for Patient Protection		C C00490375
Check if 24-hour report 48-hour report New rep	oort Amends report	filed on Man / Dad / Yayayay
Full Name of Payee Bus Bank	Memo Iter	m Date of Public Distribution/Dissemination
Mailing Address		02 / 25 / Y Y Y Y Y Y
820 West Jackson		Amount
Suite 815 City State	Zip Code	5784.47
Chicago IL	60607	Transaction ID : D710479  Date of Disbursement or Obligation
Purpose of Expenditure Bus Tour	Category/ Type	02 / 24 / 2016
Name of Federal Candidate	X Support	Office Sought: House District:00
Bernie Sanders	Oppose	President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:
Full Name of Payee	☐ Memo Item	
California Nurses Association		02 24 2016
Mailing Address 155 Grand Avenue		Amount
City State	Zip Code	100.00
Oakland CA	94612	Transaction ID: D710468  Date of Disbursement or Obligation
Purpose of Expenditure Online Ad	Category/ Type	02 / 25 / 2016
Name of Federal Candidate	X Support	Office Sought: House District:00
BERNARD SANDERS	Oppose	President Senate State: SC
Calendar Year-To-Date Per Election for Office Sought	21347.52	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures(b) SUBTOTAL of Unitemized Independent Expenditures		5884.47
(2) 0001011101110111101111111111111111111		192 192 192
(c) TOTAL Independent Expenditures		<b>)</b>
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
Martha Kuhl [Electron	nically Filed] Date	04 / 15 / 2016
Signature		

## ITEN

HEDULE E (FEC Form 3X)						
MIZED INDEPENDENT EXPENDITURES	[	PAGE	86	OF	151	Т
		FOR LI	NE 24	OF FO	ORM 3X	(
15 OF OOM (ITTEE (I. 5 II)						

		TOTT LINE 24 OF TOTAL 3X
NAME OF COMMITTEE (In Full)  National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼
Tradional redises officed for Fatient Frotection		C C00490375
Check if 24-hour report 48-hour report New re	port Amends report	filed on M M / D D / Y Y Y Y
Full Name of Payee California Nurses Association	Memo Iter	Date of Public Distribution/Dissemination
Mailing Address		02 / 24 / 2016
155 Grand Avenue		Amount
City State	Zip Code	50.00
Oakland CA	94612	Transaction ID : D710469  Date of Disbursement or Obligation
Purpose of Expenditure Online Ad	Category/ Type	02 / 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support	Office Sought: House District: 00
BERNARD SANDERS	Oppose	President Senate State: SC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General 2016
	☐ Marra Itara	Other (specify) -
Full Name of Payee Autumn Press	☐ Memo Item	M M / D D / Y Y Y Y Y
Mailing Address 945 Camelia St		02 25 2016 Amount
City State	Zip Code	1397.08
Berkeley CA	94710-1437	Transaction ID : D710470  Date of Disbursement or Obligation
Purpose of Expenditure Printing	Category/ Type	02 / 25 / 2016
Name of Federal Candidate	X Support	Office Sought: House District:00
BERNARD SANDERS	Oppose	President Senate State: SC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		1447.08
(b) SUBTOTAL of Unitemized Independent Expenditures		·
(c) TOTAL Independent Expenditures		<b>&gt;</b>
Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.	•	
Martha Kuhl [Electro	nically Filed]	04 15 2016
Signature	Date	

PAGE 87 OF 151 FOR LINE 24 OF FORM 3X
FEC IDENTIFICATION NUMBER ▼
C C00490375
M / D D / Y H Y H Y
of Public Distribution/Dissemination
nt
530.39  ction ID : D710471  of Disbursement or Obligation
02 / 25 / Y Y Y Y Y Y
t: House District: 00
ent Senate State: SC
t For: Primary General
of Dublic Distribution/Discomination
of Public Distribution/Dissemination
int
100.00
oction ID : D710477
of Disbursement or Obligation
02 25 2016
nt: House District: 00
ent Senate State: DC
nt For: X Primary General
Other (specify) -
630.39

NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protection		C C00490375
		C 00490373
Check if 24-hour report 48-hour report New report	Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee	☐ Memo Item ☐	Date of Public Distribution/Dissemination
Autumn Press		02
Mailing Address 945 Camelia St		02 23 2010
343 Callella St	A	Amount
City State Zip (	Code	530.39
,		ansaction ID : D710471 Date of Disbursement or Obligation
Purpose of Expenditure Printing  Cat	regory/ Type	02 25 7 2016
Name of Federal Candidate	Support Office S	ought: House District: 00
BERNARD SANDERS		resident Senate State: SC
Calendar Year-To-Date Per Election for Office Sought	Disburse 2016	ement For: X Primary General  Other (specify) ▶
Full Name of Payee	Memo Item	Date of Public Distribution/Dissemination
California Nurses Association		02 23 2016
Mailing Address 155 Grand Avenue	Δ	Amount
	[	Amount
City State Zip	Code	100.00
Oakland CA 946		ansaction ID : D710477 Date of Disbursement or Obligation
Purpose of Expenditure Online Ad  Cat	regory/ Type	02 25 / 9 2016
Name of Federal Candidate	Support Office S	Sought: House District:00
Bernie Sanders		resident Senate State: DC
Calendar Year-To-Date Per Election for Office Sought 757	Disburse 2016	ement For:
Per Election for Office Sought		Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	<b>&gt;</b>	630.39
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent expenditures repo- with, or at the request or suggestion of, any candidate or authorized com- party committee) any political party committee or its agent.		
Martha Kuhl [Electronically	Filed] Data 04	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	Date 04	2010

#### SC ITE

CUEDIII E E /EEC Earm 2V)				
SCHEDULE E (FEC Form 3X) TEMIZED INDEPENDENT EXPENDITUR	RES			PAGE 88 OF 151 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			F	FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patient	Protection			C C00490375
Check if 24-hour report 48-hour report	New rep	eport Amends repo	ort filed on	M / D D / Y Y Y Y
Full Name of Payee		Memo Ite	em Date of	Public Distribution/Dissemination
Autumn Press			М =	
Mailing Address 945 Camelia St			Amount	
City	State	Zip Code	-	14692.42
Berkeley	CA	94710-1437		tion ID : D710480
Purpose of Expenditure		Category/	M	Disbursement or Obligation
Printing		Type	02	
Name of Federal Candidate		X Support	Office Sought:	House District:00
Bernie Sanders		Oppose	President	
Calendar Year-To-Date Per Election for Office Sought		757143.91	Disbursement F 2016 Other	For: ☐ Primary ☐ General
Full Name of Payee		☐ Memo Ite		f Public Distribution/Dissemination
California Nurses Association			Date of	Distribution/Dissemination  y y y y y y y y y y y y y y y y y y
Mailing Address 155 Grand Avenue			Amount	
City	State	Zip Code		250.00
Oakland	CA	94612		tion ID: D710482  f Disbursement or Obligation
Purpose of Expenditure Online Ad		Category/ Type	М	02 / 25 / 2016
Name of Federal Candidate		Support	Office Sought:	: House District: 00
Bernie Sanders		Oppose	> President	
Calendar Year-To-Date Per Election for Office Sought		372762.50	Disbursement F	
				01 (01-1-1)
(a) SUBTOTAL of Itemized Independent Expendent	ditures		•	14942.42
(b) SUBTOTAL of Unitemized Independent Exp	penditures		· <b>•</b>	7
(c) TOTAL Independent Expenditures			. •	7
Under penalty of perjury I certify that the indep	pendent expenditure	es reported herein were	not made in co	operation, 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	15	2016
Signature					

Signature

## 17

SCHEDULE E (FEC Form 3X)				
TEMIZED INDEPENDENT EXPENDIT	rures			PAGE 89 OF 151 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patie	ent Protection			C C00490375
Check if 24-hour report 48-hour rep	eport New rep	port Amends repo		M = M / D = D / Y = Y = Y
Full Name of Payee California Nurses Association		☐ Memo It	Date	of Public Distribution/Dissemination
Mailing Address 155 Grand Avenue			Amou	02 25 2016
			/	
City Oakland	State CA	Zip Code 94612		20.00 action ID : D710490 of Dischursement or Obligation
Purpose of Expenditure Online Ad		Category/ Type		of Disbursement or Obligation  02
Name of Federal Candidate		X Support	Office Sough	nt: House District: 00
BERNARD SANDERS		Oppose	X Preside	lent Senate State: SC
Calendar Year-To-Date Per Election for Office Sought		21347.52	Disbursemen 2016	nt For:
Full Name of Payee North Wood Advertising		☐ Memo Ite	Date	of Public Distribution/Dissemination
Mailing Address 1201 Fifteen Building 15 South Fifth			Amou	unt
City	State	Zip Code		65353.00
Minneapolis	MN	55402		action ID : D710529 of Disbursement or Obligation
Purpose of Expenditure Radio		Category/ Type		02 / 29 / 2016
Name of Federal Candidate		Support	Office Sough	ht: House District:00
Bernie Sanders		Oppose	X Presid	
Calendar Year-To-Date Per Election for Office Sought		82078.00	Disbursemer 2016	
(a) SUBTOTAL of Itemized Independent Ex	rpenditures		· [	65373.00
(b) SUBTOTAL of Unitemized Independent	Expenditures		· •	141141141
(c) TOTAL Independent Expenditures			· -	7 7 7
Under penalty of perjury I certify that the ir with, or at the request or suggestion of, any party committee) any political party committee	y candidate or authorized	•		•

Martha Kuhl [Electronically Filed] 04 15 2016 Date

PAGE	90	OF	151 ORM 3X
FOR L	INE 24	OF F	ORM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)  National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼
TVALIONAL INUISES ONILEU IOI FALIENI PIOLECTION		C C00490375
Check if 24-hour report 48-hour report New rep	port Amends report	filed on M M / D D / Y Y Y Y Y
Full Name of Payee California Nurses Association	☐ Memo Iter	Date of Public Distribution/Dissemination
Mailing Address		03 / 01 / 2016
155 Grand Avenue		Amount
City State	Zip Code	200.00
Oakland CA	94612	Transaction ID : D710519 Date of Disbursement or Obligation
Purpose of Expenditure Online Ad	Category/ Type	03 / 01 / 2016
Name of Federal Candidate	Support	Office Sought: House District: 00
Bernie Sanders	Oppose	President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General
	D Marra Harr	Other (specify) -
Full Name of Payee California Nurses Association	Memo Item	M M / D D / Y Y Y Y Y
Mailing Address 155 Grand Avenue		02 29 2016 Amount
City State	Zip Code	40.00
Oakland CA	94612	Transaction ID: D710520  Date of Disbursement or Obligation
Purpose of Expenditure Online Ad	Category/ Type	03 / 01 / 2016
Name of Federal Candidate	Support	Office Sought: House District:00
Bernie Sanders	Oppose	President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		240.00
(b) CURTOTAL of Heitersized Independent Formatilities		
(b) SUBTOTAL of Unitemized Independent Expenditures		•
(c) TOTAL Independent Expenditures		<b>&gt;</b>
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
Martha Kuhl [Electron	nically Filed] Date	04 15 2016
Signature		

### S IT

Martha Kuhl

Signature

CHEDULE E (FEC Form 3X)				
TEMIZED INDEPENDENT EXPENDITUI	RES		PAGE FOR LIN	91 OF 151 IE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICA	ATION NUMBER ▼
National Nurses United for Patient	Protection		C C0049037	'5
Check if 24-hour report 48-hour report	New re	port Amends repo	rt filed on	/ Y = Y = Y
Full Name of Payee California Nurses Association		☐ Memo It	Date of Public Distribut	ion/Dissemination
			02 / 29	2016
Mailing Address 155 Grand Avenue			Amount	
City	State	Zip Code		25.00
Oakland	CA	94612	Transaction ID : D71052 Date of Disbursement	
Purpose of Expenditure Online Ad		Category/ Type	03 / 01	2016
Name of Federal Candidate		Support	Office Sought: House	District: 00
BERNARD SANDERS		Oppose	President Senate	
Calendar Year-To-Date Per Election for Office Sought		27518.27	Disbursement For:	nary General
Full Name of Payee California Nurses Association		☐ Memo Ite	Date of Public Distribut	tion/Dissemination
			02 29	2016
Mailing Address 155 Grand Avenue			Amount	
City	State	Zip Code		25.00
Oakland	CA	94612	Transaction ID : D71052 Date of Disbursement	
Purpose of Expenditure Online Ad		Category/ Type	03 / 01	2016
Name of Federal Candidate			Office Sought: House	District: 00
Bernie Sanders		Oppose	President Senate	10/0
Calendar Year-To-Date Per Election for Office Sought	7 7	82078.00	Disbursement For:	nary General
(a) SUBTOTAL of Itemized Independent Expen	ditures			50.00
			7	
(b) SUBTOTAL of Unitemized Independent Exp	enditures		<b>&gt;</b>	
(c) TOTAL Independent Expenditures			<b>&gt;</b>	7
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any ca party committee) any political party committee of	ndidate or authorize	•		· ·

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Date

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PAGE 92 FOR LINE	2 OF 151 24 OF FORM 3X
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C C00490375	
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of Public Distribution	on/Dissemination 2016
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oction ID : D710523 of Disbursement or	
03 / 01	2016
nt: House	District:00
ent Senate	State: DC
nt For: Prima	ry General
of Public Distribution	on/Dissemination
02 / 29	/ Y Y Y Y Y 2016
ınt	
	300.00
of Disbursement or	
03 / 01	2016
nt: House	District:00
ent Senate	State: DC
nt For: X Prima	ary General
Other (specify)	
7 1 7	400.00

