

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

National Nurses United for Patient Protection

ADDRESS (number and street) ▼

8630 Fenton Street, Suite 1100

☐ Check if different than previously reported. (ACC)

Silver Spring

MD

20910

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00490375

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☒ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Martha Kuhl

Signature of Treasurer

Martha Kuhl

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

National Nurses United for Patient Protection

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y Y
01		01		2016

To:

M M	/	D D	/	Y Y Y Y Y Y
03		31		2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date																		
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="6">2016</td></tr></table>	Y	Y	Y	Y	Y	Y	2016							<table><tr><td colspan="6">1134044.75</td></tr></table>	1134044.75					
Y	Y	Y	Y	Y	Y															
2016																				
1134044.75																				
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="6">1134044.75</td></tr></table>	1134044.75																		
1134044.75																				
(c) Total Receipts (from Line 19)	<table><tr><td colspan="6">2006410.84</td></tr></table>	2006410.84						<table><tr><td colspan="6">2006410.84</td></tr></table>	2006410.84											
2006410.84																				
2006410.84																				
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="6">3140455.59</td></tr></table>	3140455.59						<table><tr><td colspan="6">3140455.59</td></tr></table>	3140455.59											
3140455.59																				
3140455.59																				
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="6">2299093.64</td></tr></table>	2299093.64						<table><tr><td colspan="6">2299093.64</td></tr></table>	2299093.64											
2299093.64																				
2299093.64																				
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table><tr><td colspan="6">841361.95</td></tr></table>	841361.95						<table><tr><td colspan="6">841361.95</td></tr></table>	841361.95											
841361.95																				
841361.95																				
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="6">0.00</td></tr></table>	0.00																		
0.00																				
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="6">239686.55</td></tr></table>	239686.55																		
239686.55																				



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

National Nurses United for Patient Protection

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
01	/	01	/	2016

To:

M M	/	D D	/	Y Y Y Y Y
03	/	31	/	2016

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

0.00

0.00

(ii) Unitemized

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

0.00

0.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

2006410.84

2006410.84

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

2006410.84

2006410.84

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

2006410.84

2006410.84

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

2006410.84

2006410.84

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	317135.30	317135.30
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	317135.30	317135.30
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	1978147.82	1978147.82
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	3810.52	3810.52
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	2299093.64	2299093.64
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2299093.64	2299093.64

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	2006410.84	2006410.84
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2006410.84	2006410.84
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	317135.30	317135.30
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	317135.30	317135.30

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 152

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Nurses United for Patient Protection

Full Name (Last, First, Middle Initial)

A. National Nurses UnitedMailing Address 8630 Fenton Street
Suite 1100City State Zip Code
Silver Spring MD 20910FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2006410.84

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 26 / 2016

Transaction ID : C9958327

Amount of Each Receipt this Period

243149.08

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. National Nurses UnitedMailing Address 8630 Fenton Street
Suite 1100City State Zip Code
Silver Spring MD 20910FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2006410.84

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 04 / 2016

Transaction ID : C9958328

Amount of Each Receipt this Period

263261.76

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. National Nurses UnitedMailing Address 8630 Fenton Street
Suite 1100City State Zip Code
Silver Spring MD 20910FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2006410.84

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 14 / 2016

Transaction ID : C9958329

Amount of Each Receipt this Period

1500000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

2006410.84

TOTAL This Period (last page this line number only)..... ►

2006410.84

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Nurses United for Patient Protection

Full Name (Last, First, Middle Initial)

A. Alliance Graphics

Mailing Address 1101 8th Street

City Berkeley State CA Zip Code 94710

Purpose of Disbursement
Printing

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 03 2016
Transaction ID : D711015

Amount of Each Disbursement this Period

1952.49

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Bus BankMailing Address 820 West Jackson
Suite 815

City Chicago State IL Zip Code 60607

Purpose of Disbursement
Bus tour expense

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 09 2016
Transaction ID : D710716

Amount of Each Disbursement this Period

53320.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Bus BankMailing Address 820 West Jackson
Suite 815

City Chicago State IL Zip Code 60607

Purpose of Disbursement
Bus tour expense

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 13 2016
Transaction ID : D711011

Amount of Each Disbursement this Period

577.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

55849.49

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

National Nurses United for Patient Protection

A. California Nurses Association

Mailing Address 155 Grand Avenue

City	State	Zip Code
Oakland	CA	94612

Purpose of Disbursement	
Payroll Expense	

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : D711004

Amount of Each Disbursement this Period

1886.85

 Memo Item

Full Name (Last, First, Middle Initial)

B. California Nurses Association

Mailing Address 155 Grand Avenue

City	State	Zip Code
Oakland	CA	94612

Purpose of Disbursement	Travel

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : D711005

Amount of Each Disbursement this Period

66530.53

Memo Item

Full Name (Last, First, Middle Initial)

C. California Nurses Association

Mailing Address 155 Grand Avenue

City	State	Zip Code
Oakland	CA	94612

Purpose of Disbursement
Site Rental

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : D711006

Amount of Each Disbursement this Period

1380.00

 Memo Item

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

69797.38

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

National Nurses United for Patient Protection

A. California Nurses Association

Mailing Address 155 Grand Avenue

City	State	Zip Code
Oakland	CA	94612

Purpose of Disbursement	Payroll Expense

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : D711007

Amount of Each Disbursement this Period

10399.25

 Memo Item

Full Name (Last, First, Middle Initial)

B. California Nurses Association

Mailing Address 155 Grand Avenue

City	State	Zip Code
Oakland	CA	94612

Purpose of Disbursement
Site Rental

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : D711008

Amount of Each Disbursement this Period

1370.00

Memo Item

Full Name (Last, First, Middle Initial)

C. California Nurses Association

Mailing Address 155 Grand Avenue

City	State	Zip Code
Oakland	CA	94612

Purpose of Disbursement Overhead

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement



Transaction ID : D711009

Amount of Each Disbursement this Period

14339.25

 Memo Item

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

26108.50

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Nurses United for Patient Protection

Full Name (Last, First, Middle Initial)

A. California Nurses Association

Mailing Address 155 Grand Avenue

City State Zip Code
Oakland CA 94612
Purpose of Disbursement
Payroll Expense

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 22 2016
Transaction ID : D711010

Amount of Each Disbursement this Period

22435.84

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. California Nurses Association

Mailing Address 155 Grand Avenue

City State Zip Code
Oakland CA 94612
Purpose of Disbursement
Site Rental

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 11 2016
Transaction ID : D711020

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. California Nurses Association

Mailing Address 155 Grand Avenue

City State Zip Code
Oakland CA 94612
Purpose of Disbursement
Payroll Expense

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 03 2016
Transaction ID : D711021

Amount of Each Disbursement this Period

436.90

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

22897.74

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Nurses United for Patient Protection

Full Name (Last, First, Middle Initial)

A. DLX for Small Business

Mailing Address 3680 Victoria Street North

City Saint Paul State MN Zip Code 55126

Purpose of Disbursement
Checks

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 22 2016
Transaction ID : D712323

Amount of Each Disbursement this Period

349.96

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ELead Resources

Mailing Address 314 W Superior St

City Chicago State IL Zip Code 60654

Purpose of Disbursement
Printing for PAC

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 22 2016
Transaction ID : D711558

Amount of Each Disbursement this Period

1687.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Iowa CCI Action Fund

Mailing Address 2001 Forest Ave

City Des Moines State IA Zip Code 50311

Purpose of Disbursement
Payroll Expense

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 10 2016
Transaction ID : D711018

