

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 UPTe UCLA
Mailing Address 1015 Gayley Ave Suite 301
City Los Angeles State CA Zip Code 91506
Purpose of Expenditure Site Rental
Name of Federal Candidate Bernie Sanders [X] Support [] Oppose
Calendar Year-To-Date Per Election for Office Sought 1831.39

Date of Public Distribution/Dissemination 05 / 17 / 2016
Amount 150.00
Transaction ID : D734944
Date of Disbursement or Obligation 05 / 13 / 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 1831.39

Date of Public Distribution/Dissemination 05 / 16 / 2016
Amount 200.00
Transaction ID : D735199
Date of Disbursement or Obligation 05 / 17 / 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 350.00; (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 05 / 17 / 2016

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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 Payroll Category/Type
Name of Federal Candidate Bernie Sanders [X] Support [] Oppose
Calendar Year-To-Date Per Election for Office Sought 1831.39

Date of Public Distribution/Dissemination 05 / 13 / 2016
Amount 492.75
Transaction ID : D735200
Date of Disbursement or Obligation 05 / 17 / 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 Payroll Category/Type
Name of Federal Candidate Bernie Sanders [X] Support [] Oppose
Calendar Year-To-Date Per Election for Office Sought 1831.39

Date of Public Distribution/Dissemination 05 / 14 / 2016
Amount 141.75
Transaction ID : D735201
Date of Disbursement or Obligation 05 / 17 / 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 634.50, (b) SUBTOTAL of Unitemized Independent Expenditures, (c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Martha Kuhl [Electronically Filed] Date 05 / 17 / 2016
Signature

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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 Payroll Category/Type
Name of Federal Candidate Bernie Sanders [X] Support [] Oppose
Calendar Year-To-Date Per Election for Office Sought 1831.39

Date of Public Distribution/Dissemination 05 / 15 / 2016
Amount 20.25
Transaction ID : D735202
Date of Disbursement or Obligation 05 / 17 / 2016
Office Sought: [] House District: 00 [X] President [] Senate State: CA
Disbursement For: [X] Primary [] General 2016 [] Other (specify)

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
Name of Federal Candidate Bernie Sanders [X] Support [] Oppose
Calendar Year-To-Date Per Election for Office Sought 1831.39

Date of Public Distribution/Dissemination 05 / 17 / 2016
Amount 826.64
Transaction ID : D735203
Date of Disbursement or Obligation 05 / 17 / 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 846.89, (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 05 / 17 / 2016

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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 Alliance Graphics
Mailing Address 1101 8th Street
City Berkeley State CA Zip Code 94710
Purpose of Expenditure Printing Category/Type
Name of Federal Candidate Bernie Sanders [X] Support [] Oppose
Calendar Year-To-Date Per Election for Office Sought 694.62

Date of Public Distribution/Dissemination 04 / 21 / 2016
Amount 694.62
Transaction ID : D735204
Date of Disbursement or Obligation 05 / 17 / 2016
Office Sought: [] House District: 00 [X] President [] Senate State: DC
Disbursement For: [X] Primary [] General 2016 [] Other (specify)

Full Name of Payee
Mailing Address
City State Zip Code
Purpose of Expenditure Category/Type
Name of Federal Candidate [] Support [] Oppose
Calendar Year-To-Date Per Election for Office Sought

Date of Public Distribution/Dissemination
Amount
Date of Disbursement or Obligation
Office Sought: [] House District: [] [] President [] Senate State: []
Disbursement For: [] Primary [] General [] Other (specify)

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 694.62, (b) SUBTOTAL of Unitemized Independent Expenditures, (c) TOTAL Independent Expenditures 2526.01

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 05 / 17 / 2016
Signature