	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Ν	ational Nurses United for Pat	ient Protection			
					C C00490375
					M = M / D = D / Y = Y = Y
Che	eck if 24-hour report 48-hour re	eport New repo	ort Amends repo	rt filed	
П	Full Name of Payee		Memo Ite	em	Date of Public Distribution/Dissemination
	California Nurses Association				M M / D D / Y Y Y
	Mailing Adalas a				02 29 2016
	Mailing Address 155 Grand Avenue				Amount
ŀ	City	State	Zip Code		100.00
	Oakland	CA	94612	-	Transaction ID : D710523
			0.012		Date of Disbursement or Obligation
	Purpose of Expenditure Online Ad		Category/ Type		03 01 7 2016
ŀ	Name of Federal Candidate			0"	Sought: House District: 00
			Support		riouse District.
	Bernie Sanders		Oppose	X	President Senate State: DC
ĺ	Calendar Year-To-Date				rsement For: X Primary General
	Per Election for Office Sought		757143.91	2016	Other (specify) ►
ŀ	Full Name of Davis		Memo Ite	m	
	Full Name of Payee California Nurses Association			'''	Date of Public Distribution/Dissemination
	Camorna ranges / (330clation				02 29 2016
	Mailing Address 155 Grand Avenue				
	100 Glalid Avenue				Amount
ļ					
- 1	City	State	Zin Code		300.00
	City	State	Zip Code		300.00
	City Oakland	State CA	Zip Code 94612		300.00  Transaction ID : D710524  Date of Disbursement or Obligation
	Oakland Purpose of Expenditure		·	_	Transaction ID : D710524  Date of Disbursement or Obligation
	Oakland		94612	_	Transaction ID : D710524  Date of Disbursement or Obligation
	Oakland Purpose of Expenditure		94612 Category/ Type		Transaction ID : D710524  Date of Disbursement or Obligation  03
	Oakland  Purpose of Expenditure Online Ad  Name of Federal Candidate		94612  Category/ Type  Support	Office	Transaction ID : D710524  Date of Disbursement or Obligation  M 03
	Oakland  Purpose of Expenditure Online Ad		94612 Category/ Type	Office	Transaction ID : D710524  Date of Disbursement or Obligation  03
	Oakland  Purpose of Expenditure Online Ad  Name of Federal Candidate		94612  Category/ Type  Support Oppose	Office X	Transaction ID : D710524  Date of Disbursement or Obligation  M 03
	Oakland  Purpose of Expenditure Online Ad  Name of Federal Candidate Bernie Sanders		94612  Category/ Type  Support	Office	Transaction ID : D710524  Date of Disbursement or Obligation  M 03
	Oakland  Purpose of Expenditure Online Ad  Name of Federal Candidate Bernie Sanders  Calendar Year-To-Date		94612  Category/ Type  Support Oppose	Office X	Transaction ID : D710524  Date of Disbursement or Obligation  M 03
	Oakland  Purpose of Expenditure Online Ad  Name of Federal Candidate Bernie Sanders  Calendar Year-To-Date Per Election for Office Sought	CA	94612  Category/ Type  Support Oppose  757143.91	Office  Disbu 2016	Transaction ID : D710524  Date of Disbursement or Obligation  M 03
	Oakland  Purpose of Expenditure Online Ad  Name of Federal Candidate Bernie Sanders  Calendar Year-To-Date	CA	94612  Category/ Type  Support Oppose  757143.91	Office  Disbu 2016	Transaction ID : D710524  Date of Disbursement or Obligation  M 03
	Oakland  Purpose of Expenditure Online Ad  Name of Federal Candidate Bernie Sanders  Calendar Year-To-Date Per Election for Office Sought	CA	94612  Category/ Type  Support Oppose  757143.91	Office  Disbu 2016	Transaction ID : D710524  Date of Disbursement or Obligation  M 03
	Oakland  Purpose of Expenditure Online Ad  Name of Federal Candidate Bernie Sanders  Calendar Year-To-Date Per Election for Office Sought	CA ::xpenditures	94612  Category/ Type  Support Oppose  757143.91	Office	Transaction ID : D710524  Date of Disbursement or Obligation  M 03
	Oakland  Purpose of Expenditure Online Ad  Name of Federal Candidate Bernie Sanders  Calendar Year-To-Date Per Election for Office Sought	CA ::xpenditures	94612  Category/ Type  Support Oppose  757143.91	Office	Transaction ID : D710524  Date of Disbursement or Obligation  M 03
(	Oakland  Purpose of Expenditure Online Ad  Name of Federal Candidate Bernie Sanders  Calendar Year-To-Date Per Election for Office Sought	cxpenditurest Expenditures	94612  Category/ Type  Support Oppose  757143.91	Office  Disbur 2016	Transaction ID : D710524  Date of Disbursement or Obligation  M 03
(	Purpose of Expenditure Online Ad  Name of Federal Candidate Bernie Sanders  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent E	cxpenditurest Expenditures	94612  Category/ Type  Support Oppose  757143.91	Office  Disbur 2016	Transaction ID : D710524  Date of Disbursement or Obligation  M 03
(	Purpose of Expenditure Online Ad  Name of Federal Candidate Bernie Sanders  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent E	cxpenditurest Expenditures	94612  Category/ Type  Support Oppose  757143.91	Office  Disbur 2016	Transaction ID : D710524  Date of Disbursement or Obligation  M 03
	Purpose of Expenditure Online Ad  Name of Federal Candidate Bernie Sanders  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent E (b) SUBTOTAL of Unitemized Independent (c) TOTAL Independent Expenditures	t Expenditures independent expenditures any candidate or authorized	94612  Category/ Type  Support Oppose  757143.91  reported herein were	Office  Disbur 2016	Transaction ID : D710524  Date of Disbursement or Obligation  M 03
	Oakland  Purpose of Expenditure Online Ad  Name of Federal Candidate Bernie Sanders  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent E  (b) SUBTOTAL of Unitemized Independent  (c) TOTAL Independent Expenditures  Under penalty of perjury I certify that the with, or at the request or suggestion of, ar	t Expenditures independent expenditures any candidate or authorized	94612  Category/ Type  Support Oppose  757143.91  reported herein were	Office  Disbur 2016	Transaction ID: D710524  Date of Disbursement or Obligation  M M M O3
	Oakland  Purpose of Expenditure Online Ad  Name of Federal Candidate Bernie Sanders  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent E  (b) SUBTOTAL of Unitemized Independent  (c) TOTAL Independent Expenditures  Under penalty of perjury I certify that the with, or at the request or suggestion of, ar	t Expenditures  independent expenditures any candidate or authorized ttee or its agent.	Category/ Type  Support Oppose  757143.91  reported herein were committee or agent o	Office  Disbur 2016	Transaction ID: D710524  Date of Disbursement or Obligation  M M M O3
	Purpose of Expenditure Online Ad  Name of Federal Candidate Bernie Sanders  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent E  (b) SUBTOTAL of Unitemized Independent  (c) TOTAL Independent Expenditures	t Expenditures  independent expenditures any candidate or authorized ttee or its agent.	94612  Category/ Type  Support Oppose  757143.91  reported herein were	Office  Disbur 2016	Transaction ID: D710524  Date of Disbursement or Obligation    M

NAME OF COMMITTEE (In Full)

Full Name of Payee

Purpose of Expenditure

Name of Federal Candidate

Calendar Year-To-Date

Per Election for Office Sought

California Nurses Association

155 Grand Avenue

Mailing Address

24-hour report

California Nurses Association

Check if

City

Oakland

Online Ad

Bernie Sanders

Full Name of Payee

Purpose of Expenditure

Name of Federal Candidate

Calendar Year-To-Date

Per Election for Office Sought

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

(b) SUBTOTAL of Unitemized Independent Expenditures .....

Mailing Address

City

Oakland

Online Ad

Bernie Sanders

Signature

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

National Nurses United for Patient Protection

155 Grand Avenue

48-hour report

New report

Zip Code

Category/

757143.91

Zip Code

Category/

757143.91

94612

94612

State

CA

State

CA

	PAGE 93 OF 151
	FOR LINE 24 OF FORM 3X
	FEC IDENTIFICATION NUMBER ▼
	C C00490375
Amends report file	d on
Memo Item	Date of Public Distribution/Dissemination
	02 / 29 / 2016
	Amount
ode	100.00
2	Transaction ID : D710525  Date of Disbursement or Obligation
gory/ Type	03 01 2016
Support Office	ce Sought: House District: 00
Oppose	President Senate State: DC
Disb 43.91 2016	
Memo Item	Other (specify)
_ Memorican	Date of Public Distribution/Dissemination  02 29 2016
	Amount
nde	100.00
	Transaction ID : D710526  Date of Disbursement or Obligation
2	100.00 Transaction ID : D710526
gory/ Type	Transaction ID : D710526  Date of Disbursement or Obligation
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gory/ Type  Support Oppose Disk	Transaction ID: D710526 Date of Disbursement or Obligation  M 03

(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

PAGE 94 OF 151
FOR LINE 24 OF FORM 3X
FEC IDENTIFICATION NUMBER ▼
C C00490375
1 M = M / D = D / Y = Y = Y
Date of Public Distribution/Dissemination
02 / 29 / Y Y Y Y Y Y Y
Amount
1931.74 ansaction ID : D710527
Date of Disbursement or Obligation
03 01 2016
Sought: House District: 00
resident Senate State: DC
ement For: X Primary General
Other (specify) ▶
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Date of Public Distribution/Dissemination  M M M / D D / 29 / 2016  Amount  11097.54  cansaction ID: D710528
Date of Public Distribution/Dissemination  M 02 29 2016  Amount  11097.54  Pansaction ID: D710528  Date of Disbursement or Obligation
Date of Public Distribution/Dissemination  M M M / D D / 29 / 2016  Amount  11097.54  Pansaction ID : D710528  Date of Disbursement or Obligation  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Date of Public Distribution/Dissemination  M M M / 29 / 2016  Amount  11097.54  Tansaction ID: D710528 Date of Disbursement or Obligation  M M M / 01 / 2016  Sought: House District: 00
Date of Public Distribution/Dissemination  M M M / D D / 29 / 2016  Amount  11097.54  Tansaction ID: D710528 Date of Disbursement or Obligation  M M M M O D / 2016  Gought: House District: 00  Tresident Senate State: DC
Date of Public Distribution/Dissemination  M M M / 29 / 2016  Amount  11097.54  Pansaction ID: D710528 Date of Disbursement or Obligation  M M M / 01 / 2016  Cought: House District: 00  President Senate State: DC  ement For: X Primary General
Date of Public Distribution/Dissemination  M M M / 29 / 2016  Amount  11097.54  Pansaction ID: D710528 Date of Disbursement or Obligation  M M M / 01 / 2016  Cought: House District: 00  President Senate State: DC  ement For: X Primary General
Date of Public Distribution/Dissemination  M M M / D D / 29 / 2016  Amount  11097.54  Tansaction ID: D710528 Date of Disbursement or Obligation  M M M M D D / 2016  Gought: House District: 00  Tresident Senate State: DC  Trement For: Primary General  Other (specify)
Date of Public Distribution/Dissemination  M M M / D D / 29 / 2016  Amount  11097.54  Tansaction ID: D710528 Date of Disbursement or Obligation  M M M M D D / 2016  Gought: House District: 00  Tresident Senate State: DC  Trement For: Primary General  Other (specify)
Date of Public Distribution/Dissemination  M M M / D D / 29 / 2016  Amount  11097.54  Tansaction ID: D710528 Date of Disbursement or Obligation  M M M M D D / 2016  Gought: House District: 00  Tresident Senate State: DC  Trement For: Primary General  Other (specify)

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection Check if 24-hour report 48-hour report New report Amends report filed or Full Name of Payee Memo Item С Alliance Graphics Mailing Address 1101 8th Street City State Zip Code CA Berkeley 94710 Tr Purpose of Expenditure Category/ Printing Type Name of Federal Candidate X Support Office S Bernie Sanders Oppose Disburse Calendar Year-To-Date 2016 757143.91 Per Election for Office Sought Memo Item Full Name of Payee Autumn Press Mailing Address 945 Camelia St City State Zip Code CA 94710-1437 Tr Berkeley Purpose of Expenditure Category/ Printing Type Name of Federal Candidate |X | Support Office S Bernie Sanders Oppose XP Disburs Calendar Year-To-Date 757143.91 2016 Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures..... (b) SUBTOTAL of Unitemized Independent Expenditures ..... (c) TOTAL Independent Expenditures..... Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Martha Kuhl [Electronically Filed] 04 15 2016 Date Signature

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HEDULE E (FEC FORM 3X)				
MIZED INDEPENDENT EXPENDITURES	PAGE	95	OF	151
	FOR LI	NE 24	OF FO	ORM (

NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼		
National Nurses United for Patient Protection  C c00490375				
Check if 24-hour report 48-hour report New rep	ort Amends repo	rt filed on		
Full Name of Payee	Memo Ite	Date of Public Distribution/Dissemination		
Campaign Workshop		11 09 / Y Y Y Y		
Mailing Address 1129 20th Street, Suite 200		Amount		
City State	Zip Code	750.00		
Washington DC	20036	Transaction ID : D710532  Date of Disbursement or Obligation		
Purpose of Expenditure Printing	Category/ Type	03 / 01 / 2016		
Name of Federal Candidate	Support	Office Sought: House District: 00		
BERNARD SANDERS	Oppose	President Senate State: IA		
Calendar Year-To-Date Per Election for Office Sought	98103.35	Disbursement For:		
Full Name of Payee	☐ Memo Ite			
Campaign Workshop		12 15 2015		
Mailing Address 1129 20th Street, Suite 200		Amount		
City State	Zip Code	300.00		
Washington DC	20036	Transaction ID : D710533  Date of Disbursement or Obligation		
Purpose of Expenditure Printing	Category/ Type	03 / 01 / 2016		
Name of Federal Candidate	Support	Office Sought: House District: 00		
BERNARD SANDERS	Oppose	President Senate State:		
Calendar Year-To-Date Per Election for Office Sought	98103.35	Disbursement For:  Primary General 2016		
		U Other (specify) ►		
(a) SUBTOTAL of Itemized Independent Expenditures		1050.00		
(b) SUBTOTAL of Unitemized Independent Expenditures		· •		
(c) TOTAL Independent Expenditures				
· 		7 7 7		
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.				
Martha Kuhl [Electron	nically Filed] Date	04 15 2016		
Signature	Date	للنتا لنا لنا		

# S

Martha Kuhl

Signature

CHEDULE E (FEC Form 3X)				
EMIZED INDEPENDENT EXPENDITURES			PAG FOF	E 96 OF 151 R LINE 24 OF FORM 3X
IAME OF COMMITTEE (In Full)			FEC IDENT	IFICATION NUMBER ▼
National Nurses United for Patient Pr	otection		C C004	90375
Check if 24-hour report 48-hour report	New re	port Amends repo	t filed on Man / D	D / Y = Y = Y
Full Name of Payee Campaign Workshop		☐ Memo It	Date of Tubile Bis	tribution/Dissemination
Mailing Address 1129 20th Street, Suite 200			01	07 2016
			Amount	
City	State	Zip Code		655.65
Washington Purpose of Expenditure	DC	20036	Transaction ID : D7  Date of Disbursem	
Printing Printing		Category/ Type	03	01 / 2016
Name of Federal Candidate		Support	Office Sought:	ouse District: 00
BERNARD SANDERS		Oppose	<u></u>	enate State: IA
Calendar Year-To-Date Per Election for Office Sought	7 7	98103.35	Disbursement For: X 2016 Other (specify	Primary General  ) ▶
Full Name of Payee	_	☐ Memo Ite	m Date of Public Dis	tribution/Dissemination
Campaign Workshop			12 / D	15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1129 20th Street, Suite 200			Amount	
City	State	Zip Code		300.00
Washington	DC	20036	Transaction ID : D7 Date of Disbursem	
Purpose of Expenditure Printing		Category/ Type	03 / D	01 / 2016
Name of Federal Candidate		Support	Office Sought: H	ouse District: 00
BERNARD SANDERS		Oppose		enate State: NV
Calendar Year-To-Date Per Election for Office Sought	, , ,	148607.61	Disbursement For: X 2016 Other (specify	,
(a) SUBTOTAL of Itemized Independent Expenditure	es		<b>&gt;</b>	955.65
(b) SUBTOTAL of Unitemized Independent Expend	itures		<b>•</b>	4
(c) TOTAL Independent Expenditures			<b>•</b>	4 1 4
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorize			

