#### 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	IN EXILIE	TIONES		PAGE 1 OF 10 FOR SE OF FORM 24/48				
NAME OF COMMITTEE (In Full)  National Nurses United for Patient F	Protoction			FEC IDENTIFICATION NUMBER ▼				
National Nuises Officed for Patient F	C							
Check if 24-hour report 48-hour report	New rep	port Amends repo		= M / D = D / Y = Y = Y				
Full Name of Payee California Nurses Association				of Public Distribution/Dissemination				
Mailing Address 155 Grand Avenue			Amou					
City	State	Zip Code	— r	100.00				
Oakland	CA	94612		saction ID : D710676 of Disbursement or Obligation				
Purpose of Expenditure Online Ad		Category/ Type		03 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 Sough	nt: House District: 00				
Bernie Sanders		Oppose	X Presid					
Calendar Year-To-Date Per Election for Office Sought	, , , ,	12653.23	Disbursemer 2016	nt For: X Primary General  Other (specify) ▶				
Full Name of Payee			Date	of Public Distribution/Dissemination				
California Nurses Association				03 08 7 2016				
Mailing Address 155 Grand Avenue			Amou	unt				
City	State	Zip Code		60.00				
Oakland	CA	94612		action ID: D710677 of Disbursement or Obligation				
Purpose of Expenditure Online Ad		Category/ Type		03 / 09 / 2016				
Name of Federal Candidate		X Support	Office Sough	nt: House District: 00				
Bernie Sanders		Oppose	X Presid	lent Senate State: DC				
Calendar Year-To-Date Per Election for Office Sought		12653.23	Disbursemer 2016	nt For:				
(a) SUBTOTAL of Itemized Independent Expendi	tures			160.00				
,, ,				7 7				
(b) SUBTOTAL of Unitemized Independent Exper	nditures		•	7 1 7 1 7				
(c) TOTAL Independent Expenditures			· [	7 7 7				
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any cancer party committee) any political party committee or	lidate or authorize							
Martha Kuhl Signature	[Electron	nically Filed] Date	9 03	14 2016				
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#### 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	IN EXILIE	TIONES		PAGE 2 OF 10 FOR SE OF FORM 24/48				
NAME OF COMMITTEE (In Full)  National Nurses United for Patient F	Protoction			FEC IDENTIFICATION NUMBER ▼				
National Nuises Officed for Patient F	C							
Check if 24-hour report 48-hour report	New rep	port Amends repo		M				
Full Name of Payee California Nurses Association				of Public Distribution/Dissemination				
Mailing Address 155 Grand Avenue			Amou	03 08 2016 unt				
City	State	Zip Code	— r	50.00				
Oakland	CA	94612		saction ID : D710679 of Disbursement or Obligation				
Purpose of Expenditure Online Ad		Category/ Type		03 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 Sough	nt: House District:00				
Bernie Sanders		Oppose	X Presid	ent Senate State: MI				
Calendar Year-To-Date Per Election for Office Sought		300.00	Disbursemer 2016	nt For: X Primary General  Other (specify) ▶				
Full Name of Payee California Nurses Association				of Public Distribution/Dissemination				
Mailing Address 155 Grand Avenue			L	03 08 2016				
			Amou	unt				
City	State	Zip Code		250.00				
Oakland  Purpose of Expenditure	CA	94612		action ID: D710680 of Disbursement or Obligation				
Online Ad		Category/ Type		03 / 09 / 2016				
Name of Federal Candidate		X Support	Office Sough	nt: House District: 00				
Bernie Sanders		Oppose	X Presid	lent Senate State: MI				
Calendar Year-To-Date Per Election for Office Sought		300.00	Disbursemen 2016	nt For:				
(a) SUBTOTAL of Itemized Independent Expendi								
(a) SUBTUTAL of Remized independent expendi	ures		•	300.00				
(b) SUBTOTAL of Unitemized Independent Exper	nditures		· •					
(c) TOTAL Independent Expenditures			· -	7 7 7				
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any canon party committee) any political party committee or	lidate or authorize							
Martha Kuhl	[Electron	nically Filed] Date	9 03	14 2016				
Signature								

	icuaic Ly				FOR SE OF	FORM 24	/48
	ME OF COMMITTEE (In Full)			FEC ID	DENTIFICATI	ON NUMB	ER ▼
SVI	ational Nurses United for Patient Protection			С	C00490375		
Chec	ck if $X$ 24-hour report 48-hour report $X$ New report	ort Amends repo	rt filed on	/ = M /		Y . Y .	