Amount of Each Disbursement this Period

18486.66

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

20524.12

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

National Nurses United for Patient Protection

 Memo Item

 Memo Item

 Memo Item

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Nurses United for Patient Protection

Full Name (Last, First, Middle Initial)

A. JP Morgan Chase

Mailing Address 350 20th Street

City State Zip Code
Oakland CA 94612
Purpose of Disbursement
Bank Fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 26 2016
Transaction ID : D712318

Amount of Each Disbursement this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. JP Morgan Chase

Mailing Address 350 20th Street

City State Zip Code
Oakland CA 94612
Purpose of Disbursement
Bank Fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 31 2016
Transaction ID : D712319

Amount of Each Disbursement this Period

160.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Local 1, Lithographers

Mailing Address 113 University Place

City State Zip Code
New York NY 10003
Purpose of Disbursement
Site Rental

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 24 2016
Transaction ID : D711019

Amount of Each Disbursement this Period

300.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

475.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 152

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Nurses United for Patient Protection

Full Name (Last, First, Middle Initial)

A. Minnesota Nurses Association

Mailing Address 345 Randolph Ave #200

City St Paul State MN Zip Code 55102

Purpose of Disbursement
Travel for PAC

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 28 / 2016
Transaction ID : D711559

Amount of Each Disbursement this Period

1838.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. National Intervention

Mailing Address 1211 D St NE

City Washington State DC Zip Code 20002-6333

Purpose of Disbursement
Data services for PAC

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 14 / 2016
Transaction ID : D711560

Amount of Each Disbursement this Period

50000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Postal Systems, Inc.

Mailing Address 1890 North Blvd.

City San Leandro State CA Zip Code 94577

Purpose of Disbursement
Postage

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 08 / 2016
Transaction ID : D711013

Amount of Each Disbursement this Period

5219.32

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

57057.92

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 18 OF 152

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Nurses United for Patient Protection

Full Name (Last, First, Middle Initial)

A. Postal Systems, Inc.

Mailing Address 1890 North Blvd.

City San Leandro State CA Zip Code 94577

Purpose of Disbursement
postage

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 03 / 2016
Transaction ID : D711014

Amount of Each Disbursement this Period

56249.17

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Reclaim ChicagoMailing Address 850 W Jefferson Blvd
Suite 750

City Chicago State IL Zip Code 60607

Purpose of Disbursement
Equipment

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 03 / 2016
Transaction ID : D712320

Amount of Each Disbursement this Period

43.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

56292.77

TOTAL This Period (last page this line number only)..... ►

317010.30

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Nurses United for Patient Protection

Full Name (Last, First, Middle Initial)

A. California Nurses Association

Mailing Address 155 Grand Avenue

City	State	Zip Code
Oakland	CA	94612

Purpose of Disbursement
Payroll

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2016

Transaction ID : D710717

Amount of Each Disbursement this Period

611.05

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. California Nurses Association

Mailing Address 155 Grand Avenue

City	State	Zip Code
Oakland	CA	94612

Purpose of Disbursement
Payroll

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2016

Transaction ID : D710718

Amount of Each Disbursement this Period

225.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. California Nurses Association

Mailing Address 155 Grand Avenue

City	State	Zip Code
Oakland	CA	94612

Purpose of Disbursement
Non-federal contribution Payroll

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2016

Transaction ID : D710719

Amount of Each Disbursement this Period

474.47

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1310.52

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 20 OF 152

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Nurses United for Patient Protection

Full Name (Last, First, Middle Initial)

A. Reclaim ChicagoMailing Address 850 W Jefferson Blvd
Suite 750

City Chicago State IL Zip Code 60607

Purpose of Disbursement
Donation

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		17		2016

Transaction ID : D711016

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

☐ Memo Item**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2500.00

3810.52

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 21 OF 152

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

National Nurses United for Patient Protection

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

National Nurses United

Nature of Debt (Purpose):
PayrollMailing Address 8630 Fenton Street
Suite 1100City State Zip Code
Silver Spring MD 20910

Outstanding Balance Beginning This Period

0.00

Transaction ID : D712397

Amount Incurred This Period

18679.33

Payment This Period

0.00

Outstanding Balance at Close of This Period

18679.33

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

National Nurses United

Nature of Debt (Purpose):
Online CommunicationMailing Address 8630 Fenton Street
Suite 1100City State Zip Code
Silver Spring MD 20910

Outstanding Balance Beginning This Period

0.00

Transaction ID : D712398

Amount Incurred This Period

3363.47

Payment This Period

0.00

Outstanding Balance at Close of This Period

3363.47

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

National Nurses United

Nature of Debt (Purpose):
TravelMailing Address 8630 Fenton Street
Suite 1100City State Zip Code
Silver Spring MD 20910

Outstanding Balance Beginning This Period

0.00

Transaction ID : D712399

Amount Incurred This Period

79194.83

Payment This Period

0.00

Outstanding Balance at Close of This Period

79194.83

1) **SUBTOTALS** This Period This Page (optional)..... ►

101237.63

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 22 OF 152

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

National Nurses United for Patient Protection

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

National Nurses United

Nature of Debt (Purpose):
TravelMailing Address 8630 Fenton Street
Suite 1100City State Zip Code
Silver Spring MD 20910

Outstanding Balance Beginning This Period

0.00

Transaction ID : D712400

Amount Incurred This Period

1036.91

Payment This Period

0.00

Outstanding Balance at Close of This Period

1036.91

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

National Nurses United

Nature of Debt (Purpose):
Office SuppliesMailing Address 8630 Fenton Street
Suite 1100City State Zip Code
Silver Spring MD 20910

Outstanding Balance Beginning This Period

0.00

Transaction ID : D712401

Amount Incurred This Period

917.50

Payment This Period

0.00

Outstanding Balance at Close of This Period

917.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

National Nurses United

Nature of Debt (Purpose):
TravelMailing Address 8630 Fenton Street
Suite 1100City State Zip Code
Silver Spring MD 20910

Outstanding Balance Beginning This Period

0.00

Transaction ID : D712402

Amount Incurred This Period

47308.20

Payment This Period

0.00

Outstanding Balance at Close of This Period

47308.20

1) SUBTOTALS This Period This Page (optional)..... ►

49262.61

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 23 OF 152

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

National Nurses United for Patient Protection

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

National Nurses United

Nature of Debt (Purpose):
TravelMailing Address 8630 Fenton Street
Suite 1100City State Zip Code
Silver Spring MD 20910

Outstanding Balance Beginning This Period

0.00

Transaction ID : D712403

Amount Incurred This Period

52029.13

Payment This Period

0.00

Outstanding Balance at Close of This Period

52029.13

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

National Nurses United

Nature of Debt (Purpose):
TravelMailing Address 8630 Fenton Street
Suite 1100City State Zip Code
Silver Spring MD 20910

Outstanding Balance Beginning This Period

0.00

Transaction ID : D712404

Amount Incurred This Period

8253.04

Payment This Period

0.00

Outstanding Balance at Close of This Period

8253.04

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

National Nurses United

Nature of Debt (Purpose):
RentMailing Address 8630 Fenton Street
Suite 1100City State Zip Code
Silver Spring MD 20910