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2016

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

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Date

PAGE 97 OF 151 FOR LINE 24 OF FORM 3X
EC IDENTIFICATION NUMBER ▼
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M / D = D / Y = Y = Y
Public Distribution/Dissemination
1 07 7 2016
677.55 on ID : D710536
Disbursement or Obligation
B / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
House District: 00
Senate State: NV
For: X Primary General

				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	in at Dante (C)			FEC IDENTIFICATION NUMBER ▼
National Nurses United for Pat	ient Protection			C C00490375
Check if 24-hour report 48-hour r	peport New report	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		☐ Memo Ite	em Da	ate of Public Distribution/Dissemination
Campaign Workshop				01 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1129 20th Street, Suite	200		An	nount
City	State	Zip Code	<del></del> Г	677.55
Washington	DC	20036	-	nsaction ID : D710536 ate of Disbursement or Obligation
Purpose of Expenditure Printing		Category/ Type		03 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office So	ught: House District: 00
BERNARD SANDERS		Oppose	X Pre	agna <u>licado Biotnota</u>
Calendar Year-To-Date Per Election for Office Sought		148607.61	Disburser 2016	
	, , , ,			Other (specify) ►
Full Name of Payee Campaign Workshop		☐ Memo Ite	m Da	ate of Public Distribution/Dissemination
Mailing Address 1129 20th Street, Suite	200			02 08 2016
			Ar	mount
City	State	Zip Code	$-$   $\Gamma$	84.55
Washington	DC	20036		nsaction ID : D710537 ate of Disbursement or Obligation
Purpose of Expenditure Printing		Category/ Type		03 / 01 / 2016
Name of Federal Candidate		Support	Office So	ought: House District: 00
BERNARD SANDERS		Oppose	X Pre	-
Calendar Year-To-Date Per Election for Office Sought		148607.61		ment For:
(a) SUBTOTAL of Itemized Independent E	Expenditures		•	762.10
(b) SUBTOTAL of Unitemized Independen	nt Expenditures			
(c) TOTAL Independent Expenditures			· [	
Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party commit	ny candidate or authorized			
Martha Kuhl	[Electroni	ically Filed]	M M M	15 2016
Signature	<u> </u>	Date		

PAGE	98	OF	151
FOR L	INE 24	OF F	ORM 3X
ENTIFI	CATIO	N NUM	BER ▼
_	_		

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protection		C C00490375
Check if 24-hour report 48-hour report New repo	ort Amends report f	iled on
Full Name of Payee	Memo Item	Date of Public Distribution/Dissemination
Campaign Workshop		02 12 2016
Mailing Address 1129 20th Street, Suite 200		Amount
City State	Zip Code	8513.70
Washington DC	20036	Transaction ID: D710538  Date of Disbursement or Obligation
Purpose of Expenditure Printing	Category/ Type	03 01 2016
Name of Federal Candidate	Support O	ffice Sought: House District: 00
BERNARD SANDERS		President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		isbursement For: X Primary General
		Other (specify) ▶
Full Name of Payee California Nurses Association	Memo Item	Date of Public Distribution/Dissemination
Mailing Address 155 Grand Avenue		03 01 2016  Amount
City State	Zip Code	50.00
Oakland CA	94612	Transaction ID : D710540  Date of Disbursement or Obligation
Purpose of Expenditure Online Ad	Category/ Type	03 / 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support O	office Sought: House District: 00
Bernie Sanders		President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought		isbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		8563.70
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	•	
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
Martha Kuhl [Electronia	cally Filed]	04 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	Date	2010

PAGE	99	OF	151
FOR L	INE 24	OF F	ORM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)  National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼
Tradional redises officed for Fatient Flotection		C C00490375
Check if 24-hour report 48-hour report New report	port Amends report	filed on M M / D D / Y Y Y Y Y
Full Name of Payee California Nurses Association	Memo Iter	Date of Public Distribution/Dissemination
Mailing Address 455 Crand Avenue		03 / 01 / 2016
155 Grand Avenue		Amount
City State	Zip Code	50.00
Oakland CA	94612	Transaction ID : D710541  Date of Disbursement or Obligation
Purpose of Expenditure Online Ad	Category/ Type	03 / 02 / 2016
Name of Federal Candidate	X Support	Office Sought: House District:00
Bernie Sanders	Oppose	President Senate State: WA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:
Full Name of Payee	☐ Memo Item	
Erin L FitzGerald		Date of Public Distribution/Dissemination  02 27 2016
Mailing Address 1028 Florida Street		Amount
City State	Zip Code	5500.00
Vallejo CA	94590	Transaction ID : D710542  Date of Disbursement or Obligation
Purpose of Expenditure Video Production	Category/ Type	03 / 02 / 2016
Name of Federal Candidate	X Support	Office Sought: House District:00
Bernie Sanders	Oppose	President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: X Primary General 2016 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		5550.00
(b) SUBTOTAL of Unitemized Independent Expenditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures		<b>•</b>
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
Martha Kuhl [Electro	nically Filed] Date	04 15 2016
Signature		

PAGE	100	OF	151 ORM 3X
FOR L	INE 24	OF F	ORM 3X

			FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)  National Nurses United for Patient Protection		F	FEC IDENTIFICATION NUMBER ▼
TVALIDITAL INVISES OFFICE TO FALLETT PROTECTION			C C00490375
Check if 24-hour report 48-hour report New report	rt Amends repor	t filed on	/ D = D / Y = Y = Y
Full Name of Payee California Nurses Association	☐ Memo Ite	m Date of	Public Distribution/Dissemination
		C	03
Mailing Address 155 Grand Avenue		Amount	t
City State 2	Zip Code		50.00
Oakland CA	94612		tion ID : D710610 Disbursement or Obligation
Purpose of Expenditure Online Ad	Category/ Type	М	
Name of Federal Candidate	X Support	Office Sought:	House District:00
Bernie Sanders	Oppose	X Presider	nt Senate State: DC
Calendar Year-To-Date Per Election for Office Sought	757143.91	Disbursement 2016 Oth	For:
Full Name of Payee	☐ Memo Iter		f Public Distribution/Dissemination
California Nurses Association		M	03 02 2016
Mailing Address 155 Grand Avenue		Amoun	
City State 2	Zip Code		12082.66
Oakland CA	94612		tion ID: D710611 f Disbursement or Obligation
Purpose of Expenditure Printing	Category/ Type	M	03 / 2016
Name of Federal Candidate	X Support	Office Sought:	House District:00
Bernie Sanders	Oppose	X Presider	nt Senate State: DC
Calendar Year-To-Date Per Election for Office Sought	757143.91	Disbursement 2016	
(a) SUBTOTAL of Itemized Independent Expenditures			12132.66
(b) SUBTOTAL of Unitemized Independent Expenditures		<b>•</b>	7 7 7
(c) TOTAL Independent Expenditures		<b>•</b>	7 7 7
Under penalty of perjury I certify that the independent expenditures r with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.			
Martha Kuhl [Electronic	ally Filed] Date	M M / 04	15 2016
Signature	Zato		

#### SCH ITEM

nage# 201604159012564522 CHEDULE E (FEC Form 3X) EMIZED INDEPENDENT EXPENDIT				PAGE 101 OF 151
	01.20			FOR LINE 24 OF FORM 3X
IAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patie	nt Protection			C C00490375
theck if 24-hour report 48-hour rep	port New repo	ort Amends repo	ort filed	d on Mam / Dab / Yayayay
Full Name of Payee California Nurses Association		☐ Memo Ite	em	Date of Public Distribution/Dissemination  03  06  2016
Mailing Address 155 Grand Avenue				Amount 2016
City	State	Zip Code		436.90
Oakland	CA	94612		Transaction ID : D710612  Date of Disbursement or Obligation
Purpose of Expenditure Payroll Expense		Category/ Type		03 / 03 / 2016
Name of Federal Candidate		X Support	Office	e Sought: House District: 00
Bernie Sanders		Oppose		President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought		757143.91	Disbu 2016	ursement For:
Full Name of Payee California Nurses Association		☐ Memo Itei	:m	Date of Public Distribution/Dissemination
Mailing Address 155 Grand Avenue				03 06 2016
1-50 - 1				Amount
City	State	Zip Code		943.42
Oakland	CA	94612		Transaction ID : D710613  Date of Disbursement or Obligation
Purpose of Expenditure Payroll Expense		Category/ Type		03 / 03 / 2016
Name of Federal Candidate		Support	Office	ce Sought: House District: 00
Bernie Sanders		Oppose	X	President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought		757143.91	Disbu 2016	oursement For:  Primary General  Other (specify)   Other
(a) SUBTOTAL of Itemized Independent Ex	penditures		•	1380.32
(b) SUBTOTAL of Unitemized Independent	Expenditures		•	7 7 7
(c) TOTAL Independent Expenditures			•	
Under penalty of periury I certify that the in	ndependent expenditures	reported herein were	not m	nade in cooperation, consultation, or concert

Un 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 /	15	2016
Signature					

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)  National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼
Tradional redises officed for Fatient Frotection		C C00490375
Check if 24-hour report 48-hour report New report	port Amends report	filed on Man / Dad / Yayayay
Full Name of Payee California Nurses Association	Memo Iter	m Date of Public Distribution/Dissemination
Mailing Address 455 Crand Avenue		03 / 02 / 2016
155 Grand Avenue		Amount
City State	Zip Code	50.00
Oakland CA	94612	Transaction ID : D710614  Date of Disbursement or Obligation
Purpose of Expenditure Online Ad	Category/ Type	03 / 03 / 2016
Name of Federal Candidate	X Support	Office Sought: House District: 00
BERNARD SANDERS	Oppose	President Senate State: IL
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General  2016 Cther (coesite)
	Memo Item	Other (specify)
Full Name of Payee National Nurses United	□ Memoriten	Date of Public Distribution/Dissemination  03 03 03 03 03
Mailing Address 155 Grand Avenue		Amount
City State	Zip Code	30228.00
Oakland CA	94612	Transaction ID : D710618  Date of Disbursement or Obligation
Purpose of Expenditure Media Time Buy	Category/ Type	03 / 03 / 2016
Name of Federal Candidate	X Support	Office Sought: House District:00
Bernie Sanders	Oppose	President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought	757143.91	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		30278.00
(b) SUBTOTAL of Unitemized Independent Expenditures		<b>)</b>
(c) TOTAL Independent Expenditures		<b>&gt;</b>
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
Martha Kuhl [Electron	nically Filed] Date	04 15 2016
Signature		

PAGE	103	OF	151	
FOR L	NE 24	OF	FORM 3X	

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)  National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼
National Nurses Office for Patient Protection		C C00490375
Check if 24-hour report 48-hour report New	report Amends report	filed on Mam / Dab / Yayayay
Full Name of Payee National Nurses United	☐ Memo Item	Date of Public Distribution/Dissemination
Mailing Addrass		03 / 01 / 2016
155 Grand Avenue		Amount
City State	Zip Code	1250.00
Oakland CA	94612	Transaction ID : D710619  Date of Disbursement or Obligation
Purpose of Expenditure Media Time Buy	Category/ Type	03 / 03 / 2016
Name of Federal Candidate	X Support C	Office Sought: House District: 00
Bernie Sanders		President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:
Full Name of Payee	Memo Item	Date of Public Distribution/Dissemination
Postal Systems, Inc.	_ meme tem	Date of Public Distribution/Dissemination  02 09 2016
Mailing Address 1890 North Blvd.		Amount
City State	Zip Code	1424.50
San Leandro CA	94577	Transaction ID : D710673  Date of Disbursement or Obligation
Purpose of Expenditure Postage	Category/ Type	03 / 03 / 2016
Name of Federal Candidate	X Support C	Office Sought: House District: 00
BERNARD SANDERS	Oppose	President Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		2674.50
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	)	
Under penalty of perjury I certify that the independent expenditu with, or at the request or suggestion of, any candidate or authori party committee) any political party committee or its agent.		
Martha Kuhl [Elect	tronically Filed] Date	04 15 2016
Signature		

### : 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

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 ITEMIZED INDE

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES	PAGE 105 OF 151 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)  National Nurses United for Patient Protection	DENTIFICATION NUMBER ▼ C00490375

National Nurses United for Patient P	rotection			C C00490375
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed c	on M = M / D = D / Y = Y = Y
Full Name of Payee		Memo It	em	Date of Public Distribution/Dissemination
California Nurses Association				03 04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 155 Grand Avenue				Amount
City	State	Zip Code		87.20
Oakland	CA	94612		ransaction ID : D712350 Date of Disbursement or Obligation
Purpose of Expenditure Online Ad		Category/ Type		03 / 03 / 2016
Name of Federal Candidate		Support	Office	Sought: House District: 00
Bernie Sanders		Oppose	X	President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought	7	757143.91	Disburs 2016	sement For:
Full Name of Payee	_	☐ Memo Ite	m	Date of Public Distribution/Dissemination
California Nurses Association				03 03 2016
Mailing Address 155 Grand Avenue				Amount
City	State	Zip Code		43.60
Oakland	CA	94612	Т	ransaction ID : D712395  Date of Disbursement or Obligation
Purpose of Expenditure Equipment Expense		Category/ Type		03 / 03 / 2016
Name of Federal Candidate		Support	Office	Sought: House District:00
BERNARD SANDERS		Oppose	X	President Senate State: IL
Calendar Year-To-Date Per Election for Office Sought	7 7	58589.55	Disbur 2016	sement For:
(a) SUBTOTAL of Itemized Independent Expenditu	res		. •	130.80
(b) SUBTOTAL of Unitemized Independent Expendent	litures		•	1171171171
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candic party committee) any political party committee or it	date or authorized			
Martha Kuhl	[Electron	ically Filed] Date	M = 04	M / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature				التثنا ليا ا