	Full Name of Payee		Date	of Public	c Distribution	/Dissemina	tion
L	California Nurses Association		[	03	08	2016	
	Mailing Address 155 Grand Avenue		Amou	ınt			
	City State	Zip Code	$  $ $\Gamma$		_	30.0	00
- 1	Oakland CA	94612			ID : D710681 ursement or (		
	Purpose of Expenditure Online Ad	Category/ Type		03	09	2016	
T	Name of Federal Candidate	Support	Office Sough	nt:	House	District:	00
	BERNARD SANDERS	Oppose	X Presid	ent	Senate	State:	МО
	Calendar Year-To-Date Per Election for Office Sought	30.00	Disbursemer	nt For:	X Primary	/ Ge	eneral
L	Per Election for Office Sought	30.00		Other (sp	pecify)		
	Full Name of Payee California Nurses Association			M = M	c Distribution	YY	Y Y
	Mailing Address 155 Grand Avenue		Amou	03 unt	09	2016	,
	City State	Zip Code	$-$   $\Gamma$			100.0	00
	Oakland CA	94612			D: D710678 ursement or (	Obligation	
	Purpose of Expenditure Online Ad	Category/ Type		03	10	2016	
	Name of Federal Candidate	Support	Office Sough	ht:	House	District:	00
	Bernie Sanders	Oppose	X Presid	_	Senate		DC
	Calendar Year-To-Date Per Election for Office Sought	12653.23	Disbursemer 2016	nt For: Other (sp	Primary	y G	eneral
(a	a) SUBTOTAL of Itemized Independent Expenditures		· [		1 1 7	130.0	0
(b	b) SUBTOTAL of Unitemized Independent Expenditures		· •				
(c	c) TOTAL Independent Expenditures		· [				
Wi	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	ically Filed] Date	03	14	/ 7 7 20	16	
	Signature	_ Jate	55	1.4	20		

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	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)  National Nurses United for Patient Protection	FEC IDENTIFICATION NUMBER ▼
National Nurses Office for Fatient Frotection	C C00490375
Check if X 24-hour report 48-hour report New report Amends report filed o	on Mam / Dab / Yayayay
Full Name of Payee California Nurses Association	Date of Public Distribution/Dissemination
	03 09 2016
Mailing Address 155 Grand Avenue	Amount
City State Zip Code	50.00
	Transaction ID : D710682 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 S	Sought: House District: 00
DEDNADD CANDEDC	President Senate State: OH
Calendar Year-To-Date Per Election for Office Sought  Disburs 2016	sement For:
Full Name of Payee	Date of Public Distribution/Dissemination
California Nurses Association	03 09 2016
Mailing Address 155 Grand Avenue	Amount
City State Zip Code	50.00
	Fransaction ID : D710683 Date of Disbursement or Obligation
Purpose of Expenditure Online Ad  Category/ Type	03 10 2016
Name of Federal Candidate Support Office 9	Sought: House District: 00
BERNARD SANDERS Oppose	President Senate State: OH
Calendar Year-To-Date Per Election for Office Sought  Disburs 2016	sement For:
(a) SUBTOTAL of Itemized Independent Expenditures	100.00
(b) SUBTOTAL of Unitemized Independent Expenditures	1171171171
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not mad 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 03	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

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		FOR SE OF FORM 24/48
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 report file	ed on M=M / D=D / Y=Y=Y=Y
Full Name of Payee Autumn Press		Date of Public Distribution/Dissemination
		03 09 2016
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 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Offic	ce Sought: House District: 00
Bernie Sanders		President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought	12653.23 Disl 201	bursement For:
Full Name of Payee California Nurses Association		Date of Public Distribution/Dissemination
Mailing Address 155 Grand Avenue		Amount
City State	Zip Code	200.00
Oakland CA	94612	Transaction ID : D710684  Date of Disbursement or Obligation
Purpose of Expenditure Online Ad	Category/ Type	03 / 11 / 2016
Name of Federal Candidate	X Support Offi	ce Sought: House District: 00
Bernie Sanders	Oppose	President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought	12653.23 Dis 201	bursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		4355.00
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	1 7 1 7 1 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.		
