

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

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

Full Name of Payee National Nurses United
Mailing Address 155 Grand Avenue
City Oakland State CA Zip Code 94612
Purpose of Expenditure Site Rental Category/Type
Name of Federal Candidate Bernie Sanders [X] Support [] Oppose
Calendar Year-To-Date Per Election for Office Sought 1243.85

Date of Public Distribution/Dissemination 06 / 02 / 2016
Amount 360.00
Transaction ID : D742592
Date of Disbursement or Obligation 05 / 31 / 2016
Office Sought: [] House District: 00 [X] President [] Senate State: CA
Disbursement For: [X] Primary [] General 2016 [] Other (specify)

Full Name of Payee National Nurses United
Mailing Address 155 Grand Avenue
City Oakland State CA Zip Code 94612
Purpose of Expenditure Site Rental Category/Type
Name of Federal Candidate Bernie Sanders [X] Support [] Oppose
Calendar Year-To-Date Per Election for Office Sought 1243.85

Date of Public Distribution/Dissemination 06 / 04 / 2016
Amount 75.00
Transaction ID : D742604
Date of Disbursement or Obligation 06 / 01 / 2016
Office Sought: [] House District: 00 [X] President [] Senate State: CA
Disbursement For: [X] Primary [] General 2016 [] Other (specify)

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 435.00, (b) SUBTOTAL of Unitemized Independent Expenditures, (c) TOTAL Independent Expenditures

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

Signature Martha Kuhl [Electronically Filed] Date 06 / 03 / 2016

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

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

Full Name of Payee Autumn Press
Mailing Address 945 Camelia St
City Berkeley State CA Zip Code 94710-1437
Purpose of Expenditure Printing
Name of Federal Candidate Bernie Sanders [X] Support [] Oppose
Calendar Year-To-Date Per Election for Office Sought 1243.85

Date of Public Distribution/Dissemination 06 / 02 / 2016
Amount 738.85
Transaction ID : D742654
Date of Disbursement or Obligation 06 / 02 / 2016
Office Sought: [] House District: 00 [X] President [] Senate State: CA
Disbursement For: [X] Primary [] General 2016 [] Other (specify)

Full Name of Payee National Nurses United
Mailing Address 155 Grand Avenue
City Oakland State CA Zip Code 94612
Purpose of Expenditure Online Ad
Name of Federal Candidate Bernie Sanders [X] Support [] Oppose
Calendar Year-To-Date Per Election for Office Sought 1243.85

Date of Public Distribution/Dissemination 05 / 31 / 2016
Amount 70.00
Transaction ID : D742655
Date of Disbursement or Obligation 06 / 02 / 2016
Office Sought: [] House District: 00 [X] President [] Senate State: CA
Disbursement For: [X] Primary [] General 2016 [] Other (specify)

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 808.85, (b) SUBTOTAL of Unitemized Independent Expenditures, (c) TOTAL Independent Expenditures 1243.85

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Martha Kuhl [Electronically Filed] Date 06 / 03 / 2016
Signature