PAGE	106	OF	151 ORM 3X
FOR L	INE 24	OF FO	ORM 3X

			FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)  National Nurses United for Patient Protection			FEC IDENTIFICATION NUMBER ▼
rvational Nuises Office for Patient Protection			C C00490375
Check if 24-hour report 48-hour report New report	Amends report		M / D D / Y Y Y Y Y
Full Name of Payee California Nurses Association	☐ Memo Iter	m Date o	f Public Distribution/Dissemination
Mailing Address 455 Crond Avenue			03 / 03 / 2016
155 Grand Avenue		Amoun	nt
City State Zip	p Code		30.00
	4612		ction ID: D710633  f Disbursement or Obligation
Purpose of Expenditure Online Ad	Category/ Type		03 / 04 / 2016
Name of Federal Candidate	X Support	Office Sought	: House District: 00
Bernie Sanders	Oppose	X Preside	nt Senate State: OR
Calendar Year-To-Date Per Election for Office Sought		Disbursement 2016	For: X Primary General
Full Name of Payee	☐ Memo Item		of Public Distribution/Dissemination
Alliance Graphics		M	03
Mailing Address 1101 8th Street		Amour	
City State Zi	p Code		3560.58
Berkeley CA 94	4710	I	ction ID : D710634 of Disbursement or Obligation
Purpose of Expenditure Printing	Category/ Type	M	03
Name of Federal Candidate	X Support	Office Sought	t: House District:00
Bernie Sanders	Oppose	X Preside	ent Senate State: DC
Calendar Year-To-Date Per Election for Office Sought 7	757143.91	Disbursement 2016 Ot	t For:
(a) SUBTOTAL of Itemized Independent Expenditures		· [	3590.58
(b) SUBTOTAL of Unitemized Independent Expenditures		· [	
(c) TOTAL Independent Expenditures		<b>.</b>	
Under penalty of perjury I certify that the independent expenditures rep with, or at the request or suggestion of, any candidate or authorized co party committee) any political party committee or its agent.			
Martha Kuhl [Electronical	lly Filed] Date	M M /	15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	0		

Image# 201604159012564528  SCHEDULE E (FEC Form 3X TEMIZED INDEPENDENT EXPENDI				PAGE 107 OF 151
				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
National Nurses United for Pati	ent Protection			C C00490375
Check if 24-hour report 48-hour re	eport New repo	ort Amends repo	rt filed o	on Mam / Dad / Yayayay
Full Name of Payee		Memo It	em	Date of Public Distribution/Dissemination
Autumn Press				03
Mailing Address 945 Camelia St				Amount
City	State	Zip Code		570.83
Berkeley	CA	94710-1437		Transaction ID : D710635 Date of Disbursement or Obligation
Purpose of Expenditure Printing		Category/ Type		03 04 2016
Name of Federal Candidate		Support	Office S	Sought: House District: 00
BERNARD SANDERS		Oppose		President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		107877.13		sement For:
Full Name of Payee Flysigns Aerial Advertising, LI		☐ Memo Ite	m	Date of Public Distribution/Dissemination  03 / 05 / 2016
Mailing Address 40944 Calle Santa Cruz				Amount
City	State	Zip Code		2340.00
Indio	CA	92203-7487	I .	Fransaction ID : D710636  Date of Disbursement or Obligation
Purpose of Expenditure Advertising		Category/ Type		03 / 04 / 2016
Name of Federal Candidate		Support	Office	Sought: House District:00
Bernie Sanders		Oppose		President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		2840.00	Disburs 2016	sement For:

(a)	SUBTOTAL of Itemized Independent Expenditures	•	Ξ		7		_	7		2910	.83	
(b)	SUBTOTAL of Unitemized Independent Expenditures	•	Ξ		7	Ξ	_	7	_		_	
(c)	TOTAL Independent Expenditures	<b>&gt;</b>	-	_	7	_	<del>-</del>	-T-	<del>-</del>		-	

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						

	08 OF 151 E 24 OF FORM 3X								
C IDENTIFICATION NUMBER ▼									
C00490375									
/ D = D	/ Y = Y = Y = Y								
ublic Distributio	on/Dissemination								
/ 04	2016								
-9-1-1-9	190000.00								
n ID : D712314 hisbursement or Obligation									
04	/ Y Y Y Y Y 2016								

				TOTT LINE 24 OF TOTIM 3X				
NAME OF COMMITTEE (In Full)	ent Drotostics			FEC IDENTIFICATION NUMBER ▼				
National Nurses United for Patient Protection  C C00490375								
Check if 24-hour report 48-hour rep	ort New rep	ort Amends repo	ort filed	on Mam / Dab / Yayayay				
Full Name of Payee		☐ Memo It	em	Date of Public Distribution/Dissemination				
North Wood Advertising  Mailing Address 4004 Fifteen Building				03				
1201 Fifteen Building				Amount				
15 South Fifth								
City	State	Zip Code		190000.00				
Minneapolis	MN	55402	7	<b>Fransaction ID : D712314</b> Date of Disbursement or Obligation				
Purpose of Expenditure Radio		Category/ Type		03 04 2016				
Name of Federal Candidate		Support	Office	Sought: House District:00				
Bernie Sanders		Oppose		President Senate State: DC				
Calendar Year-To-Date		757142.04	Disbur 2016	sement For: X Primary General				
Per Election for Office Sought		757143.91	2010	Other (specify)				
Full Name of Payee	_	☐ Memo Ite	em	Date of Public Distribution/Dissemination				
California Nurses Association				03 04 2016				
Mailing Address 155 Grand Avenue				Amount				
City	State	Zip Code		50.00				
Oakland	CA	94612	-	Transaction ID : D710654				
Purpose of Expenditure			_	Date of Disbursement or Obligation				
Online Ad		Category/ Type		03 / 07 / 2016				
Name of Federal Candidate		Support	Office	Sought: House District:00				
Bernie Sanders		Oppose	X	President Senate State: DC				
Calendar Year-To-Date Per Election for Office Sought		757143.91	Disbui 2016	rsement For:				
Tel Election for Office Sought	, , ,	1 / /6 /		Other (specify) -				
(a) SUBTOTAL of Itemized Independent Exp	penditures		▶	190050.00				
(b) SUBTOTAL of Unitemized Independent Expenditures								
(c) TOTAL Independent Expenditures			▶	1 7 1 7 1 7				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.								
Martha Kuhl	[Electron	ically Filed] Date	M 04	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Signature								

Signature

party committee) any political party committee or its agent.

Martha Kuhl

#### **SCHEDULE E** ITEMIZED INDEP

IIZED INDEPENDENT EXPENDI	) TURES			PAGE 109 FOR LINE 24	OF 151 4 OF FORM 3X
e of committee (in full) tional Nurses United for Pati	ant Protection			FEC IDENTIFICATIO	N NUMBER ▼
nonai Nuises Officed for Fath				C C00490375	
k if 24-hour report 48-hour re	port New rep	oort Amends repo		M / D D /	Y = Y = Y = Y
ull Name of Payee California Nurses Association		☐ Memo l	M	of Public Distribution/I	Y = Y = Y = Y
Mailing Address 155 Grand Avenue			Amour	03 04 nt	2016
Nit.,	State	Zin Codo			100.00
City Dakland	CA	Zip Code 94612		ction ID : D710655 of Disbursement or O	100.00 bligation
Purpose of Expenditure Online Ad		Category/ Type	М	03 07 /	2016
lame of Federal Candidate		Support	Office Sought	: House [	District: 00
Bernie Sanders		Oppose	X Preside		State: DC
Calendar Year-To-Date Per Election for Office Sought		757143.91	Disbursement 2016 Ot	t For: Primary ther (specify) ▶	General
Full Name of Payee California Nurses Association	-	☐ Memo Ito	Date	of Public Distribution/I	Dissemination 2016
Mailing Address 155 Grand Avenue			Amou	nt	
Dity	State	Zip Code	— I		436.90
Oakland	CA	94612		ction ID : D710656 of Disbursement or O	bligation
Purpose of Expenditure Payroll Expense		Category/ Type	М	03 / 07 /	2016
Name of Federal Candidate		X Support	Office Sough	t: House [	District: 00
Bernie Sanders		Oppose	X Preside	ent Senate	State: DC
Calendar Year-To-Date Per Election for Office Sought		757143.91	Disbursement 2016 Of	t For:	General
SUBTOTAL of Itemized Independent Ex	penditures				536.90
				7 7	
) SUBTOTAL of Unitemized Independent	Expenditures		·· •	7-1-7-	
TOTAL Independent Expenditures			•		

[Electronically Filed]

15

04

Date

2016

PAGE	110	OF	151 ORM 3X
FOR I	INE 24	OF FO	ORM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protection		C C00490375
Check if 24-hour report 48-hour report New report	ort Amends repor	rt filed on
Full Name of Payee	☐ Memo Ite	Date of Public Distribution/Dissemination
California Nurses Association		03 13 / 2016
Mailing Address 155 Grand Avenue		Amount
City State	Zip Code	943.43
Oakland CA	94612	Transaction ID : D710657  Date of Disbursement or Obligation
Purpose of Expenditure Payroll Expense	Category/ Type	03 07 7 2016
Name of Federal Candidate	X Support	Office Sought: House District:00
Bernie Sanders	Oppose	President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought	757143.91	Disbursement For: ☐ Primary ☐ General 2016 ☐ Other (specify) ▶
Full Name of Dayse	☐ Memo Iter	
Full Name of Payee California Nurses Association	_ Memories	Date of Public Distribution/Dissemination  03  07  2016
Mailing Address 155 Grand Avenue		Amount
City State	Zip Code	100.00
Oakland CA	94612	Transaction ID : D710676  Date of Disbursement or Obligation
Purpose of Expenditure Online Ad	Category/ Type	03 / 09 / 2016
Name of Federal Candidate	X Support	Office Sought: House District: 00
Bernie Sanders	Oppose	President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought	757143.91	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		1043.43
(b) SUBTOTAL of Unitemized Independent Expenditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures		<b>&gt;</b>
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
Martha Kuhl [Electron	ically Filed] Date	04 15 2016
Signature		

PAGE FOR L		OF FO	151 ORM 3X	1
DENTIFI	CATIO	NUM P	BER ▼	1

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)  National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼
National Nuises Officed for Patient Protection		C C00490375
Check if 24-hour report 48-hour report New report	port Amends report	filed on Man / Dad / Yayayay
Full Name of Payee California Nurses Association	☐ Memo Iter	m Date of Public Distribution/Dissemination
		03 / 08 / 2016
Mailing Address 155 Grand Avenue		Amount
City State	Zip Code	60.00
Oakland CA	94612	Transaction ID: D710677  Date of Disbursement or Obligation
Purpose of Expenditure Online Ad	Category/ Type	03 / 09 / 2016
Name of Federal Candidate	X Support	Office Sought: House District:00
Bernie Sanders	Oppose	President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General  2016 Cther (coesify)
	Memo Item	Other (specify)
Full Name of Payee California Nurses Association	Memoriten	Date of Public Distribution/Dissemination  03  08  2016
Mailing Address 155 Grand Avenue		Amount
City State	Zip Code	50.00
Oakland CA	94612	Transaction ID : D710679  Date of Disbursement or Obligation
Purpose of Expenditure Online Ad	Category/ Type	03 / 09 / 2016
Name of Federal Candidate	X Support	Office Sought: House District:00
Bernie Sanders	Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	2840.00	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		110.00
(b) CURTOTAL of Unitamized Independent Expanditures		
(b) SUBTOTAL of Unitemized Independent Expenditures		·
(c) TOTAL Independent Expenditures		<b>&gt;</b>
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
Martha Kuhl [Electro	nically Filed] Date	04 15 2016
Signature		

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FOR L	INE 24	OF F	ORM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)  National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼
National Nurses Office for Patient Protection		C C00490375
Check if 24-hour report 48-hour report New	report Amends report fil	led on Man / Dad / Yayayay
Full Name of Payee California Nurses Association	Memo Item	Date of Public Distribution/Dissemination
		03 08 7 2016
Mailing Address 155 Grand Avenue		Amount
City State	Zip Code	250.00
Oakland CA	94612	Transaction ID : D710680  Date of Disbursement or Obligation
Purpose of Expenditure Online Ad	Category/ Type	03 09 7 2016
Name of Federal Candidate	X Support Of	fice Sought: House District: 00
Bernie Sanders	Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	2840.00 Dis	sbursement For:
Full Name of Payee	☐ Memo Item	Date of Public Distribution/Dissemination
California Nurses Association		03
Mailing Address 155 Grand Avenue		Amount
City State	Zip Code	30.00
Oakland CA	94612	Transaction ID : D710681  Date of Disbursement or Obligation
Purpose of Expenditure Online Ad	Category/ Type	03 / 09 / 2016
Name of Federal Candidate	X Support Of	ffice Sought: House District:00
BERNARD SANDERS	Oppose	President Senate State: MO
Calendar Year-To-Date Per Election for Office Sought		sbursement For:
(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 expenditu with, or at the request or suggestion of, any candidate or authori party committee) any political party committee or its agent.		
Martha Kuhl [Elect	tronically Filed] Date	M
Signature		

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FOR L	INE 24	OF FO	ORM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)  National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼
TVALIGHAL TVALSES OFFICE TOFF ALIEFIC FOLECTION		C C00490375
Check if 24-hour report 48-hour report New re	port Amends report	filed on Mam / Dad / Yayayay
Full Name of Payee California Nurses Association	Memo Item	Date of Public Distribution/Dissemination
Mailing Address 455 Crand Avanua		03 / 09 / 2016
155 Grand Avenue		Amount
City State	Zip Code	100.00
Oakland CA	94612	Transaction ID : D710678  Date of Disbursement or Obligation
Purpose of Expenditure Online Ad	Category/ Type	03 10 2016
Name of Federal Candidate	X Support	Office Sought: House District:00
Bernie Sanders	Oppose	President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General
F. II Name of Proces	Memo Item	Other (specify)
Full Name of Payee California Nurses Association	_ Memorteni	Date of Public Distribution/Dissemination  03 09 2016
Mailing Address 155 Grand Avenue		Amount
City State	Zip Code	50.00
Oakland CA	94612	Transaction ID : D710682  Date of Disbursement or Obligation
Purpose of Expenditure Online Ad	Category/ Type	03 / 10 / 2016
Name of Federal Candidate	X Support	Office Sought: House District:00
BERNARD SANDERS	Oppose	President Senate State: OH
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:
(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 expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
Martha Kuhl [Electro	onically Filed] Date	04 15 2016
Signature		

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FOR L	INE 24	OF F	ORM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)  National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼
Tradional redises officed for Fatient Frotection		C C00490375
Check if 24-hour report 48-hour report New report	port Amends report	ti filed on
Full Name of Payee California Nurses Association	☐ Memo Ite	m Date of Public Distribution/Dissemination
		03 / 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 155 Grand Avenue		Amount
City State	Zip Code	50.00
Oakland CA	94612	Transaction ID : D710683  Date of Disbursement or Obligation
Purpose of Expenditure Online Ad	Category/ Type	03 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support	Office Sought: House District:00
BERNARD SANDERS	Oppose	President Senate State: OH
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:
Full Name of Payee	Memo Iten	
Autumn Press		Date of Public Distribution/Disserningtion  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 945 Camelia St		Amount
City State	Zip Code	4155.00
Berkeley CA	94710-1437	Transaction ID : D710687  Date of Disbursement or Obligation
Purpose of Expenditure Printing	Category/ Type	03 / 10 / 2016
Name of Federal Candidate	X Support	Office Sought: House District:00
Bernie Sanders	Oppose	President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought	757143.91	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		4205.00
		7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures		<b>•</b>
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
Martha Kuhl [Electron	nically Filed] Date	04 15 2016
Signature		