	cally Filed] Date	03
Signature		

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	uic L)			F	OR SE OF	FORM 24/4	8
	OF COMMITTEE (In Full)			FEC IDE	NTIFICATION	ON NUMBE	R▼
เทสแด	nal Nurses United for Patient Protection			C co	00490375		
Check if	24-hour report 48-hour report New rep	ort Amends repor	t filed on	M /	D   D /	Y = Y = Y	Y
	Name of Payee		Date of	of Public D	)istribution/	/Disseminatio	on
	alifornia Nurses Association			03	10	2016	Y
Maili	ng Address 155 Grand Avenue		Amou	nt			
City	State	Zip Code	- $ $ $ $ $ $ $ $			40.00	
	sland CA	94612		action ID :	: <b>D710685</b> ement or C		
	ose of Expenditure ine Ad	Category/ Type		03 /	11	2016	Y
Nam	e of Federal Candidate	X Support	Office Sough	t:	House	District: 0	00
BER	RNARD SANDERS	Oppose	X Preside	ent	Senate	State:F	<u>L</u>
	Calendar Year-To-Date Per Election for Office Sought	204.86	Disbursemen 2016	Į.	Primary	Gen	eral
$\vdash$				ther (spec	eify) 🕨		
	Name of Payee Ilifornia Nurses Association			и – м /	D D /	/Dissemination	
Maili	ing Address 155 Grand Avenue		Amou	03 int	10	2016	
City	State	Zip Code	$ \Gamma$	_		164.86	
	kland CA	94612		action ID :	<b>D710686</b> ement or 0	Obligation	
	pose of Expenditure e Rental	Category/ Type		03	11	2016	Y
Nam	ne of Federal Candidate	Support	Office Sough	ıt:	House	District:	00
BEF	RNARD SANDERS	Oppose	X Preside		Senate	State: F	L
	Calendar Year-To-Date Per Election for Office Sought	204.86	Disbursemen 2016 O	nt For: $\sum$	Y Primary	Ger	neral
(a) Si	UBTOTAL of Itemized Independent Expenditures		<b>.</b>		7	204.86	
(b) S	UBTOTAL of Unitemized Independent Expenditures		· [		-		
(c) T(	OTAL Independent Expenditures		<b>.</b> .				