Outstanding Balance Beginning This Period

0.00

Transaction ID : D712405

Amount Incurred This Period

2611.95

Payment This Period

0.00

Outstanding Balance at Close of This Period

2611.95

1) SUBTOTALS This Period This Page (optional)..... ►

62894.12

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 24 OF 152

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

National Nurses United for Patient Protection

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

National Nurses UnitedNature of Debt (Purpose):
PayrollMailing Address 8630 Fenton Street
Suite 1100City State Zip Code
Silver Spring MD 20910

Outstanding Balance Beginning This Period

0.00

Transaction ID : D712598

Amount Incurred This Period

5556.52

Payment This Period

0.00

Outstanding Balance at Close of This Period

5556.52

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

National Nurses UnitedNature of Debt (Purpose):
TravelMailing Address 8630 Fenton Street
Suite 1100City State Zip Code
Silver Spring MD 20910

Outstanding Balance Beginning This Period

0.00

Transaction ID : D712599

Amount Incurred This Period

10051.19

Payment This Period

0.00

Outstanding Balance at Close of This Period

10051.19

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

National Nurses UnitedNature of Debt (Purpose):
TravelMailing Address 8630 Fenton Street
Suite 1100City State Zip Code
Silver Spring MD 20910

Outstanding Balance Beginning This Period

0.00

Transaction ID : D712600

Amount Incurred This Period

10684.48

Payment This Period

0.00

Outstanding Balance at Close of This Period

10684.48

1) **SUBTOTALS** This Period This Page (optional)..... ►

26292.19

2) **TOTALS** This Period (last page this line number only)..... ►

239686.55

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

239686.55

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 25 OF 152
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00490375 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <input type="checkbox"/> Memo Item California Nurses Association		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </div>	
Mailing Address 155 Grand Avenue		Amount <div style="border: 1px solid black; padding: 2px;"> 20.00 </div>	
City Oakland	State CA	Zip Code 94612	Transaction ID : D692604 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 01 / 07 / 2016 </div>
Purpose of Expenditure Online advertising		Category/Type <div style="border: 1px solid black; padding: 2px;"> </div>	
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>DC</u>
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;"> 757143.91 </div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <input type="checkbox"/> Memo Item Alliance Graphics		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </div>	
Mailing Address 1101 8th Street		Amount <div style="border: 1px solid black; padding: 2px;"> 1560.38 </div>	
City Berkeley	State CA	Zip Code 94710	Transaction ID : D692605 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 01 / 11 / 2016 </div>
Purpose of Expenditure Printing		Category/Type <div style="border: 1px solid black; padding: 2px;"> </div>	
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>DC</u>
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;"> 757143.91 </div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"> 1580.38 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px;"> 0.00 </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"> 1580.38 </div>

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

M M / D D / Y Y Y Y Y Y
 06 / 08 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 26 OF 152
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee California Nurses Association		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y
Mailing Address 155 Grand Avenue			Amount 466.50
City Oakland	State CA	Zip Code 94612	Transaction ID : D692622
Purpose of Expenditure Printing	Category/Type 		Date of Disbursement or Obligation 01 / 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 757143.91		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee California Nurses Association		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination 01 / 12 / 2016
Mailing Address 155 Grand Avenue			Amount 220.00
City Oakland	State CA	Zip Code 94612	Transaction ID : D692894
Purpose of Expenditure Site rental	Category/Type 		Date of Disbursement or Obligation 01 / 13 / 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: IA
Calendar Year-To-Date Per Election for Office Sought 98103.35		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	686.50
(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

06 / 08 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 27 OF 152
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00490375 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y </div>	

Full Name of Payee <input type="checkbox"/> Memo Item Campaign Workshop		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-right: 10px;"> M M M / D D D / Y Y Y Y Y Y 12 / 15 / 2016 </div>	
Mailing Address 1129 20th Street, Suite 200		Amount <div style="border: 1px solid black; padding: 2px; width: 100%;"> 42000.00 </div>	
City Washington State DC Zip Code 20036	Transaction ID : D692895 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-right: 10px;"> M M M / D D D / Y Y Y Y Y Y 01 / 13 / 2016 </div>		
Purpose of Expenditure Printing	Category/Type	Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose BERNARD SANDERS	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 100%;"> 98103.35 </div>		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item Campaign Workshop		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-right: 10px;"> M M M / D D D / Y Y Y Y Y Y 01 / 15 / 2016 </div>	
Mailing Address 1129 20th Street, Suite 200		Amount <div style="border: 1px solid black; padding: 2px; width: 100%;"> 28000.00 </div>	
City Washington State DC Zip Code 20036	Transaction ID : D692898 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-right: 10px;"> M M M / D D D / Y Y Y Y Y Y 01 / 13 / 2016 </div>		
Purpose of Expenditure Digital Advertising	Category/Type	Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose BERNARD SANDERS	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 100%;"> 148607.61 </div>		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NV Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; width: 100%;"> 70000.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; width: 100%;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; width: 100%;"> </div>

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

M M M / D D D / Y Y Y Y Y Y
 06 / 08 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 28 OF 152
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00490375 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY			
Full Name of Payee <input type="checkbox"/> Memo Item Clear Channel Outdoor		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 12 / 28 / 2015 </div>	
Mailing Address PO Box 591790		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1400.00 </div>	
City State Zip Code San Antonio TX 78259-0139	Transaction ID : D692899 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 01 / 13 / 2016 </div>		
Purpose of Expenditure Printing	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose BERNARD SANDERS	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">148607.61</div>		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NV Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item California Nurses Association		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 01 / 12 / 2016 </div>	
Mailing Address 155 Grand Avenue		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 400.00 </div>	
City State Zip Code Oakland CA 94612	Transaction ID : D692900 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 01 / 13 / 2016 </div>		
Purpose of Expenditure Site rental	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose BERNARD SANDERS	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">148607.61</div>		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NV Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;">1800.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
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 <u>Martha Kuhl</u>		Date MM / DD / YYYY 06 / 08 / 2016	

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 29 OF 152
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ C C00490375	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY			
Full Name of Payee Clear Channel Outdoor		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 25 / 2016	
Mailing Address PO Box 591790		Amount 700.00	
City San Antonio	State TX	Zip Code 78259-0139	Transaction ID : D709360
Purpose of Expenditure Printing	Category/Type 	Date of Disbursement or Obligation MM / DD / YYYY 01 / 13 / 2016	
Name of Federal Candidate BERNARD SANDERS		Office Sought: <input checked="" type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> Senate State: <u>NV</u>	
Calendar Year-To-Date Per Election for Office Sought 148607.61		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Clear Channel Outdoor		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 25 / 2016	
Mailing Address PO Box 591790		Amount 950.00	
City San Antonio	State TX	Zip Code 78259-0139	Transaction ID : D709361
Purpose of Expenditure Printing	Category/Type 	Date of Disbursement or Obligation MM / DD / YYYY 01 / 13 / 2016	
Name of Federal Candidate BERNARD SANDERS		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>	
Calendar Year-To-Date Per Election for Office Sought 98103.35		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		1650.00	
(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 <i>Martha Kuhl</i>		Date MM / DD / YYYY 06 / 08 / 2016	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 30 OF 152
FOR LINE 24 OF FORM 3X