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			FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		F	FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protection			C C00490375
Check if 24-hour report 48-hour report New report	rt Amends repor	t filed on	/ D D / Y D Y D Y
Full Name of Payee Outfront Media	☐ Memo Ite	m Date of	Public Distribution/Dissemination
		C	03 / 028 / 2016
Mailing Address 185 US Highway 46		Amount	t
City State 2	Zip Code		117231.25
Fairfield NJ	07004		tion ID : D711251 Disbursement or Obligation
Purpose of Expenditure Print Advertising	Category/ Type	М	
Name of Federal Candidate	X Support	Office Sought:	House District:00
Bernie Sanders	Oppose	X Presider	senate State: CA
Calendar Year-To-Date Per Election for Office Sought	372762.50	Disbursement 2016 Oth	For:
Full Name of Payee	☐ Memo Iter		f Public Distribution/Dissemination
California Nurses Association		M	03 10 2016
Mailing Address 155 Grand Avenue		Amoun	
City State	Zip Code		200.00
Oakland CA	94612		tion ID : D710684 f Disbursement or Obligation
Purpose of Expenditure Online Ad	Category/ Type	M	03 / 11 / 2016
Name of Federal Candidate	X Support	Office Sought:	House District:00
Bernie Sanders	Oppose	X Presider	
Calendar Year-To-Date Per Election for Office Sought	757143.91	Disbursement 2016 Oth	For:
(a) SUBTOTAL of Itemized Independent Expenditures		<b>•</b>	117431.25
(b) SUBTOTAL of Unitemized Independent Expenditures		•	7
(c) TOTAL Independent Expenditures		· [	7 7 7
Under penalty of perjury I certify that the independent expenditures rewith, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.			
Martha Kuhl [Electronic	cally Filed] Date	M M / 04	15 2016
Signature			

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FOR L	INE 24	OF F	ORM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protection		C C00490375
Check if 24-hour report 48-hour report New repo	ort Amends repor	t filed on
Full Name of Payee	☐ Memo Ite	m Date of Public Distribution/Dissemination
California Nurses Association		03 / 10 / Y Y Y Y Y Y
Mailing Address 155 Grand Avenue		Amount
City State	Zip Code	40.00
Oakland CA	94612	Transaction ID : D710685  Date of Disbursement or Obligation
Purpose of Expenditure Online Ad	Category/ Type	03 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support	Office Sought: House District:00
BERNARD SANDERS	Oppose	President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought	107877.13	Disbursement For:
Full Name of Payee	☐ Memo Iten	
California Nurses Association	_ memoritem	Date of Public Distribution/Dissemination  03 10 2016
Mailing Address 155 Grand Avenue		Amount
City State	Zip Code	164.86
Oakland CA	94612	Transaction ID : D710686  Date of Disbursement or Obligation
Purpose of Expenditure Site Rental	Category/ Type	03 / 11 / 2016
Name of Federal Candidate	Support	Office Sought: House District: 00
BERNARD SANDERS	Oppose	President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought	107877.13	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		204.86
(b) SUBTOTAL of Uniternized Independent Expenditures		
• • • • • • • • • • • • • • • • • • • •		7 7 7
(c) TOTAL Independent Expenditures		·
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
Martha Kuhl [Electronic	cally Filed] Date	04 15 2016
Signature		

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FOR L	INE 24	OF FO	ORM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)  National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼
Tradional nurses officed for Patient Protection		C C00490375
Check if 24-hour report 48-hour report New report	rt Amends report	t filed on
Full Name of Payee	Memo Ite	m Date of Public Distribution/Dissemination
ELead Resources		03 / 11 / 2016
Mailing Address 314 W Superior St		Amount
City State Z	Zip Code	1636.62
Chicago IL (	60654	Transaction ID : D710688  Date of Disbursement or Obligation
Purpose of Expenditure Printing	Category/ Type	03 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support	Office Sought: House District:00
Bernie Sanders	Oppose	President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General Other (specify)
Full Name of Payee	Memo Item	
Erin L FitzGerald	_ wemo ten	Date of Public Distribution/Dissemination  03 10 2016
Mailing Address 1028 Florida Street		Amount
City State 2	Zip Code	1050.00
Vallejo CA	94590	Transaction ID : D710689  Date of Disbursement or Obligation
Purpose of Expenditure Video Production	Category/ Type	03 / 11 / 2016
Name of Federal Candidate	Support	Office Sought: House District:00
Bernie Sanders	Oppose	President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought	757143.91	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		2686.62
(b) SUBTOTAL of Unitemized Independent Expenditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures		<b>•</b>
Under penalty of perjury I certify that the independent expenditures rewith, or at the request or suggestion of, any candidate or authorized of party committee) any political party committee or its agent.		
Martha Kuhl [Electronic	ally Filed] Date	04 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	_ 2.10	

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		TOTT LINE 24 OF TOTAL 3X
NAME OF COMMITTEE (In Full)  National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼
Tradional rudises office for Fatterit Frotection		C C00490375
Check if 24-hour report 48-hour report New rep	ort Amends report	filed on M M / D D / Y Y Y Y Y
Full Name of Payee Javier Moreno Polllaroio	Memo Iten	Date of Public Distribution/Dissemination
Mailing Address		02 / 12 / 2016
1521 3rd Ave		Amount
City State	Zip Code	63.44
Oakland CA	94606	Transaction ID : D710690  Date of Disbursement or Obligation
Purpose of Expenditure Translation Services	Category/ Type	03 / 11 / 2016
Name of Federal Candidate	Support (	Office Sought: House District:00
Bernie Sanders	Oppose	President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:
Full Name of Payee	Memo Item	
California Nurses Association		03 12 2016
Mailing Address 155 Grand Avenue		Amount
City State	Zip Code	150.00
Oakland CA	94612	Transaction ID : D710702  Date of Disbursement or Obligation
Purpose of Expenditure Online Ad	Category/ Type	03 / 14 / 2016
Name of Federal Candidate	Support	Office Sought: House District:00
BERNARD SANDERS	Oppose	President Senate State: OH
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		213.44
(b) SUBTOTAL of Unitemized Independent Expenditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures		<b>•</b>
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.	•	
Martha Kuhl [Electron	nically Filed] Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	Date	

	PAGE 119 OF 151 FOR LINE 24 OF FORM 3X
EC IE	DENTIFICATION NUMBER ▼
С	C00490375
M /	D   D / Y   Y   Y   Y   Y   Y   Y   Y   Y   Y
Public	Distribution/Dissemination
3	16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	65600.00
	0 : D710703 Irsement or Obligation
3	14 2016
	House District: 00
ıt [	Senate State: DC
For:	
er (sp	ecify) ▶
Publi	c Distribution/Dissemination
)3	14 2016
t	

IAME OF COMMITTEE (In Fall)				24 OF FORING SX
AME OF COMMITTEE (In Full)  National Nurses United for Patient Protection			FEC IDENTIFICAT	TION NUMBER ▼
Tadional Harses Office for Latient Literature		C C00490375		
check if 24-hour report 48-hour report New re	eport Amends repo	rt filed on	M = M / D = D	Y = Y = Y = Y
Full Name of Payee Bus Bank	Memo It	em Da	ate of Public Distribution	n/Dissemination
Mailing Address			03 / 16	2016
820 West Jackson		Ar	nount	
Suite 815 City State	Zip Code	— г		65600.00
Chicago IL	60607		nsaction ID : D710703 ate of Disbursement or	
Purpose of Expenditure Bus tour expense	Category/ Type		03 / 14	2016
Name of Federal Candidate	Support	Office So	ught: House	District: 00
Bernie Sanders	Oppose		esident Senate	State: DC
Calendar Year-To-Date Per Election for Office Sought	757143.91	Disburser 2016	ment For: X Prima Other (specify) ▶	ry General
Full Name of Payee	Memo Ite	m D:	ate of Public Distribution	on/Dissemination
Erin L FitzGerald			03 / 14	/ Y Y Y Y Y Y 2016
Mailing Address 1028 Florida Street		Aı	mount	
City State	Zip Code	— г		1200.00
Vallejo CA	94590		nsaction ID : D710704 ate of Disbursement or	
Purpose of Expenditure Video Production	Category/ Type		03 / 14	/ Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support	Office Sc	ought: House	District:00
BERNARD SANDERS	Oppose		esident Senate	State: OH
Calendar Year-To-Date Per Election for Office Sought	57980.50	Disburse 2016	ment For: X Prima  Other (specify) ▶ _	ry General
(a) SUBTOTAL of Itemized Independent Expenditures		•	(specify)	66800.00
(b) SUBTOTAL of Unitemized Independent Expenditures		•		
(c) TOTAL Independent Expenditures		•		
Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authoriz party committee) any political party committee or its agent.	•		•	·
Martha Kuhl [Electro	onically Filed] Date	M M M	/ D D / Y Y Y	016
Signature	Date			

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FOR L	INE 24	OF F	ORM 3X

			FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protection		C C00490375	
Check if 24-hour report 48-hour report New rep	port Amends repo		M / D D / Y B Y B Y B Y
Full Name of Payee	☐ Memo Ite	em Date o	of Public Distribution/Dissemination
Autumn Press		M	03 11 7 2016
Mailing Address 945 Camelia St		Amou	nt
City State	Zip Code		2443.45
Berkeley CA	94710-1437		ction ID : D710705  of Disbursement or Obligation
Purpose of Expenditure Printing	Category/ Type		03 14 2016
Name of Federal Candidate	Support	Office Sough	t: House District:00
Bernie Sanders	Oppose	X Preside	
Calendar Year-To-Date Per Election for Office Sought	757143.91	Disbursement 2016	t For:
Full Name of Payee	☐ Memo Ite		of Public Distribution/Dissemination
Autumn Press			11 13 2015
Mailing Address 945 Camelia St		Amou	
City State	Zip Code		569.88
Berkeley CA	94710-1437		ction ID: D710706 of Disbursement or Obligation
Purpose of Expenditure Printing	Category/ Type	M	03 / 14 / 2016
Name of Federal Candidate	Support	Office Sough	t: House District:00
Bernie Sanders	Oppose	X Preside	ent Senate State: DC
Calendar Year-To-Date Per Election for Office Sought	757143.91	Disbursemen 2016 O	t For:
(a) SUBTOTAL of Itemized Independent Expenditures			3013.33
			7 1 7 1 7 1
(b) SUBTOTAL of Unitemized Independent Expenditures		·	7 7
(c) TOTAL Independent Expenditures		•	7 1 7 1 7
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.			
Martha Kuhl [Electron	nically Filed] Date	M M M /	15 2016
Signature			

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FOR L	INE 24	OF F	ORM 3X

			FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)  National Nurses United for Patient Protection			FEC IDENTIFICATION NUMBER ▼
national Nurses Office for Patient Protection		C C00490375	
Check if 24-hour report 48-hour report New rep	port Amends repo		W = M / D = D / Y = Y = Y
Full Name of Payee	☐ Memo It	em Date	of Public Distribution/Dissemination
Autumn Press		[	03 / 14 / 2016
Mailing Address 945 Camelia St		Amou	unt
City State	Zip Code	— I [ .	2274.84
Berkeley CA	94710-1437		action ID: D710707 of Disbursement or Obligation
Purpose of Expenditure Printing	Category/ Type		03 / 14 / 2016
Name of Federal Candidate	Support	Office Sough	ht: House District: 00
Bernie Sanders	Oppose	X Presid	
Calendar Year-To-Date Per Election for Office Sought	757143.91	Disbursemer 2016	nt For:
Full Name of Payee	Memo Ite		
Javier Moreno Polllaroio	e	Date	of Public Distribution/Dissemination
Mailing Address 1521 3rd Ave		Amor	
City State	Zip Code		20.00
Oakland CA	94606		action ID : D711406 of Disbursement or Obligation
Purpose of Expenditure Translation Services	Category/ Type	] [	03 / 14 / 2016
Name of Federal Candidate	Support	Office Soug	ht: House District:00
Bernie Sanders	Oppose	X Presid	
Calendar Year-To-Date Per Election for Office Sought	757143.91	Disburseme 2016	nt For:
(a) SUBTOTAL of Itemized Independent Expenditures			2294.84
			7 1 7 1 7 1
(b) SUBTOTAL of Unitemized Independent Expenditures		•	7
(c) TOTAL Independent Expenditures		•	
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.			
Martha Kuhl [Electron	nically Filed] Date	M M /	15 2016
Signature			

	PAGE FOR L		OF F OF F	151 ORM 3X	
С	ENTIFI	CATIO	N NUN	IBER ▼	

		TOTT LINE 24 OF TOTAL 3X
NAME OF COMMITTEE (In Full)  National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼
Tradional Nuises Office for Patient Protection		C C00490375
Check if 24-hour report 48-hour report New rep	ort Amends report	filed on Mam / Dad / Yayayay
Full Name of Payee Javier Moreno Polllaroio	☐ Memo Item	Date of Public Distribution/Dissemination
Mailing Address		03 / 28 / 2016
1521 3rd Ave		Amount
City State	Zip Code	20.00
Oakland CA	94606	Transaction ID : D711407  Date of Disbursement or Obligation
Purpose of Expenditure Translation Services	Category/ Type	03 14 2016
Name of Federal Candidate	Support C	Office Sought: House District:00
Bernie Sanders	Oppose	President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:
Full Name of Payee	☐ Memo Item	Date of Public Distribution/Dissemination
California Nurses Association		03 14 2016
Mailing Address 155 Grand Avenue		Amount
City State	Zip Code	100.00
Oakland CA	94612	Transaction ID : D710711  Date of Disbursement or Obligation
Purpose of Expenditure Online Ad	Category/ Type	03 / 15 / 2016
Name of Federal Candidate	Support (	Office Sought: House District:00
Bernie Sanders	Oppose	President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		120.00
(b) SUBTOTAL of Unitemized Independent Expenditures	·······	7 7 7
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
Martha Kuhl [Electron	ically Filed] Date	04 15 2016
Signature		

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FOR L	INE 24	OF F	ORM 3X

			FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)  National Nurses United for Patient Protection  FEC IDENTIFICATION NUMBER   **TOTAL COMMITTEE (In Full)  **TOTAL COMMITTEE (IN Full)			
Tradional nuises officed for Patient Protection			C C00490375
Check if 24-hour report 48-hour report New report	rt Amends repor		/ D D / Y Y Y Y
Full Name of Payee California Nurses Association	☐ Memo Ite	m Date of	Public Distribution/Dissemination
			03 / 14 / 2016
Mailing Address 155 Grand Avenue		Amoun	t
City State 2	Zip Code		50.00
	94612		tion ID: D710713  f Disbursement or Obligation
Purpose of Expenditure Online Ad	Category/ Type	М	03 / 15 / 2016
Name of Federal Candidate	X Support	Office Sought:	House District: 00
Bernie Sanders	Oppose	X Presider	nt Senate State: DC
Calendar Year-To-Date Per Election for Office Sought	757143.91	Disbursement 2016 Oth	For:
Full Name of Payee	☐ Memo Iter		f Public Distribution/Dissemination
California Nurses Association		M	03 14 2016
Mailing Address 155 Grand Avenue		Amoun	
City State	Zip Code		100.00
	94612		tion ID : D710714 f Disbursement or Obligation
Purpose of Expenditure Online Ad	Category/ Type	M	03 / 15 / 2016
Name of Federal Candidate	X Support	Office Sought:	: House District:00
Bernie Sanders	Oppose	X Presider	
Calendar Year-To-Date Per Election for Office Sought	757143.91	Disbursement 2016 Otl	For:
(a) SUBTOTAL of Itemized Independent Expenditures		<b>.</b>	150.00
(b) SUBTOTAL of Unitemized Independent Expenditures		· [	4-1-4-1-4-1
(c) TOTAL Independent Expenditures		· [	7 1 7 1 7
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.			
Martha Kuhl [Electronic	cally Filed] Date	M M /	15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature			