with, o	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 [Electron	nically Filed] Date	M M /	14	/ 201	6	
Sig	gnature	· - Date	لتنا	النت			
			1	1		×	

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				FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)  National Nurses United for	or Patient Protection			FEC IDENTIFICATION NUMBER ▼
				C C00490375
Check if 24-hour report 48	3-hour report New rep	ort Amends repo		" M / D = D / Y = Y = Y
Full Name of Payee ELead Resources			_	of Public Distribution/Dissemination
			M	03 11 2016
Mailing Address 314 W Superior S	St		Amou	nt
City	State	Zip Code		1636.62
Chicago	IL	60654		action ID : D710688 of Disbursement or Obligation
Purpose of Expenditure Printing		Category/ Type		03 11 7 2016
Name of Federal Candidate		X Support	Office Sough	t: House District:00
Bernie Sanders		Oppose	X Preside	
Calendar Year-To-Date Per Election for Office Sough	nt	12653.23	Disbursemen 2016 O	t For:
Full Name of Payee Erin L FitzGerald			Date	of Public Distribution/Dissemination
Moiling Address			N	03 / 10 / 2016
1028 Florida S	treet		Amou	nt
City	State	Zip Code		1050.00
Vallejo	CA	94590		oction ID : D710689 of Disbursement or Obligation
Purpose of Expenditure Video Production		Category/ Type		03 / 11 / 2016
Name of Federal Candidate		X Support	Office Sough	nt: House District: 00
Bernie Sanders		Oppose	X Preside	ent Senate State: DC
Calendar Year-To-Date Per Election for Office Sough	nt	12653.23	Disbursemen 2016	nt For:
(a) SUBTOTAL of Itemized Indepe	ndent Expenditures			2686.62
(b) SUBTOTAL of Unitemized Inde	pendent Expenditures		•	7 1 7 1 7
(c) TOTAL Independent Expenditu	res		•	7 1 7 1 7
	on of, any candidate or authorized			cooperation, consultation, or concert the reporting entity is not a political
Martha Kuhl	[Electron	ically Filed] Date	03	14 2016
Signature	<u></u>			2010

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	saale L)					FOR SE OF	FORM 24/48
	OF COMMITTEE (In Full)				FEC I	DENTIFICATI	ON NUMBER ▼
ivat	ional Nurses United for Patient Protection				С	C00490375	
Check	c if $X$ 24-hour report 48-hour report $X$ New report	ort A	mends repo	ort filed on	и = м	/ D D /	Y = Y = Y = Y
Fu	ull Name of Payee			Date	of Publ	ic Distribution	/Dissemination
Ľ	Javier Moreno Polllaroio				02	/ 12 /	2016
М	ailing Address 1521 3rd Ave			Amor	unt		
C	ity State	Zip Code		<u> </u>			63.44
	Dakland CA	94606				ID: D710690 ursement or	
	urpose of Expenditure ranslation Services	Category Type			03	/ 11 /	2016
N	ame of Federal Candidate	X	Support	Office Soug	nt:	House	District:00
В	Bernie Sanders		Oppose	X Presid	L	Senate	State: DC
Г	Calendar Year-To-Date Per Election for Office Sought	12653.2	3	Disburseme	nt For:	X Primary	/ General
$\perp$	Per Election for Office Sought	12000.2			Other (s	pecify) 🕨	
	ull Name of Payee California Nurses Association				M = M	ic Distribution	n/Dissemination
N	lailing Address 155 Grand Avenue			Amo	03 unt	12	2016
	01.15	7:- OI-			_		450.00
-	oakland CA	Zip Code 94612		Trans	action I	D : D710702	150.00
P	urpose of Expenditure			Date		oursement or	
	Online Ad	Category Type		∟   L	03	14	2016
N	ame of Federal Candidate	X	Support	Office Soug	ht:	House	District: 00
E	BERNARD SANDERS		Oppose	X Presid	dent [	Senate	State: OH
	Calendar Year-To-Date Per Election for Office Sought	1450.0	0	Disburseme 2016		Primar	y General
,	SUBTOTAL of Heitersieral Independent Expenditures					poony	213.44
(b)	SUBTOTAL of Unitemized Independent Expenditures			·· •	-		
(c)	TOTAL Independent Expenditures			•	-7-	4	
with	der penalty of perjury I certify that the independent expenditures h, or at the request or suggestion of, any candidate or authorized try committee) any political party committee or its agent.						