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

Full Name of Payee Autumn Press		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 15 / 2016
Mailing Address 945 Camelia St			Amount 627.83
City Berkeley	State CA	Zip Code 94710-1437	Transaction ID : D692896
Purpose of Expenditure Printing	Category/Type		Date of Disbursement or Obligation MM / DD / YYYY 01 / 14 / 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: IA
Calendar Year-To-Date Per Election for Office Sought		98103.35	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee California Nurses Association		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 13 / 2016
Mailing Address 155 Grand Avenue			Amount 220.00
City Oakland	State CA	Zip Code 94612	Transaction ID : D692897
Purpose of Expenditure Site rental	Category/Type		Date of Disbursement or Obligation MM / DD / YYYY 01 / 14 / 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: IA
Calendar Year-To-Date Per Election for Office Sought		98103.35	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	847.83
(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
06 / 08 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 31 OF 152
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00490375</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>			
Full Name of Payee California Nurses Association		<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 01 / 13 / 2016	
Mailing Address 155 Grand Avenue		Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 200px;"></div> 400.00	
City Oakland	State CA	Zip Code 94612	Transaction ID : D692901 Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 01 / 14 / 2016
Purpose of Expenditure Site rental		Category/ Type <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>	
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: NV	
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) ▶	
<div style="display: inline-block; border-bottom: 1px solid black; width: 200px;"></div> 148607.61			
Full Name of Payee Bus Bank		<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 01 / 15 / 2016	
Mailing Address 820 West Jackson Suite 815		Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 200px;"></div> 14124.00	
City Chicago	State IL	Zip Code 60607	Transaction ID : D692905 Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 01 / 14 / 2016
Purpose of Expenditure Bus tour expenses		Category/ Type <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>	
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) ▶	
<div style="display: inline-block; border-bottom: 1px solid black; width: 200px;"></div> 757143.91			
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="display: inline-block; border-bottom: 1px solid black; width: 200px;"></div> 14524.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="display: inline-block; border-bottom: 1px solid black; width: 200px;"></div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="display: inline-block; border-bottom: 1px solid black; width: 200px;"></div>	
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 <i>Martha Kuhl</i>		Date <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 06 / 08 / 2016	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 32 OF 152
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00490375</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>			
Full Name of Payee Autumn Press		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 01 / 15 / 2016	
Mailing Address 945 Camelia St		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">833.79</div>	
City Berkeley	State CA	Zip Code 94710-1437	Transaction ID : D692903 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 01 / 15 / 2016
Purpose of Expenditure Printing		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Name of Federal Candidate BERNARD SANDERS		Office Sought: <input checked="" type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NV	
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) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">148607.61</div>			
Full Name of Payee Autumn Press		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 01 / 15 / 2016	
Mailing Address 945 Camelia St		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1261.02</div>	
City Berkeley	State CA	Zip Code 94710-1437	Transaction ID : D692904 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 01 / 15 / 2016
Purpose of Expenditure Printing		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Name of Federal Candidate BERNARD SANDERS		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
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) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">98103.35</div>			
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;">2094.81</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
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 <i>Martha Kuhl</i>		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 06 / 08 / 2016	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 33 OF 152
FOR LINE 24 OF FORM 3X

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

Full Name of Payee Autumn Press		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 15 / 2016
Mailing Address 945 Camelia St			Amount 1291.61
City Berkeley	State CA	Zip Code 94710-1437	Transaction ID : D692906
Purpose of Expenditure Printing	Category/Type		Date of Disbursement or Obligation MM / DD / YYYY 01 / 15 / 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		757143.91	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee California Nurses Association		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 18 / 2016
Mailing Address 155 Grand Avenue			Amount 100.00
City Oakland	State CA	Zip Code 94612	Transaction ID : D693164
Purpose of Expenditure Online Ad	Category/Type		Date of Disbursement or Obligation MM / DD / YYYY 01 / 19 / 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		757143.91	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1391.61
(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
06 / 08 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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

Full Name of Payee California Nurses Association		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 18 / 2016
Mailing Address 155 Grand Avenue			Amount 50.00
City Oakland	State CA	Zip Code 94612	Transaction ID : D693165
Purpose of Expenditure Online Ad	Category/Type		Date of Disbursement or Obligation MM / DD / YYYY 01 / 19 / 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		757143.91	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee California Nurses Association		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 18 / 2016
Mailing Address 155 Grand Avenue			Amount 100.00
City Oakland	State CA	Zip Code 94612	Transaction ID : D693166
Purpose of Expenditure Online Ad	Category/Type		Date of Disbursement or Obligation MM / DD / YYYY 01 / 19 / 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		757143.91	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	150.00
(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
06 / 08 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 35 OF 152
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ C C00490375	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee California Nurses Association		<input type="checkbox"/> Memo Item	
Mailing Address 155 Grand Avenue		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 18 / 2016	
City Oakland		State CA	
Zip Code 94612		Amount 85.30	
Purpose of Expenditure Printing		Category/Type	
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
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 California Nurses Association		<input type="checkbox"/> Memo Item	
Mailing Address 155 Grand Avenue		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 18 / 2016	
City Oakland		State CA	
Zip Code 94612		Amount 200.00	
Purpose of Expenditure Online Ad		Category/Type	
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
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.....▶		285.30	
(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		Date M M M / D D D / Y Y Y Y Y Y 06 / 08 / 2016	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00490375 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y </div>	

Full Name of Payee <input type="checkbox"/> Memo Item California Nurses Association		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y </div>	
Mailing Address 155 Grand Avenue		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;"> 180.00 </div>	
City State Zip Code Oakland CA 94612	Transaction ID : D693169 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y </div>		
Purpose of Expenditure Online Ad	Category/Type	<div style="display: inline-block; border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y </div>	
Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Bernie Sanders		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 <div style="display: inline-block; border: 1px solid black; padding: 2px;"> 757143.91 </div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item California Nurses Association		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y </div>	
Mailing Address 155 Grand Avenue		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;"> 50.00 </div>	
City State Zip Code Oakland CA 94612	Transaction ID : D693170 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y </div>		
Purpose of Expenditure Online Ad	Category/Type	<div style="display: inline-block; border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y </div>	
Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Bernie Sanders		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 <div style="display: inline-block; border: 1px solid black; padding: 2px;"> 757143.91 </div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;">230.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"> </div>

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

M M M / D D D / Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00490375 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY			
Full Name of Payee <input type="checkbox"/> Memo Item California Nurses Association		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 01 / 20 / 2016 </div>	
Mailing Address 155 Grand Avenue		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">50.00</div>	
City Oakland	State CA	Zip Code 94612	Transaction ID : D693171 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 01 / 20 / 2016 </div>
Purpose of Expenditure Online Ad	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>DC</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">757143.91</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <input type="checkbox"/> Memo Item California Nurses Association		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 01 / 19 / 2015 </div>	
Mailing Address 155 Grand Avenue		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">230.00</div>	
City Oakland	State CA	Zip Code 94612	Transaction ID : D693174 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 01 / 21 / 2016 </div>
Purpose of Expenditure Site Rental	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NV</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">148607.61</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;">280.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
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 <u>Martha Kuhl</u>		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 06 / 08 / 2016 </div>	

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee California Nurses Association		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 19 / 2016
Mailing Address 155 Grand Avenue			Amount 120.00
City Oakland	State CA	Zip Code 94612	Transaction ID : D693175
Purpose of Expenditure Site Rental	Category/Type		Date of Disbursement or Obligation MM / DD / YYYY 01 / 21 / 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: IA
Calendar Year-To-Date Per Election for Office Sought		98103.35	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee California Nurses Association		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 20 / 2016
Mailing Address 155 Grand Avenue			Amount 430.00
City Oakland	State CA	Zip Code 94612	Transaction ID : D693176
Purpose of Expenditure Site Rental	Category/Type		Date of Disbursement or Obligation MM / DD / YYYY 01 / 21 / 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: NV
Calendar Year-To-Date Per Election for Office Sought		148607.61	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	550.00
(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
06 / 08 / 2016

