

PAGE	1	OF	10
FOR SE OF FORM 24/48			

FEC Schedule E (Form 24/28) Rev. 09/2013

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 10
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ C C00490375	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee California Nurses Association		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 08 / 2016	
Mailing Address 155 Grand Avenue		Amount 50.00	
City Oakland	State CA	Zip Code 94612	Transaction ID : D710679
Purpose of Expenditure Online Ad	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 03 / 09 / 2016	
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought 300.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee California Nurses Association		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 08 / 2016	
Mailing Address 155 Grand Avenue		Amount 250.00	
City Oakland	State CA	Zip Code 94612	Transaction ID : D710680
Purpose of Expenditure Online Ad	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 03 / 09 / 2016	
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought 300.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(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 made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Martha Kuhl

[Electronically Filed]

Date

MM / DD / YYYY
03 / 14 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 3 OF 10
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ C C00490375	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee California Nurses Association		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 08 / 2016	
Mailing Address 155 Grand Avenue		Amount 30.00	
City Oakland	State CA	Zip Code 94612	Transaction ID : D710681
Purpose of Expenditure Online Ad	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 03 / 09 / 2016	
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MO	
Calendar Year-To-Date Per Election for Office Sought 30.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee California Nurses Association		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 09 / 2016	
Mailing Address 155 Grand Avenue		Amount 100.00	
City Oakland	State CA	Zip Code 94612	Transaction ID : D710678
Purpose of Expenditure Online Ad	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 03 / 10 / 2016	
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC	
Calendar Year-To-Date Per Election for Office Sought 12653.23		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	130.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Martha Kuhl

[Electronically Filed]

Date

MM / DD / YYYY
03 / 14 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 4 OF 10
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ C C00490375	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee California Nurses Association		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 09 / 2016	
Mailing Address 155 Grand Avenue		Amount 50.00	
City Oakland	State CA	Zip Code 94612	Transaction ID : D710682
Purpose of Expenditure Online Ad	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 03 / 10 / 2016	
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: OH	
Calendar Year-To-Date Per Election for Office Sought 1450.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee California Nurses Association		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 09 / 2016	
Mailing Address 155 Grand Avenue		Amount 50.00	
City Oakland	State CA	Zip Code 94612	Transaction ID : D710683
Purpose of Expenditure Online Ad	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 03 / 10 / 2016	
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: OH	
Calendar Year-To-Date Per Election for Office Sought 1450.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	100.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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

Martha Kuhl

[Electronically Filed]

Date

MM / DD / YYYY
03 / 14 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 5 OF 10
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ C C00490375
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Autumn Press		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 09 / 2016	
Mailing Address 945 Camelia St		Amount 4155.00	
City Berkeley	State CA	Zip Code 94710-1437	Transaction ID : D710687
Purpose of Expenditure Printing	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 03 / 10 / 2016	
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC	
Calendar Year-To-Date Per Election for Office Sought 12653.23		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee California Nurses Association		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 10 / 2016	
Mailing Address 155 Grand Avenue		Amount 200.00	
City Oakland	State CA	Zip Code 94612	Transaction ID : D710684
Purpose of Expenditure Online Ad	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 03 / 11 / 2016	
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC	
Calendar Year-To-Date Per Election for Office Sought 12653.23		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	4355.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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

Martha Kuhl

[Electronically Filed]

Date

MM / DD / YYYY
03 / 14 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 6 OF 10
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ C C00490375	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee California Nurses Association			Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 10 / 2016		
Mailing Address 155 Grand Avenue			Amount 40.00		
City Oakland	State CA	Zip Code 94612	Transaction ID : D710685		
Purpose of Expenditure Online Ad		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 03 / 11 / 2016		
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: FL		
Calendar Year-To-Date Per Election for Office Sought 204.86			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee California Nurses Association			Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 10 / 2016		
Mailing Address 155 Grand Avenue			Amount 164.86		
City Oakland	State CA	Zip Code 94612	Transaction ID : D710686		
Purpose of Expenditure Site Rental		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 03 / 11 / 2016		
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: FL		
Calendar Year-To-Date Per Election for Office Sought 204.86			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	204.86
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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