	Martha Kuhl	cally Filed]	Det	9 03	14	/	Y Y 16
	Signature		Date	, 03	14	20	

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	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATI	ON NUMBER ▼
IN	lational Nurses United for Patient Protection		С	C00490375	
Ch	eck if 24-hour report 48-hour report New report Amends re	port filed on	M = M	/ D = D /	Y = Y = Y = Y
П	Full Name of Payee	Dat	e of Pub	olic Distribution	/Dissemination
١	Erin L FitzGerald		M M M	/ D D /	2016
	Mailing Address 1028 Florida Street	Am	ount		
	City State Zip Code	<u> —</u> г			1200.00
	Vallejo CA 94590			n ID : D710704 bursement or (	
	Purpose of Expenditure Video Production  Category/ Type		03	14	2016
	Name of Federal Candidate Support	Office Sou	ght:	House	District: 00
١	BERNARD SANDERS Oppose	X Pres	•	Senate	State: OH
	Calendar Year-To-Date Per Election for Office Sought 1450.00	Disbursem	ent For:	Y Primary	General
١	Per Election for Office Sought		Other (	specify) 🕨	
	Full Name of Payee Autumn Press	Da	te of Pub	olic Distribution	/Dissemination
	Mailing Address 945 Camelia St	Δ	03	11	2016
1		All	ount		
1	City State Zip Code			, , ,	2443.45
١	Berkeley CA 94710-1437			ID: D710705 bursement or	Obligation
	Purpose of Expenditure Printing  Category/ Type		03	/ 14 /	2016
1	Name of Federal Candidate Support	Office Sou	ıght:	House	District: 00
١	Bernie Sanders Oppose	X Pres	sident	Senate	State:DC
	Calendar Year-To-Date Per Election for Office Sought 12653.23	Disbursen 2016		✓ Primary specify) ►	General
	(a) SUBTOTAL of Itemized Independent Expenditures	<b>\</b>	-	7	3643.45
	(b) SUBTOTAL of Unitemized Independent Expenditures	···· •			
	(c) TOTAL Independent Expenditures	····· <b>&gt;</b>		7	
١	Under penalty of perjury I certify that the independent expenditures reported herein wer with, or at the request or suggestion of, any candidate or authorized committee or agent party committee) any political party committee or its agent.				
	Martha Kuhl [Electronically Filed]	ate 03	/ 14		Y Y
	Signature Da	110 00	14	20	, ,

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NAME OF COMMITTEE (In Full)	notion			F	EC IDENTIFICAT	ION NUMBER ▼
National Nurses United for Patient Prote	<del>c</del> cแบก				C C00490375	
Check if 24-hour report 48-hour report	X New repo	ort Amend	s report fi	led on	M / D D /	Y = Y = Y = Y
Full Name of Payee				Date of	Public Distribution	n/Dissemination
Autumn Press				M 1		2015
Mailing Address 945 Camelia St				Amount		
City	State	Zip Code		1		569.88
Berkeley	CA	94710-1437			ction ID : D710706 Disbursement or	5
Purpose of Expenditure Printing		Category/ Type		Date of	M / D D /	2016
Name of Federal Candidate		Supp	ort Of	ffice Sought:	House	District:00
Bernie Sanders		Орро		President		State: DC
Calendar Year-To-Date Per Election for Office Sought		12653.23	Di	sbursement F	or: X Primar	y General
	,		-		er (specify)	-/D:-
Full Name of Payee Autumn Press				M		Y Y Y Y Y
Mailing Address 945 Camelia St				Amount		2016
City	State	Zip Code				2274.84
Berkeley	CA	94710-1437			ion ID : D710707 Disbursement or	Obligation
Purpose of Expenditure Printing		Category/ Type		Date of	M / D D	2016
Name of Federal Candidate		Supp	oort Of	ffice Sought:	House	District:00
Bernie Sanders		Орро		X Presiden	t Senate	State: DC
Calendar Year-To-Date Per Election for Office Sought		12653.23		isbursement I	For: X Primar er (specify) ►	y General
(a) SUBTOTAL of Itemized Independent Expenditures.					T 1 1 T	2844.72
(b) SUBTOTAL of Unitemized Independent Expenditure	es		·····		7 7	
(c) TOTAL Independent Expenditures			······································		7	14638.09
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized					
Martha Kuhl	[Electronia	ically Filed]	Date	M M / I		16
Signature			Date	<u> </u>		ــــــــــــــــــــــــــــــــــــــ
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