Signature

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ITEMIZED INDEPENDENT EXPENDITURESPAGE 39 OF 152
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00490375</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>			
Full Name of Payee California Nurses Association		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 01 / 20 / 2016	
Mailing Address 155 Grand Avenue		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">210.00</div>	
City Oakland	State CA	Zip Code 94612	Transaction ID : D693177 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 01 / 21 / 2016
Purpose of Expenditure Site Rental		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Name of Federal Candidate BERNARD SANDERS		Office Sought: <input checked="" type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA <input type="checkbox"/> Oppose	
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) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">98103.35</div>			
Full Name of Payee National Nurses United		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 01 / 21 / 2016	
Mailing Address 155 Grand Avenue		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">100.00</div>	
City Oakland	State CA	Zip Code 94612	Transaction ID : D693181 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 01 / 22 / 2016
Purpose of Expenditure Online Ad		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Name of Federal Candidate BERNARD SANDERS		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA <input type="checkbox"/> Oppose	
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) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">98103.35</div>			
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;">310.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
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 <i>Martha Kuhl</i>		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 06 / 08 / 2016	
[Electronically Filed]			

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ITEMIZED INDEPENDENT EXPENDITURESPAGE 40 OF 152
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ C C00490375	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY			
Full Name of Payee California Nurses Association		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 22 / 2016	
Mailing Address 155 Grand Avenue		Amount 100.00	
City Oakland	State CA	Zip Code 94612	Transaction ID : D712348
Purpose of Expenditure Online Ad	Category/Type 	Date of Disbursement or Obligation MM / DD / YYYY 01 / 22 / 2016	
Name of Federal Candidate BERNARD SANDERS		Office Sought: <input checked="" type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought 98103.35		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 01 / 25 / 2016	
Mailing Address 155 Grand Avenue		Amount 50.00	
City Oakland	State CA	Zip Code 94612	Transaction ID : D709354
Purpose of Expenditure Online Ad	Category/Type 	Date of Disbursement or Obligation MM / DD / YYYY 01 / 26 / 2016	
Name of Federal Candidate Bernie Sanders		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 757143.91		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		150.00	
(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		Date MM / DD / YYYY 06 / 08 / 2016	
		[Electronically Filed]	

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ITEMIZED INDEPENDENT EXPENDITURESPAGE 41 OF 152
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ C C00490375	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee California Nurses Association		<input type="checkbox"/> Memo Item	
Mailing Address 155 Grand Avenue		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 22 / 2016	
City Oakland		State CA	
Zip Code 94612		Amount 50.03	
Purpose of Expenditure Online Ad		Category/Type	
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 98103.35		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee California Nurses Association		<input type="checkbox"/> Memo Item	
Mailing Address 155 Grand Avenue		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 26 / 2016	
City Oakland		State CA	
Zip Code 94612		Amount 460.00	
Purpose of Expenditure Site Rental		Category/Type	
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 98103.35		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		510.03	
(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		Date 06 / 08 / 2016	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 42 OF 152
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ C C00490375	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y			
Full Name of Payee California Nurses Association		<input type="checkbox"/> Memo Item	
Mailing Address 155 Grand Avenue		Date of Public Distribution/Dissemination 01 / 26 / 2016	
City Oakland		State CA	
Zip Code 94612		Amount 900.00	
Purpose of Expenditure Site Rental		Category/Type 	
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate		District: <u>00</u> State: <u>NV</u>	
Calendar Year-To-Date Per Election for Office Sought 148607.61		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee California Nurses Association		<input type="checkbox"/> Memo Item	
Mailing Address 155 Grand Avenue		Date of Public Distribution/Dissemination 01 / 25 / 2016	
City Oakland		State CA	
Zip Code 94612		Amount 50.00	
Purpose of Expenditure Online Ad		Category/Type 	
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate		District: <u>00</u> State: <u>IA</u>	
Calendar Year-To-Date Per Election for Office Sought 98103.35		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		950.00	
(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 <i>Martha Kuhl</i>		Date 06 / 08 / 2016	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee Autumn Press		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 26 / 2016
Mailing Address 945 Camelia St			Amount 1789.93
City Berkeley	State CA	Zip Code 94710-1437	Transaction ID : D709359
Purpose of Expenditure Printing	Category/Type		Date of Disbursement or Obligation MM / DD / YYYY 01 / 26 / 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		757143.91	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee California Nurses Association		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 26 / 2016
Mailing Address 155 Grand Avenue			Amount 50.00
City Oakland	State CA	Zip Code 94612	Transaction ID : D709556
Purpose of Expenditure Online Ad	Category/Type		Date of Disbursement or Obligation MM / DD / YYYY 01 / 27 / 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: IA
Calendar Year-To-Date Per Election for Office Sought		98103.35	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1839.93
(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
06 / 08 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 44 OF 152
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00490375</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>			
Full Name of Payee Bus Bank		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">03 / 06 / 2016</div>	
Mailing Address 820 West Jackson Suite 815		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">20400.41</div>	
City Chicago	State IL	Zip Code 60607	Transaction ID : D709557 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 27 / 2016</div>
Purpose of Expenditure Bus tour expenses		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Name of Federal Candidate Bernie Sanders		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 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) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">757143.91</div>		<div style="border: 1px solid black; padding: 2px; display: inline-block;">757143.91</div>	
Full Name of Payee California Nurses Association		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 28 / 2016</div>	
Mailing Address 155 Grand Avenue		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">40.00</div>	
City Oakland	State CA	Zip Code 94612	Transaction ID : D709846 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 28 / 2016</div>
Purpose of Expenditure Online Ad		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Name of Federal Candidate Bernie Sanders		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 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) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">757143.91</div>		<div style="border: 1px solid black; padding: 2px; display: inline-block;">757143.91</div>	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;">20440.41</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
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 <i>Martha Kuhl</i>		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">06 / 08 / 2016</div>	
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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 45 OF 152
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ C C00490375
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div>		

Full Name of Payee Alliance Graphics		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">02</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">03</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">2016</div>	
Mailing Address 1101 8th Street			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">1512.89</div>	
City Berkeley	State CA	Zip Code 94710	Transaction ID : D710082	
Purpose of Expenditure Printing		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">01</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">28</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">2016</div>	
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>DC</u>	
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px;">757143.91</div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee California Nurses Association		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">01</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">27</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">2016</div>	
Mailing Address 155 Grand Avenue			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">25.00</div>	
City Oakland	State CA	Zip Code 94612	Transaction ID : D710089	
Purpose of Expenditure Online Ad		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">01</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">28</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">2016</div>	
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>DC</u>	
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px;">757143.91</div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="display: inline-block; border: 1px solid black; padding: 2px;">1537.89</div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>
(c) TOTAL Independent Expenditures.....▶	<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>