PAGE	12	4	OF	=	151	
FOR	LINE	24	OF	FOI	RM	ЗХ

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)  National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼
Tradional redises officed for Fatient Frotection		C C00490375
Check if 24-hour report 48-hour report New rep	port Amends report	filed on M M / D D / Y Y Y Y Y
Full Name of Payee	Memo Iter	n Date of Public Distribution/Dissemination
California Nurses Association		03 / 14 / 2016
Mailing Address 155 Grand Avenue		Amount
City State	Zip Code	150.00
Oakland CA	94612	Transaction ID : D710715  Date of Disbursement or Obligation
Purpose of Expenditure Online Ad	Category/ Type	03 / 15 / 2016
Name of Federal Candidate	Support	Office Sought: House District:00
BERNARD SANDERS	Oppose	President Senate State: OH
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:
	☐ Memo Item	
Full Name of Payee North Wood Advertising	_ Memo tem	Date of Public Distribution/Dissemination  03 26 2016
Mailing Address 1201 Fifteen Building		Amount
15 South Fifth		
City State	Zip Code	12020.00
Minneapolis MN	55402	Transaction ID : D712558  Date of Disbursement or Obligation
Purpose of Expenditure Radio	Category/ Type	03 / 15 / 2016
Name of Federal Candidate	Support	Office Sought: House District:00
BERNARD SANDERS	Oppose	President Senate State: AK
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General
(a) SUBTOTAL of Itemized Independent Expenditures		Other (specify) ►
(b) SUBTOTAL of Unitemized Independent Expenditures		•
		7 7
(c) TOTAL Independent Expenditures		<b>&gt;</b>
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
Martha Kuhl [Electron	nically Filed] Date	04 15 2016
Signature		

## : 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H+ C B

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:

	PAGE 126 FOR LINE 2	OF 151 24 OF FORM 3X
FEC	IDENTIFICATION	ON NUMBER ▼
С	C00490375	
I = M	/ D D /	Y II Y II Y
of Pub	lic Distribution/	Dissemination
03	26	2016
ınt		
		23500.00
	D: D712559 oursement or C	Obligation
03	15	2016
nt:	House	District: 00
ent	Senate	State: HI
nt For:	X Primary	General
ther (s	specify) ►	
of Pub	lic Distribution/	/Dissemination
03	26	2016
ınt		
		16650.00
	ID: D712560 oursement or C	Obligation
03	15	2016
nt:	House	District:00
ent	Senate	State: WA
nt For:	X Primary	General
Other (s	specify) ►	

NAME OF COMMITTEE (In Full)	on	FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protecti	on	C C00490375
Check if 24-hour report 48-hour report	New report Amends report filed	d on M M M / D D / Y Y Y Y Y
Full Name of Payee	☐ Memo Item	Date of Public Distribution/Dissemination
North Wood Advertising		03 26 2016
Mailing Address 1201 Fifteen Building		Amount
15 South Fifth		
City State Minneapolis MN	Zip Code 55402	23500.00  Transaction ID : D712559  Date of Dishurament or Obligation
Purpose of Expenditure Radio	Category/ Type	Date of Disbursement or Obligation  03  15  2016
Name of Federal Candidate BERNARD SANDERS	Support Office Oppose	ee Sought: House District: 00  President Senate State: HI
Calendar Year-To-Date Per Election for Office Sought		pursement For: X Primary General
Full Name of Payee North Wood Advertising	☐ Memo Item	Date of Public Distribution/Dissemination
Mailing Address 1201 Fifteen Building 15 South Fifth		03 / 26 / 2016 Amount
City State	Zip Code	16650.00
Minneapolis MN	55402	Transaction ID : D712560  Date of Disbursement or Obligation
Purpose of Expenditure Radio	Category/ Type	03 / 15 / 2016
Name of Federal Candidate	X Support Office	ce Sought: House District:00
Bernie Sanders	Oppose	President Senate State: WA
Calendar Year-To-Date Per Election for Office Sought	82078.00 Disk 201	oursement For:  Primary General  Other (specify)   Other
(a) SUBTOTAL of Itemized Independent Expenditures	·····	40150.00
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent experience with, or at the request or suggestion of, any candidate or a party committee) any political party committee or its agent.		
Martha Kuhl	[Electronically Filed] Date	04 15 2016
Signature	Date	

### : 97 A = G7 9 @ G5 B9 CI G'H9 LHF9 @ 5 H98 'HC' 5 F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

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

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		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)  National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼
National Nurses Officed for Patient Protection		C C00490375
Check if 24-hour report 48-hour report New report	port Amends report	filed on M M / D D / Y Y Y Y Y
Full Name of Payee	Memo Item	Date of Public Distribution/Dissemination
North Wood Advertising		03 25 2016
Mailing Address 1201 Fifteen Building		Amount
15 South Fifth		
City State Minneapolis MN	Zip Code	30.00
	55402	Transaction ID : D712561  Date of Disbursement or Obligation
Purpose of Expenditure Radio	Category/ Type	03 / 15 / 2016
Name of Federal Candidate	Support C	Office Sought: House District: 00
BERNARD SANDERS	Oppose	President Senate State: AK
Calendar Year-To-Date		Disbursement For: Primary General
Per Election for Office Sought	12050.00	016 Other (specify) ▶
Full Name of Payee	☐ Memo Item	Date of Public Distribution/Dissemination
North Wood Advertising		03 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1201 Fifteen Building		
15 South Fifth		Amount
City State	Zip Code	25438.44
Minneapolis MN	55402	Transaction ID : D712562  Date of Disbursement or Obligation
Purpose of Expenditure	Category/	M = M / D = D / Y = Y = Y
Radio	Type	03 15 2016
Name of Federal Candidate	Support (	Office Sought: House District:00
Bernie Sanders	Oppose	President Senate State: AZ
Calendar Year-To-Date		Disbursement For: X Primary General
Per Election for Office Sought	25438.44	Other (specify)  Other
(a) SUBTOTAL of Itemized Independent Expenditures		25468.44
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
	nically Filed] Date	04 / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

### : 97 A = G7 9 @ G5 B9 CI G'H9 LHF9 @ 5 H98 'HC' 5 F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

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

PAGE	130	OF	151	
FOR LI	NE 24	OF FO	ORM 3X	
ENTIFIC	CATIO	N NUM	BER ▼	

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)  National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼
rvational inuises officed for Patient Protection		C C00490375
Check if 24-hour report 48-hour report New report A	mends report filed	on M M / D D / Y Y Y Y Y
Full Name of Payee	Memo Item	Date of Public Distribution/Dissemination
North Wood Advertising		03 / 22 / 2016
Mailing Address 1201 Fifteen Building		Amount
15 South Fifth		
City State Zip Code		6385.00
Minneapolis MN 55402		Transaction ID: D712563  Date of Disbursement or Obligation
Purpose of Expenditure Radio Category Typ		03 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office	e Sought: House District:00
Bernie Sanders		President Senate State: ID
Calendar Year-To-Date		ursement For: X Primary General
Per Election for Office Sought 6535.0		Other (specify) ▶
Full Name of Payee	Memo Item	Date of Public Distribution/Dissemination
North Wood Advertising		04 09 2016
Mailing Address 1201 Fifteen Building		
15 South Fifth		Amount
City State Zip Code		3854.00
Minneapolis MN 55402		Transaction ID : D712564  Date of Disbursement or Obligation
Purpose of Expenditure Category	//	M M / D D / Y Y Y Y
Radio		03 15 2016
Name of Federal Candidate	Support Office	e Sought: House District:00
Bernie Sanders		President Senate State: WY
Colondar Voor To Data		ursement For: X Primary General
Calendar Year-To-Date Per Election for Office Sought 3854.0		
(a) SUBTOTAL of Itemized Independent Expenditures		10239.00
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	<b>•</b>	
Under penalty of perjury I certify that the independent expenditures reported high with, or at the request or suggestion of, any candidate or authorized committee party committee) any political party committee or its agent.		
Martha Kuhl [Electronically Filed]	Date 0	4 / 15 / Y Y Y Y Y Y Y
Signature	_	

## : 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H+ C B

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:

	PAGE 132 OF 151 FOR LINE 24 OF FORM 3X
_	DENTIFICATION NUMBER ▼ C00490375
M /	D = D / Y = Y = Y = Y
Public B <sup>M</sup>	Distribution/Dissemination
	12273.95 D: <b>D710723</b> Irsement or Obligation
M /	16 / Y Y Y Y Y Y
	House District: 00  Senate State: DC

				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)  National Nurses United for Pati	ent Protection			FEC IDENTIFICATION NUMBER ▼
manorial murses utilited for Pati	CHE FIOLEGUOH			C C00490375
Check if 24-hour report 48-hour re	eport New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Bus Bank		☐ Memo It	em Date	e of Public Distribution/Dissemination
				03 16 7 2016
Mailing Address 820 West Jackson			Amo	ount
Suite 815				
City	State	Zip Code		12273.95
Chicago	IL	60607		saction ID : D710723 e of Disbursement or Obligation
Purpose of Expenditure Bus tour expense		Category/ Type		03 16 7 2016
Name of Federal Candidate		Support	Office Sou	ght: House District: 00
Bernie Sanders		Oppose	X Presi	
Calendar Year-To-Date Per Election for Office Sought		757143.91	Disburseme	
Edi Name of Broom		☐ Memo Ite	m	Other (specify)
Full Name of Payee California Nurses Association		□ Memo ite	Date	e of Public Distribution/Dissemination  03 16 2016
Mailing Address 155 Grand Avenue			Am	ount
City	State	Zip Code		50.00
Oakland	CA	94612		saction ID : D711492 e of Disbursement or Obligation
Purpose of Expenditure Site Rental		Category/ Type		03 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sou	ight: House District: 00
BERNARD SANDERS		Oppose	X Pres	
Calendar Year-To-Date Per Election for Office Sought		107877.13	Disbursem 2016	ent For:
(a) SUBTOTAL of Itemized Independent E	xpenditures		• [	12323.95
(b) SUBTOTAL of Unitemized Independent	t Expenditures		. ,	
(c) TOTAL Independent Expenditures			. [	
Under penalty of pariury Leartify that the	independent expenditures	reported horain wars	not made in	a cooperation consultation or consert
Under penalty of perjury I certify that the with, or at the request or suggestion of, ar party committee) any political party commit	y candidate or authorized			
Martha Kuhl	[Electroni	ically Filed] Date	M M M	/ 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		_ Date		

PAGE 133 OF 151 FOR LINE 24 OF FORM 3X
C IDENTIFICATION NUMBER ▼
C00490375
/ / D = D / Y = Y = Y
Public Distribution/Dissemination
16 / 2016
50.00
on ÍD : D711493 Disbursement or Obligation
16 / 2016
House District: 00

				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	ant Ductth.			FEC IDENTIFICATION NUMBER ▼
National Nurses United for Pation	ent Protection			C C00490375
Check if 24-hour report 48-hour re	port New repo	ort Amends repo	rt filed on	M = M / D = D / Y = Y = Y = Y
Full Name of Payee		☐ Memo It	em Da	ate of Public Distribution/Dissemination
California Nurses Association				03 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 155 Grand Avenue			Ar	mount
City	State	Zip Code		50.00
Oakland	CA	94612		nsaction ID : D711493 ate of Disbursement or Obligation
Purpose of Expenditure Site Rental		Category/ Type		03 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office So	ought: House District: 00
BERNARD SANDERS		Oppose	X Pre	agric Dietroti —
Calendar Year-To-Date Per Election for Office Sought		57980.50		ment For: Primary General
				Other (specify) -
Full Name of Payee North Wood Advertising		☐ Memo Ite	m Da	ate of Public Distribution/Dissemination
Mailing Address 1201 Fifteen Building				03 16 2016
15 South Fifth			Ar	mount
City	State	Zip Code		87847.44
Minneapolis	MN	55402		nsaction ID : D712315 ate of Disbursement or Obligation
Purpose of Expenditure Radio		Category/ Type		03 / 16 / 2016
Name of Federal Candidate		Support	Office Sc	ought: House District:00
Bernie Sanders		Oppose	X Pre	-
Calendar Year-To-Date Per Election for Office Sought		757143.91	Disburser 2016	ment For:
(a) SUBTOTAL of Itemized Independent Ex	penditures		•	87897.44
(b) SUBTOTAL of Unitemized Independent	Expenditures			
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the in with, or at the request or suggestion of, any party committee) any political party committee	y candidate or authorized			
Martha Kuhl	[Electroni	ically Filed]	M M M	15 2016
Signature		Date	<b>4</b>	

	PAGE FOR L		OF F OF F	151 ORM 3X	
С	ENTIFI	CATIO	N NUN	IBER ▼	

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)  National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼
ivational ivurses officed for Patient Protection		C C00490375
Check if 24-hour report 48-hour report New report	Amends report f	iled on M M / D D / Y Y Y Y Y
Full Name of Payee	☐ Memo Item	Date of Public Distribution/Dissemination
Outfront Media		03 16 2016
Mailing Address 185 US Highway 46		Amount
City State Zip C	Code	34300.00
Fairfield NJ 0700	04	Transaction ID : D712321  Date of Disbursement or Obligation
Purpose of Expenditure Print Advertising  Cate	regory/ Type	03 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support O	ffice Sought: House District: 00
Bernie Sanders	Oppose	President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought 757		isbursement For:
Full Name of Payee	Memo Item	Date of Public Distribution/Dissemination
Matrix Media		Date of Public Distribution/Dissemination  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 463 E Town St		Amount
City State Zip C	Code	9539.00
Columbus OH 432	15	Transaction ID : D711254  Date of Disbursement or Obligation
Purpose of Expenditure Print Advertising  Cate	egory/ Type	03 / 17 / 2016
Name of Federal Candidate	X Support O	ffice Sought: House District:00
Bernie Sanders	Oppose	President Senate State: MD
Calendar Year-To-Date Per Election for Office Sought		isbursement For: X Primary General 016 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		43839.00
	ŕ	7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	••••••	
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent expenditures repor with, or at the request or suggestion of, any candidate or authorized comparty committee) any political party committee or its agent.		
Martha Kuhl [Electronically I	Filed] Date	04 15 2016
Signature	24.0	

