

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 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Autumn Press
Mailing Address 945 Camelia St
City Berkeley State CA Zip Code 94710-1437
Purpose of Expenditure Printing
Name of Federal Candidate Bernie Sanders Support
Calendar Year-To-Date Per Election for Office Sought 158387.10

Date of Public Distribution/Dissemination 10/08/2015
Amount 3020.70
Transaction ID : D682086
Date of Disbursement or Obligation 10/09/2015
Office Sought: President
Disbursement For: Primary

Full Name of Payee Autumn Press
Mailing Address 945 Camelia St
City Berkeley State CA Zip Code 94710-1437
Purpose of Expenditure Printing
Name of Federal Candidate Bernie Sanders Support
Calendar Year-To-Date Per Election for Office Sought 158387.10

Date of Public Distribution/Dissemination 10/08/2015
Amount 446.61
Transaction ID : D682087
Date of Disbursement or Obligation 10/09/2015
Office Sought: President
Disbursement For: Primary

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 3467.31

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 Carolyn Hietamaki [Electronically Filed] Date 10/09/2015

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 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Autumn Press
Mailing Address 945 Camelia St
City Berkeley State CA Zip Code 94710-1437
Purpose of Expenditure Printing Category/Type

Date of Public Distribution/Dissemination 10/08/2015
Amount 295.19
Transaction ID : D682088
Date of Disbursement or Obligation 10/09/2015

Name of Federal Candidate Bernie Sanders
Support Oppose
Calendar Year-To-Date Per Election for Office Sought 158387.10

Office Sought: House District: 00
President Senate State: DC
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee
Mailing Address
City State Zip Code
Purpose of Expenditure Category/Type

Date of Public Distribution/Dissemination
Amount
Date of Disbursement or Obligation

Name of Federal Candidate
Support Oppose

Office Sought: House District:
President Senate State:

Calendar Year-To-Date Per Election for Office Sought

Disbursement For: Primary General Other (specify)

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 295.19, (b) SUBTOTAL of Unitemized Independent Expenditures, (c) TOTAL Independent Expenditures 3762.50

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 Carolyn Hietamaki [Electronically Filed] Date 10/09/2015