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

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Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 46 OF 152
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee California Nurses Association		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 27 / 2016
Mailing Address 155 Grand Avenue			Amount 200.00
City Oakland	State CA	Zip Code 94612	Transaction ID : D710090
Purpose of Expenditure Online Ad	Category/Type		Date of Disbursement or Obligation MM / DD / YYYY 01 / 28 / 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		757143.91	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee California Nurses Association		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 29 / 2016
Mailing Address 155 Grand Avenue			Amount 40.00
City Oakland	State CA	Zip Code 94612	Transaction ID : D709931
Purpose of Expenditure Online Ad	Category/Type		Date of Disbursement or Obligation MM / DD / YYYY 02 / 01 / 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: IA
Calendar Year-To-Date Per Election for Office Sought		98103.35	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	240.00
(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
06 / 08 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00490375 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <input type="checkbox"/> Memo Item California Nurses Association		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 01 / 30 / 2016</div> </div>	
Mailing Address 155 Grand Avenue		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">40.00</div>	
City State Zip Code Oakland CA 94612	Purpose of Expenditure Online Ad	Category/Type	Transaction ID : D709932 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 02 / 01 / 2016</div> </div>
Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose BERNARD SANDERS		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">98103.35</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item California Nurses Association		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 01 / 30 / 2016</div> </div>	
Mailing Address 155 Grand Avenue		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">50.00</div>	
City State Zip Code Oakland CA 94612	Purpose of Expenditure Online Ad	Category/Type	Transaction ID : D709933 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 02 / 01 / 2016</div> </div>
Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose BERNARD SANDERS		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">98103.35</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">90.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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
06 / 08 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 48 OF 152
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee California Nurses Association		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination 02 / 01 / 2016	
Mailing Address 155 Grand Avenue			Amount 50.00	
City Oakland	State CA	Zip Code 94612	Transaction ID : D709934	
Purpose of Expenditure Online Ad		Category/Type 	Date of Disbursement or Obligation 02 / 01 / 2016	
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>	
Calendar Year-To-Date Per Election for Office Sought 98103.35		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee California Nurses Association		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination 01 / 30 / 2016	
Mailing Address 155 Grand Avenue			Amount 150.00	
City Oakland	State CA	Zip Code 94612	Transaction ID : D709935	
Purpose of Expenditure Site Rental		Category/Type 	Date of Disbursement or Obligation 02 / 01 / 2016	
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>	
Calendar Year-To-Date Per Election for Office Sought 98103.35		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	200.00
(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

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Date

06 / 08 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 49 OF 152
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ C C00490375	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> M M M D D D Y Y Y Y Y Y </div> </div>	

Full Name of Payee California Nurses Association		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 01 31 2016 </div> </div>	
Mailing Address 155 Grand Avenue				Amount <div style="border: 1px solid black; padding: 2px;">150.00</div>	
City Oakland	State CA	Zip Code 94612		Transaction ID : D709936	
Purpose of Expenditure Site Rental		Category/Type		Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 02 01 2016 </div> </div>	
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: IA	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;">98103.35</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee California Nurses Association		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 02 01 2016 </div> </div>	
Mailing Address 155 Grand Avenue				Amount <div style="border: 1px solid black; padding: 2px;">800.00</div>	
City Oakland	State CA	Zip Code 94612		Transaction ID : D709937	
Purpose of Expenditure Site Rental		Category/Type		Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 02 01 2016 </div> </div>	
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: IA	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;">98103.35</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;">950.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px;"></div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;"></div>

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

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Date

06
08
2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 50 OF 152
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee California Nurses Association		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 01 / 2016
Mailing Address 155 Grand Avenue			Amount 200.00
City Oakland	State CA	Zip Code 94612	Transaction ID : D709938
Purpose of Expenditure Site Rental	Category/Type		Date of Disbursement or Obligation MM / DD / YYYY 02 / 01 / 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: NV
Calendar Year-To-Date Per Election for Office Sought		148607.61	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee California Nurses Association		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 02 / 2016
Mailing Address 155 Grand Avenue			Amount 580.00
City Oakland	State CA	Zip Code 94612	Transaction ID : D709939
Purpose of Expenditure Site Rental	Category/Type		Date of Disbursement or Obligation MM / DD / YYYY 02 / 01 / 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: NV
Calendar Year-To-Date Per Election for Office Sought		148607.61	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	780.00
(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
06 / 08 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 51 OF 152
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00490375</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 100px; text-align: center;">M M M / D D D / Y Y Y Y Y Y</div>			
Full Name of Payee California Nurses Association		<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 100px; text-align: center;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border-bottom: 1px solid black; width: 100px; text-align: center;">02 / 01 / 2016</div>	
Mailing Address 155 Grand Avenue		Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px; text-align: right;">40.00</div>	
City Oakland	State CA	Zip Code 94612	Transaction ID : D710083 Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 100px; text-align: center;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border-bottom: 1px solid black; width: 100px; text-align: center;">02 / 02 / 2016</div>
Purpose of Expenditure Online Ad		Category/ Type <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div>	
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>	
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) ▶ _____	
<div style="display: inline-block; border-bottom: 1px solid black; width: 150px; text-align: right;">98103.35</div>			
Full Name of Payee California Nurses Association		<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 100px; text-align: center;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border-bottom: 1px solid black; width: 100px; text-align: center;">02 / 01 / 2016</div>	
Mailing Address 155 Grand Avenue		Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px; text-align: right;">40.00</div>	
City Oakland	State CA	Zip Code 94612	Transaction ID : D710084 Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 100px; text-align: center;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border-bottom: 1px solid black; width: 100px; text-align: center;">02 / 02 / 2016</div>
Purpose of Expenditure Online Ad		Category/ Type <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div>	
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>	
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) ▶ _____	
<div style="display: inline-block; border-bottom: 1px solid black; width: 150px; text-align: right;">98103.35</div>			
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="display: inline-block; border-bottom: 1px solid black; width: 150px; text-align: right;">80.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>	
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 <div style="text-align: right;">Martha Kuhl</div>		Date <div style="display: inline-block; border-bottom: 1px solid black; width: 100px; text-align: center;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border-bottom: 1px solid black; width: 100px; text-align: center;">06 / 08 / 2016</div>	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 52 OF 152
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00490375</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div>			
Full Name of Payee Bus Bank		<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 / 08 / 2016</div>	
Mailing Address 820 West Jackson Suite 815		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">131600.00</div>	
City Chicago	State IL	Zip Code 60607	Transaction ID : D710075 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 / 05 / 2016</div>
Purpose of Expenditure Bus tour expenses		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
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) ▶	
Full Name of Payee California Nurses Association		<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 / 05 / 2016</div>	
Mailing Address 155 Grand Avenue		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">50.00</div>	
City Oakland	State CA	Zip Code 94612	Transaction ID : D710071 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 / 08 / 2016</div>
Purpose of Expenditure Online Ad		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
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) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;">131650.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
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 <i>Martha Kuhl</i>		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">06 / 08 / 2016</div>	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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