CHEDULE E (FEC Form 3) EMIZED INDEPENDENT EXPEND	,		PAGE 135 OF 151
	1101120		FOR LINE 24 OF FORM 3
IAME OF COMMITTEE (In Full)	_		FEC IDENTIFICATION NUMBER
National Nurses United for Pat	ient Protection		C C00490375
Check if 24-hour report 48-hour r	eport New r	eport Amends rep	port filed on M M / D D / Y Y Y Y Y
Full Name of Payee		☐ Memo I	Item Date of Public Distribution/Dissemination
Matrix Media			03 28 2016
Mailing Address 463 E Town St			Amount
City	State	Zip Code	6500.00
Columbus	ОН	43215	Transaction ID : D711255  Date of Disbursement or Obligation
Purpose of Expenditure Print Advertising		Category/ Type	03 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Bernie Sanders		Oppose	President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought		757143.91	Disbursement For: ☐ Primary ☐ General 2016 ☐ Other (specify) ▶
Full Name of Payee California Nurses Association  Mailing Address 155 Grand Avenue	1	☐ Memo It	Date of Public Distribution/Dissemination  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	50.00
Oakland	CA	94612	Transaction ID : D711257  Date of Disbursement or Obligation
Purpose of Expenditure Online Ad		Category/ Type	03 17 2016
Name of Federal Candidate		X Support	Office Sought: House District:00
Bernie Sanders		Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	,	372762.50	Disbursement For:
(a) SUBTOTAL of Itemized Independent E	Expenditures		• 6550.00
(b) SUBTOTAL of Unitemized Independen	t Expenditures		··· >
(c) TOTAL Independent Expenditures			···· <b>&gt;</b>
	ny candidate or authoriz		e not made in cooperation, consultation, or concer of either, or (if the reporting entity is not a politica

Martha Kuhl	[Electronically Filed]	Date	04 /	15	/	2016
Signature						

PAGE	136	OF	151	
FOR I	INE 24	OF	FORM	ЗХ
ENITIE	ICATION	L NII	IMBED	_

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)  National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼
Tradional redises officed for Fatient Frotection		C C00490375
Check if 24-hour report 48-hour report New rep	port Amends report	filed on M M / D D / Y Y Y Y Y Y
Full Name of Payee Outfront Media	☐ Memo Item	Date of Public Distribution/Dissemination
Mailing Addrass		03 / 28 / 2016
185 US Highway 46		Amount
City State	Zip Code	155287.50
Fairfield NJ	07004	Transaction ID : D711252  Date of Disbursement or Obligation
Purpose of Expenditure Print Advertising	Category/ Type	03 / 18 / 2016
Name of Federal Candidate	Support (	Office Sought: House District:00
Bernie Sanders	Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General
		Other (specify) ▶
Full Name of Payee Outfront Media	Memo Item	Date of Public Distribution/Dissemination
Mailing Address 185 US Highway 46		04 04 2016  Amount
City State	Zip Code	40000.00
Fairfield NJ	07004	Transaction ID : D711373  Date of Disbursement or Obligation
Purpose of Expenditure Print Advertising	Category/ Type	03 / 18 / 2016
Name of Federal Candidate	X Support	Office Sought: House District:00
BERNARD SANDERS	Oppose	President Senate State: NY
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		195287.50
(b) SUBTOTAL of Unitemized Independent Expenditures		<b>•</b>
(c) TOTAL Independent Expenditures		
		4 4
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
Martha Kuhl [Electron	nically Filed] Date	04 15 2016
Signature	Date	

	PAGE 137 OF 151 FOR LINE 24 OF FORM 3X
С	DENTIFICATION NUMBER ▼
	C00490375
	C00490375

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protection		C C00490375
Check if 24-hour report 48-hour report New report	Amends report	filed on
Full Name of Payee	Memo Item	Date of Public Distribution/Dissemination
Outfront Media		04 04 2016
Mailing Address 185 US Highway 46		Amount
City State Zip C	Code	24300.00
Fairfield NJ 0700	)4	Transaction ID : D711374  Date of Disbursement or Obligation
Purpose of Expenditure Print Advertising  Cate	egory/ Type	03 / 18 / 2016
Name of Federal Candidate	X Support C	Office Sought: House District:00
Bernie Sanders		President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought 3727		Disbursement For:
Full Name of Payee	Memo Item	
California Nurses Association		Date of Public Distribution/Dissemination  03 17 2016
Mailing Address 155 Grand Avenue		Amount
City State Zip C	Code	50.00
Oakland CA 9461	12	Transaction ID : D711384  Date of Disbursement or Obligation
Purpose of Expenditure Online Ad  Cate	egory/ Type	03 / 18 / 2016
Name of Federal Candidate	X Support C	Office Sought: House District:00
Bernie Sanders	Oppose	President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought 757		Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		24350.00
	ŕ	
(b) SUBTOTAL of Unitemized Independent Expenditures	)	7 7 7
(c) TOTAL Independent Expenditures	)	
Under penalty of perjury I certify that the independent expenditures report with, or at the request or suggestion of, any candidate or authorized comparty committee) any political party committee or its agent.		
Martha Kuhl [Electronically I	Filed] Date	04 15 2016
Signature	24.3	

E0 D 1 111			
FOR LIN	E 24 C	F FOF	RM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)  National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼
Tradional Nuises Office for Fatient Frotection		C C00490375
Check if 24-hour report 48-hour report New rep	ort Amends repor	ti filed on
Full Name of Payee California Nurses Association	☐ Memo Ite	m Date of Public Distribution/Dissemination
Mailing Address 155 Crand Avenue		03 / 18 / 2016
155 Grand Avenue		Amount
City State	Zip Code	50.00
Oakland CA	94612	Transaction ID : D711385  Date of Disbursement or Obligation
Purpose of Expenditure Online Ad	Category/ Type	03 / 18 / 2016
Name of Federal Candidate	X Support	Office Sought: House District:00
Bernie Sanders	Oppose	President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General 2016
5 11 11 12 12	☐ Memo Item	Other (specify)
Full Name of Payee California Nurses Association	□ Memoriten	M = M / D = D / Y = Y = Y
Mailing Address 155 Grand Avenue		03 18 2016  Amount
City State	Zip Code	150.00
Oakland CA	94612	Transaction ID : D711386  Date of Disbursement or Obligation
Purpose of Expenditure Online Ad	Category/ Type	03 / 18 / 2016
Name of Federal Candidate	Support	Office Sought: House District:00
Bernie Sanders	Oppose	President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought	757143.91	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		200.00
(I) OUDTOTAL (II) 1		7 7
(b) SUBTOTAL of Unitemized Independent Expenditures		•
(c) TOTAL Independent Expenditures		<b>•</b>
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
Martha Kuhl [Electron	ically Filed] Date	04 15 2016
Signature	Date	

TEMIZED INDEPENDENT EXPEND	TURES				PAGE 139	OF 151 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC	IDENTIFICAT	ION NUMBER ▼
National Nurses United for Pat	ent Protection			C	C00490375	
Check if 24-hour report 48-hour re	eport New re	eport Amends repo	ort filed	i on	/ D D /	Y = Y = Y = Y
Full Name of Payee California Nurses Association		☐ Memo l	tem	Date of Pub	olic Distribution	n/Dissemination 2016
Mailing Address 155 Grand Avenue				Amount	10	2010
City	State	Zip Code				200.00
Oakland	CA	94612		Transaction Date of Disk	ID: D711387 oursement or	
Purpose of Expenditure Online Ad		Category/ Type		03	18	2016
Name of Federal Candidate		X Support	Offic	e Sought:	House	District: 00
Bernie Sanders		Oppose		President	Senate	State: DC
Calendar Year-To-Date Per Election for Office Sought		757143.91	Disb 2016		Primar specify) ►	y General
Full Name of Payee		☐ Memo Ite	em			n/Dissemination
Javier Moreno Polllaroio				03	/ D D 7	2016
Mailing Address 1521 3rd Ave				Amount		
City	State	Zip Code				200.00
Oakland	CA	94606		Transaction Date of Dis	ID: D711405 bursement or	Obligation
Purpose of Expenditure Translation Services		Category/ Type		03	18	2016
Name of Federal Candidate		Support	Offic	e Sought:	House	District: 00
Bernie Sanders		Oppose	X	President	Senate	State: DC
Calendar Year-To-Date Per Election for Office Sought		757143.91	Disb 2016		✓ Primar specify) ►	g General
(a) SUBTOTAL of Itemized Independent E	xpenditures		▶			400.00
(b) SUBTOTAL of Unitemized Independen	t Expenditures		·· •		7	
(c) TOTAL Independent Expenditures			▶			
Under penalty of perjury I certify that the	independent expenditure	es reported herein were	not m	ade in cooper	ation, consulta	ation, 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	15	2016
Signature					

PAGE	140	OF	151 ORM 3X
FOR L	INE 24	OF F	ORM 3X

		TOTT LINE 24 OF TOTHW 5X
NAME OF COMMITTEE (In Full)  National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼
ivational ivuises utilied for Patient Protection		C C00490375
Check if 24-hour report 48-hour report New report	ort Amends repor	rt filed on
Full Name of Payee	☐ Memo Ite	Date of Public Distribution/Dissemination
Erin L FitzGerald		03 17 2016
Mailing Address 1028 Florida Street		Amount
City State	Zip Code	410.00
Vallejo CA	94590	Transaction ID : D711408  Date of Disbursement or Obligation
Purpose of Expenditure Video Production	Category/ Type	03 18 2016
Name of Federal Candidate	X Support	Office Sought: House District: 00
Bernie Sanders	Oppose	President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought	757143.91	Disbursement For:
Full Name of Payee	Memo Iter	
Outfront Media		Date of Public Distribution/Dissemination  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 185 US Highway 46		Amount
City State	Zip Code	11750.00
Fairfield NJ	07004	Transaction ID : D712331  Date of Disbursement or Obligation
Purpose of Expenditure Print Advertising	Category/ Type	03 / 18 / 2016
Name of Federal Candidate	Support	Office Sought: House District:00
Bernie Sanders	Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	372762.50	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		
(b) SUBTOTAL of Unitemized Independent Expenditures		·
(c) TOTAL Independent Expenditures		·
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.	•	· · · · · · · · · · · · · · · · · · ·
Martha Kuhl [Electron	ically Filed] Date	04 15 2016
Signature	_ Date	لىنتىا لنا لى

	PAGE 141 OF 151 FOR LINE 24 OF FORM 3X
D	ENTIFICATION NUMBER ▼
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		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)  National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼
Tradional ranges office for Latient Liouechon		C C00490375
Check if 24-hour report 48-hour report New report	ort Amends report	filed on M M / D D / Y Y Y Y Y
Full Name of Payee Outfront Media	Memo Iten	Date of Fabric Biotribation Biocommitation
		04 / 18 / 2016
Mailing Address 185 US Highway 46		Amount
City State	Zip Code	325.00
Fairfield NJ	07004	Transaction ID : D712332  Date of Disbursement or Obligation
Purpose of Expenditure Print Advertising	Category/ Type	03 18 2016
Name of Federal Candidate	Support (	Office Sought: House District:00
Bernie Sanders	Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General
Full Name of Page	☐ Memo Item	Other (specify)
Full Name of Payee Outfront Media	Memoriem	Date of Public Distribution/Dissemination  Date of Public Distribution/Dissemination  05 02 2016
Mailing Address 185 US Highway 46		Amount
City State	Zip Code	3950.00
Fairfield NJ	07004	Transaction ID : D712333  Date of Disbursement or Obligation
Purpose of Expenditure Print Advertising	Category/ Type	03 / 18 / 2016
Name of Federal Candidate	X Support	Office Sought: House District:00
Bernie Sanders	Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		4275.00
(-)		7 7
(b) SUBTOTAL of Unitemized Independent Expenditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
Martha Kuhl [Electron	ically Filed] Date	04 15 2016
Signature		

PAGE		OF	151
FOR L	INE 24	OF F	ORM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)  National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼
TVALIGNAL TVALSES OFFICE TOFF ALIENCE TOLECTION		C C00490375
Check if 24-hour report 48-hour report New re	port Amends report	filed on M M / D D / Y Y Y Y Y
Full Name of Payee California Nurses Association	Memo Iten	Date of Public Distribution/Dissemination
		03 / 20 / 2016
Mailing Address 155 Grand Avenue		Amount
City State	Zip Code	150.00
Oakland CA	94612	Transaction ID : D710986  Date of Disbursement or Obligation
Purpose of Expenditure Online Ad	Category/ Type	03 / 22 / 2016
Name of Federal Candidate	X Support	Office Sought: House District: 00
Bernie Sanders	Oppose	President Senate State: ID
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:
Full Name of Payee	☐ Memo Item	
California Nurses Association	_ Memorican	Date of Public Distribution/Dissemination  03 20 2016
Mailing Address 155 Grand Avenue		Amount
City State	Zip Code	943.43
Oakland CA	94612	Transaction ID : D711388  Date of Disbursement or Obligation
Purpose of Expenditure Payroll Expense	Category/ Type	03 / 22 / 2016
Name of Federal Candidate	X Support	Office Sought: House District:00
Bernie Sanders	Oppose	President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		1093.43
(b) SUBTOTAL of Unitemized Independent Expenditures		<b>•</b>
(c) TOTAL Independent Expenditures		<b>&gt;</b>
Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
Martha Kuhl [Electro	onically Filed] Date	04 15 2016
Signature		

PAGE 143 OF 151 FOR LINE 24 OF FORM 3X
EC IDENTIFICATION NUMBER ▼
C C00490375
M / D = D / Y = Y = Y
Public Distribution/Dissemination
3 / 18 / 2016
100.00
ion ID: D711389 Disbursement or Obligation
3 / 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
House District:00
Senate State: DC
For: X Primary General
er (specify)