Martha Kuhl

[Electronically Filed]

Date

MM / DD / YYYY
03 / 14 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 7 OF 10
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ C C00490375	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee ELead Resources		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 11 / 2016	
Mailing Address 314 W Superior St		Amount 1636.62	
City Chicago	State IL	Zip Code 60654	Transaction ID : D710688
Purpose of Expenditure Printing	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 03 / 11 / 2016	
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Erin L FitzGerald		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 10 / 2016	
Mailing Address 1028 Florida Street		Amount 1050.00	
City Vallejo	State CA	Zip Code 94590	Transaction ID : D710689
Purpose of Expenditure Video Production	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 03 / 11 / 2016	
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2686.62
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Martha Kuhl

[Electronically Filed]

Date

MM / DD / YYYY
03 / 14 / 2016

Signature

National Nurses United for Patient Protection

C C00490375

Javier Moreno Polllaroio

Three stylized representations of the numbers 02, 12, and 2016 using the letters M, D, and Y. The first number, 02, is formed by two 'M's. The second number, 12, is formed by two 'D's. The third number, 2016, is formed by four 'Y's.

Amount

Oakland

CA

94606

63.44

Category/
Type

Transaction ID : D710690

Date of Disbursement or Obligation

03 / 11 / 2016

Office Sought: House District: 00

☒ President ☐ Senate State: DC

12653.23

Disbursement For: ☒ Primary ☐ General
2016 ☐ Other (specify) ▶

California Nurses Association

M M / D D / Y Y Y Y
03 12 2016

Amount

Oakland

CA

94612

150.00

Category/
Type

Transaction ID : D710702

Date of Disbursement or Obligation

03 / 14 / 2016

Office Sought: House District: 00

☒ President ☐ Senate State: OH

1450.00

Disbursement For: ☒ Primary ☐ General
2016 ☐ Other (specify) ▶

213.44

[illegible][illegible]

Martha Kuhl

Date _____

MM / DD / YYYY

FEC Schedule E (Form 24/28) Rev. 09/2013

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 9 OF 10
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ C C00490375	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Erin L FitzGerald		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 14 / 2016	
Mailing Address 1028 Florida Street		Amount 1200.00	
City Vallejo	State CA	Zip Code 94590	Transaction ID : D710704
Purpose of Expenditure Video Production	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 03 / 14 / 2016	
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: OH	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		1450.00	

Full Name of Payee Autumn Press		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 11 / 2016	
Mailing Address 945 Camelia St		Amount 2443.45	
City Berkeley	State CA	Zip Code 94710-1437	Transaction ID : D710705
Purpose of Expenditure Printing	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 03 / 14 / 2016	
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		12653.23	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	3643.45
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Martha Kuhl

[Electronically Filed]

Date

MM / DD / YYYY
03 / 14 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 10 OF 10
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ C C00490375	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Autumn Press			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 13 / 2015		
Mailing Address 945 Camelia St			Amount 569.88		
City Berkeley	State CA	Zip Code 94710-1437	Transaction ID : D710706		
Purpose of Expenditure Printing		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 03 / 14 / 2016		
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC		
Calendar Year-To-Date Per Election for Office Sought		12653.23	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Autumn Press			Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 14 / 2016		
Mailing Address 945 Camelia St			Amount 2274.84		
City Berkeley	State CA	Zip Code 94710-1437	Transaction ID : D710707		
Purpose of Expenditure Printing		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 03 / 14 / 2016		
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC		
Calendar Year-To-Date Per Election for Office Sought		12653.23	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	2844.72
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	14638.09

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

Martha Kuhl

[Electronically Filed]

Date

MM / DD / YYYY
03 / 14 / 2016

Signature