Full Name of Payee California Nurses Association		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 05 / 2016
Mailing Address 155 Grand Avenue			Amount 50.00
City Oakland	State CA	Zip Code 94612	Transaction ID : D710072
Purpose of Expenditure Online Ad	Category/Type		Date of Disbursement or Obligation MM / DD / YYYY 02 / 08 / 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		757143.91	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee California Nurses Association		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 05 / 2016
Mailing Address 155 Grand Avenue			Amount 100.00
City Oakland	State CA	Zip Code 94612	Transaction ID : D710073
Purpose of Expenditure Online Ad	Category/Type		Date of Disbursement or Obligation MM / DD / YYYY 02 / 08 / 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		757143.91	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	150.00
(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
06 / 08 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee California Nurses Association		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 06 / 2015
Mailing Address 155 Grand Avenue			Amount 40.00
City Oakland	State CA	Zip Code 94612	Transaction ID : D710074
Purpose of Expenditure Online Ad	Category/Type		Date of Disbursement or Obligation MM / DD / YYYY 02 / 08 / 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		757143.91	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Campaign Workshop		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 08 / 2016
Mailing Address 1129 20th Street, Suite 200			Amount 505.82
City Washington	State DC	Zip Code 20036	Transaction ID : D710076
Purpose of Expenditure Printing	Category/Type		Date of Disbursement or Obligation MM / DD / YYYY 02 / 08 / 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: NV
Calendar Year-To-Date Per Election for Office Sought		148607.61	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	545.82
(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
06 / 08 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 55 OF 152
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ C C00490375	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Campaign Workshop		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 02 / 03 / 2016	
Mailing Address 1129 20th Street, Suite 200		Amount 62.34	
City Washington	State DC	Zip Code 20036	Transaction ID : D710077
Purpose of Expenditure Printing	Category/Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 02 / 08 / 2016	
Name of Federal Candidate BERNARD SANDERS		Office Sought: <input checked="" type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NV	
Calendar Year-To-Date Per Election for Office Sought 148607.61		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Campaign Workshop		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 27 / 2016	
Mailing Address 1129 20th Street, Suite 200		Amount 62.34	
City Washington	State DC	Zip Code 20036	Transaction ID : D710078
Purpose of Expenditure Printing	Category/Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 02 / 08 / 2016	
Name of Federal Candidate BERNARD SANDERS		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NV	
Calendar Year-To-Date Per Election for Office Sought 148607.61		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		124.68	
(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		Date M M M / D D D / Y Y Y Y Y Y 06 / 08 / 2016	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection			FEC IDENTIFICATION NUMBER ▼ C C00490375		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Campaign Workshop			Date of Public Distribution/Dissemination 01 / 20 / 2016		
Mailing Address 1129 20th Street, Suite 200			Amount 1433.95		
City Washington		State DC	Zip Code 20036		Transaction ID : D710079
Purpose of Expenditure Printing		Category/Type 		Date of Disbursement or Obligation 02 / 08 / 2016	
Name of Federal Candidate BERNARD SANDERS			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 98103.35			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ 		
Full Name of Payee Campaign Workshop			Date of Public Distribution/Dissemination 01 / 15 / 2016		
Mailing Address 1129 20th Street, Suite 200			Amount 537.47		
City Washington		State DC	Zip Code 20036		Transaction ID : D710080
Purpose of Expenditure Printing		Category/Type 		Date of Disbursement or Obligation 02 / 08 / 2016	
Name of Federal Candidate BERNARD SANDERS			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 98103.35			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ 		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			1971.42		
(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 <u>Martha Kuhl</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 06 / 08 / 2016		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00490375 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYYYY			
Full Name of Payee <input type="checkbox"/> Memo Item Campaign Workshop		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYYYY </div>	
Mailing Address 1129 20th Street, Suite 200		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 01 / 11 / 2016 </div>	
City Washington State DC Zip Code 20036		Transaction ID : D710081 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYYYY </div>	
Purpose of Expenditure Printing		Category/Type 	
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 98103.35 </div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ 	
Full Name of Payee <input type="checkbox"/> Memo Item California Nurses Association		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYYYY </div>	
Mailing Address 155 Grand Avenue		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 02 / 08 / 2016 </div>	
City Oakland State CA Zip Code 94612		Transaction ID : D710085 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYYYY </div>	
Purpose of Expenditure Site Rental		Category/Type 	
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NV</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 148607.61 </div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ 	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1237.47 </div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
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 <u>Martha Kuhl</u>		Date MM / DD / YYYYYY	
[Electronically Filed]		06 / 08 / 2016	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ C C00490375	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div> </div>	

Full Name of Payee California Nurses Association		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 09 / 2016	
Mailing Address 155 Grand Avenue				Amount 480.00	
City Oakland	State CA	Zip Code 94612		Transaction ID : D710086	
Purpose of Expenditure Site Rental		Category/Type		Date of Disbursement or Obligation MM / DD / YYYY 02 / 08 / 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: NV	
Calendar Year-To-Date Per Election for Office Sought		148607.61		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee California Nurses Association		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 10 / 2016	
Mailing Address 155 Grand Avenue				Amount 720.00	
City Oakland	State CA	Zip Code 94612		Transaction ID : D710087	
Purpose of Expenditure Site Rental		Category/Type		Date of Disbursement or Obligation MM / DD / YYYY 02 / 08 / 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: NV	
Calendar Year-To-Date Per Election for Office Sought		148607.61		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1200.00
(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
06 / 08 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ C C00490375	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div> </div>	

Full Name of Payee California Nurses Association		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 11 / 2016	
Mailing Address 155 Grand Avenue				Amount 580.00	
City Oakland	State CA	Zip Code 94612		Transaction ID : D710088	
Purpose of Expenditure Site Rental		Category/Type		Date of Disbursement or Obligation MM / DD / YYYY 02 / 08 / 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: NV	
Calendar Year-To-Date Per Election for Office Sought		148607.61		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Postal Systems, Inc.		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 09 / 2016	
Mailing Address 1890 North Blvd.				Amount 77048.67	
City San Leandro	State CA	Zip Code 94577		Transaction ID : D710103	
Purpose of Expenditure Postage		Category/Type		Date of Disbursement or Obligation MM / DD / YYYY 02 / 08 / 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: NV	
Calendar Year-To-Date Per Election for Office Sought		148607.61		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	77628.67
(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
06 / 08 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection			FEC IDENTIFICATION NUMBER ▼ C C00490375		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Postal Systems, Inc.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 02 / 09 / 2016		
Mailing Address 1890 North Blvd.			Amount 6335.23		
City State Zip Code San Leandro CA 94577		Transaction ID : D710104 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 08 / 2016			
Purpose of Expenditure Postage		Category/Type 			
Name of Federal Candidate Bernie Sanders			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: DC		
Calendar Year-To-Date Per Election for Office Sought 757143.91			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Postal Systems, Inc.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 02 / 09 / 2016		
Mailing Address 1890 North Blvd.			Amount 11957.95		
City State Zip Code San Leandro CA 94577		Transaction ID : D710107 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 08 / 2016			
Purpose of Expenditure Postage		Category/Type 			
Name of Federal Candidate BERNARD SANDERS			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: SC		
Calendar Year-To-Date Per Election for Office Sought 21347.52			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			18293.18		
(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 <u>Martha Kuhl</u> <div style="text-align: right;">[Electronically Filed]</div>			Date M M / D D / Y Y Y Y Y Y 06 / 08 / 2016		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 61 OF 152
FOR LINE 24 OF FORM 3X

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

M M M / D D D / Y Y Y Y Y Y

Full Name of Payee
Postal Systems, Inc.☐ Memo Item

Date of Public Distribution/Dissemination

M M M / D D D / Y Y Y Y Y Y
02 10 2016

Mailing Address 1890 North Blvd.