NAME OF	COMMITTEE (In Full)				EEC	IDENTIFICAT	ION NUMBER ▼
	al Nurses United for Pat	ient Protection				IDENTIFICAT	ION NUMBER V
					C	C00490375	
Check if	24-hour report 48-hour r	eport New repo	ort Amends repo	ort filed on	M = M	/ D D /	Y Y Y Y Y
Full N	ame of Payee		Memo Ite	em D	ate of Pub	olic Distribution	n/Dissemination
	fornia Nurses Association		_		03	/ 18	2016
Mailin	g Address 155 Grand Avenue			А	mount		
City		State	Zip Code	— r			100.00
Oakla	nd	CA	94612	Tra	ansaction	ID : D711389	100.00
			1			bursement or	Obligation
Onlin	se of Expenditure e Ad		Category/ Type		03	22	2016
Name	of Federal Candidate		Support	Office S	ought:	House	District: 00
Berni	e Sanders		Oppose		esident	Senate	State: DC
	Calendar Year-To-Date Per Election for Office Sought		757143.91	Disburse 2016	Other (	✓ Primar specify) ►	y General
Eull N	amo of Payan	<u> </u>	Memo Ite	m F			/Diagonalia a tiago
	<sub>lame of Payee</sub> ifornia Nurses Associatior	1	☐ Memorite		Date of Pub	blic Distribution	n/Dissemination 2016
Mailin	g Address 155 Grand Avenue			Α	Amount		
							1 1 1 1 1 1 1
City	and	State CA	Zip Code 94612	Tr	ansaction	ID : D711390	175.00
Oakla ———			94012			sbursement or	Obligation
Purpo Onlin	se of Expenditure e Ad		Category/ Type		03	22	2016
Name	of Federal Candidate		Support	Office S	ought:	House	District: 00
Berni	e Sanders		Oppose		resident	Senate	State: DC
	Calendar Year-To-Date Per Election for Office Sought		757143.91	Disburse 2016	ement For:		y General
		, , , , , , , , , , , , , , , , , , , ,		L	Other (	(specify) -	
(a) SU	BTOTAL of Itemized Independent E	Expenditures				F 1 2 7	275.00
(b) SU	BTOTAL of Unitemized Independer	nt Expenditures					
						<i></i>	
(c) TO	TAL Independent Expenditures			•		7-	1 10
with, or	penalty of perjury I certify that the at the request or suggestion of, a committee) any political party commi	ny candidate or authorized					
	Martha Kuhl	[Flectroni	cally Filed]	M M M	/ D 15	D / Y Y 20	Y Y Y
Sigr	nature		Date	04	1 13	20	· _

	PAGE 144 OF 151 FOR LINE 24 OF FORM 3X
FEC II	DENTIFICATION NUMBER ▼
С	C00490375
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of Publi	ic Distribution/Dissemination
03 <sup>M</sup>	/ 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ınt	
	200.00
	D: D711391 ursement or Obligation
	22 2016
nt:	House District: 00
ent nt For:	Senate State: DC General
	pecify) >
	ic Distribution/Dissemination
03	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ınt	
	100.00
	D: D711392 ursement or Obligation
03	23 2016
nt:	House District: 00
ent	Senate State: DC
nt For:	Primary General
Other (s	pecify) ►
	300.00
•	
- 7	7

NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protection	C C00490375
Check if 24-hour report 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
Full Name of Payee	Date of Public Distribution/Dissemination
California Nurses Association	03 20 2016
Mailing Address 155 Grand Avenue	Amount
City State Zip Code	200.00
	Transaction ID : D711391 Date of Disbursement or Obligation
Purpose of Expenditure Online Ad  Category/ Type	03 22 2016
Name of Federal Candidate Support Office	Sought: House District: 00
Paraia Candara	President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought  Disbut 2016	rrsement For:
Full Name of Payee	Date of Public Distribution/Dissemination
California Nurses Association	03 22 2016
Mailing Address 155 Grand Avenue	Amount
City State Zip Code	100.00
Oakland CA 94612	Transaction ID : D711392  Date of Disbursement or Obligation
Purpose of Expenditure Online Ad  Category/ Type	03 / 23 / 2016
Name of Federal Candidate Support Office	e Sought: House District: 00
Parnia Sandara	President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought  Disbut 2016	ursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	300.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Martha Kuhl  [Electronically Filed] Date	4 15 2016
Signature	التتالتا

## П

Martha Kuhl

Signature

3(	CHEDULE E (FEC Form 3X)		
ΤΙ	EMIZED INDEPENDENT EXPENDITURES		PAGE 145 OF 151 FOR LINE 24 OF FORM 3X
V/	AME OF COMMITTEE (In Full)		I
	lational Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼  C C00490375
Cł	neck if 24-hour report 48-hour report New re	port Amends repo	ort filed on
	Full Name of Payee Alliance Graphics	☐ Memo It	Date of Public Distribution/Dissemination
	Mailing Address 1101 8th Street		25 2016
	THE FOR SHOOL		Amount
	City State	Zip Code	1314.00
	Berkeley CA	94710	Transaction ID : D711410  Date of Disbursement or Obligation
	Purpose of Expenditure Printing	Category/ Type	03 23 7 2016
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Bernie Sanders	Oppose	President Senate State: DC
	Calendar Year-To-Date Per Election for Office Sought	757143.91	Disbursement For: X Primary General 2016 Other (specify) ▶
	Full Name of Payee	☐ Memo Ite	Date of Public Distribution/Dissemination
	Outfront Media		03 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 185 US Highway 46		Amount
	City State	Zip Code	2775.00
	Fairfield NJ	07004	Transaction ID : D711253  Date of Disbursement or Obligation
	Purpose of Expenditure Print Advertising	Category/ Type	03 / 24 / 2016
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Bernie Sanders	Oppose	President Senate State: CA
	Calendar Year-To-Date Per Election for Office Sought	372762.50	Disbursement For:
	(a) SUBTOTAL of Itemized Independent Expenditures		▶ 4089.00
	(b) SUBTOTAL of Unitemized Independent Expenditures		
	(c) TOTAL Independent Expenditures		<b>•</b>
	Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		

[Electronically Filed]

15

04

Date

2016

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FOR I	INE 24	OF FO	ORM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)  National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼
Tradional redises officed for Fatient Frotection		C C00490375
Check if 24-hour report 48-hour report New rep	port Amends report	filed on M M / D D / Y Y Y Y Y Y
Full Name of Payee Outfront Media	☐ Memo Iter	Date of Public Distribution/Dissemination
Mailing Address 485 US History 46		04 / 04 / 2016
185 US Highway 46		Amount
City State	Zip Code	4750.00
Fairfield NJ	07004	Transaction ID : D711375  Date of Disbursement or Obligation
Purpose of Expenditure Print Advertising	Category/ Type	03 / 24 / 2016
Name of Federal Candidate	Support	Office Sought: House District:00
Bernie Sanders	Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☐ General  Other (specify) ►
Full Name of Payee	☐ Memo Item	
Outfront Media	_ Memoriem	Date of Public Distribution/Dissemination  04  04  04  04  04  04
Mailing Address 185 US Highway 46		Amount
City State	Zip Code	9000.00
Fairfield NJ	07004	Transaction ID : D711376  Date of Disbursement or Obligation
Purpose of Expenditure Print Advertising	Category/ Type	03 / 24 / 2016
Name of Federal Candidate	X Support	Office Sought: House District:00
Bernie Sanders	Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		13750.00
(b) SUBTOTAL of Unitemized Independent Expenditures		<b>•</b>
(c) TOTAL Independent Expenditures		<b>&gt;</b>
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
Martha Kuhl [Electron	nically Filed] Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	Date	

PAGE			OF		151
FOR	LINE	24	OF	FOF	ям зх

		TOTT LINE 24 OF TOTAL 3X
NAME OF COMMITTEE (In Full)  National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼
National Nuises Office for Patient Protection		C C00490375
Check if 24-hour report 48-hour report New rep	port Amends report	filed on Mam / Dad / Yayayay
Full Name of Payee Outfront Media	☐ Memo Item	Date of Public Distribution/Dissemination
Mailing Address		04 / 04 / 2016
185 US Highway 46		Amount
City State	Zip Code	243.75
Fairfield NJ	07004	Transaction ID : D711377  Date of Disbursement or Obligation
Purpose of Expenditure Print Advertising	Category/ Type	03 24 2016
Name of Federal Candidate	Support C	Office Sought: House District:00
Bernie Sanders	Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General
Full Name of Payee	Memo Item	Other (specify)
California Nurses Association	_ Memoriem	Date of Public Distribution/Dissemination  03
Mailing Address 155 Grand Avenue		Amount
City State	Zip Code	100.00
Oakland CA	94612	Transaction ID : D711393  Date of Disbursement or Obligation
Purpose of Expenditure Online Ad	Category/ Type	03 24 2016
Name of Federal Candidate	Support (	Office Sought: House District: 00
Bernie Sanders	Oppose	President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		343.75
	·	7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures		7 7 7
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.	•	
Martha Kuhl [Electron	nically Filed] Date	04 15 2016
Signature	Date	

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FOR L	INE 24	OF F	ORM 3X

			FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protection			C C00490375
Check if 24-hour report 48-hour report New rep	oort Amends repo		M / D D / Y B Y B Y
Full Name of Payee	Memo Ite	em Date o	f Public Distribution/Dissemination
California Nurses Association			03 24 7 2016
Mailing Address 155 Grand Avenue		Amoun	nt
City State	Zip Code		100.00
Oakland CA	94612		tion ID: D711394 f Disbursement or Obligation
Purpose of Expenditure Online Ad	Category/ Type	M	03 24 2016
Name of Federal Candidate	Support	Office Sought	: House District: 00
Bernie Sanders	Oppose	X Preside	nt Senate State: DC
Calendar Year-To-Date Per Election for Office Sought	757143.91	Disbursement 2016	For:
Full Name of Payee	☐ Memo Ite		
California Nurses Association	_ memo ne	Date 0	of Public Distribution/Dissemination
Mailing Address 155 Grand Avenue		Amour	
City State	Zip Code		100.00
Oakland CA	94612		ction ID: D711395  If Disbursement or Obligation
Purpose of Expenditure Online Ad	Category/ Type	M	03 24 2016
Name of Federal Candidate	Support	Office Sought	: House District: 00
Bernie Sanders	Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	757143.91	Disbursement 2016 Ot	For: X Primary General
(a) SUBTOTAL of Itemized Independent Expenditures			200.00
			7 1 7 1 7 1
(b) SUBTOTAL of Unitemized Independent Expenditures		<b>-</b>	
(c) TOTAL Independent Expenditures		<b>•</b>	
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.			
Martha Kuhl [Electron	nically Filed] Date	M / / / / / / / / / / / / / / / / / / /	15 2016
Signature			

PAGE	149	OF	151		
FOR L	NE 24	OF FO	ORM 3X		
ENTIFICATION NUMBER ▼					

NAME OF COMMITTEE (In Full)  FEC IDENTIFICATION NUMBER ▼			
National Nurses United for Patient Protection		C C00490375	
Check if 24-hour report 48-hour report New rep	oort Amends repo	rt filed on	
Full Name of Payee	Memo Ite	Date of Public Distribution/Dissemination	
Campaign Workshop		04 25 2016	
Mailing Address 1129 20th Street, Suite 200		Amount	
City State	Zip Code	41000.00	
Washington	20036	Transaction ID: D711490  Date of Disbursement or Obligation	
Purpose of Expenditure Printing	Category/ Type	03 25 / Y Y Y Y	
Name of Federal Candidate	Support	Office Sought: House District: 00	
Bernie Sanders	Oppose	President Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought	372762.50	Disbursement For: ☐ Primary ☐ General 2016 ☐ Other (specify) ▶	
Full Name of Payee	Memo Ite		
North Wood Advertising		Date of Public Distribution/Dissernination  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 1201 Fifteen Building		Amount	
15 South Fifth			
City State	Zip Code	40000.00	
Minneapolis MN	55402	Transaction ID: D711491  Date of Disbursement or Obligation	
Purpose of Expenditure Radio	Category/ Type	03 / 25 / 2016	
Name of Federal Candidate	Support	Office Sought: House District: 00	
Bernie Sanders	Oppose	President Senate State: PA	
Calendar Year-To-Date Per Election for Office Sought	40000.00	Disbursement For:	
(a) SUBTOTAL of Itemized Independent Expenditures		81000.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		·	
(c) TOTAL Independent Expenditures		<b>&gt;</b>	
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.			
Martha Kuhl [Electron	nically Filed] Date	04 15 2016	
Signature	Date		

PAGE	150	OF	151 ORM 3X
FOR L	INE 24	OF F	ORM 3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protection		C C00490375
Check if 24-hour report 48-hour report New re	eport Amends report	filed on M M / D D / Y Y Y Y Y
Full Name of Payee Outfront Media	☐ Memo Item	Date of Public Distribution/Dissemination
Mailing Address		03 / 25 / Y Y Y Y Y
185 US Highway 46		Amount
City State	Zip Code	1850.00
Fairfield NJ	07004	Transaction ID : D712322  Date of Disbursement or Obligation
Purpose of Expenditure Print Advertising	Category/ Type	03 25 2016
Name of Federal Candidate	X Support C	Office Sought: House District: 00
Bernie Sanders		President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		oisbursement For:
Full Name of Payee	☐ Memo Item	
California Nurses Association	_ memo item	Date of Public Distribution/Dissemination  03 25 2016
Mailing Address 155 Grand Avenue		Amount
City State	Zip Code	30.00
Oakland CA	94612	Transaction ID : D711024  Date of Disbursement or Obligation
Purpose of Expenditure Online ads	Category/ Type	03 / 26 / 2016
Name of Federal Candidate	X Support C	Office Sought: House District:00
BERNARD SANDERS	Oppose	President Senate State: HI
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:
(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 expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
Martha Kuhl [Electro	onically Filed] Date	04 15 2016
Signature		

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	FOR	LINE 2	4 OF F0	DRI
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	ME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼			
N	ational Nurses United for Patient Protection			C C00490375			
Check if 24-hour report 48-hour report New report Amends report filed on							
	Full Name of Payee	☐ Memo Ite	em [	Date of Public Distribution/Dissemination			
	Erin L FitzGerald  Mailing Address 4000 Florida Otrock			03 / 21 / 2016			
	1028 Florida Street		A	Amount			
ı	City State	Zip Code		840.00			
	Vallejo CA	94590		ansaction ID : D711409 Date of Disbursement or Obligation			
	Purpose of Expenditure Video Production	Category/ Type		03 / 28 / 2016			
	Name of Federal Candidate	X Support	Office S	ought: House District: 00			
	Bernie Sanders	Oppose		resident Senate State: DC			
	Calendar Year-To-Date Per Election for Office Sought	757143.91	Disburse 2016	ement For:			
ŀ	E II N	□ Mome Ite	<u> </u>				
	Full Name of Payee California Nurses Association	Memo Ite	"   [	Date of Public Distribution/Dissemination			
	Mailing Address 155 Grand Avenue		,	03 30 2016 Amount			
ŀ	City State	Zip Code		50.00			
	Oakland CA	94612		ansaction ID : D711396 Date of Disbursement or Obligation			
	Purpose of Expenditure Online Ad	Category/ Type		03 30 / 2016			
ľ	Name of Federal Candidate	X Support	Office S	Sought: House District: 00			
	Bernie Sanders	Oppose		resident Senate State: DC			
	Calendar Year-To-Date Per Election for Office Sought	757143.91	Disburs 2016	ement For:			
(a) SUBTOTAL of Itemized Independent Expenditures							
(b) SUBTOTAL of Unitemized Independent Expenditures							
(	c) TOTAL Independent Expenditures		•	1974218.82			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.							
	Martha Kuhl [Electron	ically Filed] Date	M M M	/ 15 / Y Y Y Y Y Y Y			
	Signature						