Amount

City State Zip Code
San Leandro CA 94577

23829.17

Transaction ID : D710120

Date of Disbursement or Obligation

Purpose of Expenditure
postageCategory/
TypeM M M / D D D / Y Y Y Y Y Y
02 08 2016Name of Federal Candidate
BERNARD SANDERS☒ Support
☐ OpposeOffice Sought: ☐ House District: 00
☒ President ☐ Senate State: MOCalendar Year-To-Date
Per Election for Office Sought

32655.37

Disbursement For: ☒ Primary ☐ General
2016 ☐ Other (specify) ▶Full Name of Payee
Postal Systems, Inc.☐ Memo Item

Date of Public Distribution/Dissemination

M M M / D D D / Y Y Y Y Y Y
02 10 2016

Mailing Address 1890 North Blvd.

Amount

City State Zip Code
San Leandro CA 94577

33543.88

Transaction ID : D710121

Date of Disbursement or Obligation

Purpose of Expenditure
postageCategory/
TypeM M M / D D D / Y Y Y Y Y Y
02 08 2016Name of Federal Candidate
BERNARD SANDERS☒ Support
☐ OpposeOffice Sought: ☐ House District: 00
☒ President ☐ Senate State: IACalendar Year-To-Date
Per Election for Office Sought

98103.35

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

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶

57373.05

(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

M M M / D D D / Y Y Y Y Y Y
06 08 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 62 OF 152
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00490375</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>			
Full Name of Payee Postal Systems, Inc.		Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 02 / 10 / 2016	
Mailing Address 1890 North Blvd.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">19953.67</div>	
City San Leandro	State CA	Zip Code 94577	Transaction ID : D710122 Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 02 / 08 / 2016
Purpose of Expenditure postage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px;"></div>	
Name of Federal Candidate BERNARD SANDERS		Office Sought: <input checked="" type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CO</u>	
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) ▶ _____	
<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">27518.27</div>			
Full Name of Payee Postal Systems, Inc.		Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 02 / 11 / 2016	
Mailing Address 1890 North Blvd.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">71875.68</div>	
City San Leandro	State CA	Zip Code 94577	Transaction ID : D710134 Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 02 / 08 / 2016
Purpose of Expenditure Postage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px;"></div>	
Name of Federal Candidate BERNARD SANDERS		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>FL</u>	
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) ▶ _____	
<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">107877.13</div>			
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">91829.35</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>	
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 <div style="border-top: 1px solid black; width: 100%;"></div> <i>Martha Kuhl</i>		Date <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 06 / 08 / 2016	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ C C00490375	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div> </div>	

Full Name of Payee Postal Systems, Inc.		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 12 / 2016	
Mailing Address 1890 North Blvd.				Amount 43316.75	
City San Leandro	State CA	Zip Code 94577		Transaction ID : D710142	
Purpose of Expenditure Printing		Category/Type		Date of Disbursement or Obligation MM / DD / YYYY 02 / 08 / 2016	
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IL</u>	
Calendar Year-To-Date Per Election for Office Sought		58589.55		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Postal Systems, Inc.		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 12 / 2016	
Mailing Address 1890 North Blvd.				Amount 32015.64	
City San Leandro	State CA	Zip Code 94577		Transaction ID : D710152	
Purpose of Expenditure Postage		Category/Type		Date of Disbursement or Obligation MM / DD / YYYY 02 / 08 / 2016	
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NY</u>	
Calendar Year-To-Date Per Election for Office Sought		83325.04		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	75332.39
(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
06 / 08 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00490375 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY			
Full Name of Payee <input type="checkbox"/> Memo Item Postal Systems, Inc.		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 02 / 12 / 2016 </div>	
Mailing Address 1890 North Blvd.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">41251.30</div>	
City State Zip Code San Leandro CA 94577	Transaction ID : D710153 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 02 / 08 / 2016 </div>		
Purpose of Expenditure Postage	Category/Type 	Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose BERNARD SANDERS	
Calendar Year-To-Date Per Election for Office Sought 58055.50		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: OH Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item Autumn Press		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 02 / 12 / 2016 </div>	
Mailing Address 945 Camelia St		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">11309.40</div>	
City State Zip Code Berkeley CA 94710-1437	Transaction ID : D710154 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 02 / 08 / 2016 </div>		
Purpose of Expenditure Printing	Category/Type 	Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose BERNARD SANDERS	
Calendar Year-To-Date Per Election for Office Sought 83325.04		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NY Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;">52560.70</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
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 <u>Martha Kuhl</u>		Date MM / DD / YYYY 06 / 08 / 2016	

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 65 OF 152
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ C C00490375	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y			
Full Name of Payee Autumn Press		<input type="checkbox"/> Memo Item	
Mailing Address 945 Camelia St		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y	
City Berkeley	State CA	Zip Code 94710-1437	Amount 15079.20
Purpose of Expenditure Printing		Category/Type 	Transaction ID : D710155 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 08 / 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: OH
Calendar Year-To-Date Per Election for Office Sought 58055.50		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Alliance Graphics		<input type="checkbox"/> Memo Item	
Mailing Address 1101 8th Street		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 02 / 09 / 2016	
City Berkeley	State CA	Zip Code 94710	Amount 427.05
Purpose of Expenditure Printing		Category/Type 	Transaction ID : D710105 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 09 / 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 757143.91		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		15506.25	
(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 <i>Martha Kuhl</i>		Date M M / D D / Y Y Y Y Y Y 06 / 08 / 2016	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 66 OF 152
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00490375 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on				
Full Name of Payee <input type="checkbox"/> Memo Item Autumn Press			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 02 / 09 / 2016</div> </div>	
Mailing Address 945 Camelia St			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">5449.45</div>	
City Berkeley State CA Zip Code 94710-1437		Transaction ID : D710106 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 02 / 09 / 2016</div> </div>		
Purpose of Expenditure Printing		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate BERNARD SANDERS			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NV</u>	
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) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">148607.61</div>				
Full Name of Payee <input type="checkbox"/> Memo Item Alliance Graphics			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 02 / 10 / 2016</div> </div>	
Mailing Address 1101 8th Street			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">10971.90</div>	
City Berkeley State CA Zip Code 94710		Transaction ID : D710108 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 02 / 09 / 2016</div> </div>		
Purpose of Expenditure Printing		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate Bernie Sanders			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>DC</u>	
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) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">757143.91</div>				
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">16421.35</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
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 <u>Martha Kuhl</u>			Date <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 06 / 08 / 2016</div> </div>	
[Electronically Filed]				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 67 OF 152
FOR LINE 24 OF FORM 3X

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

Full Name of Payee Alliance Graphics		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 12 / 2016
Mailing Address 1101 8th Street			Amount 19637.31
City Berkeley	State CA	Zip Code 94710	Transaction ID : D710132
Purpose of Expenditure Printing	Category/Type		Date of Disbursement or Obligation MM / DD / YYYY 02 / 09 / 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		757143.91	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Minneapolis Labor Review		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 19 / 2016
Mailing Address 312 Central Ave Suite 542			Amount 2413.63
City Minneapolis	State MN	Zip Code 55414	Transaction ID : D710484
Purpose of Expenditure Printing	Category/Type		Date of Disbursement or Obligation MM / DD / YYYY 02 / 09 / 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: MN
Calendar Year-To-Date Per Election for Office Sought		2413.63	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	22050.94
(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
06 / 08 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00490375 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYYYY				
Full Name of Payee <input type="checkbox"/> Memo Item Autumn Press			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYYYY </div>	
Mailing Address 945 Camelia St			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 02 / 10 / 2016 </div>	
City Berkeley State CA Zip Code 94710-1437		Transaction ID : D710112 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYYYY </div>		
Purpose of Expenditure Printing		Category/Type 		
Name of Federal Candidate BERNARD SANDERS			<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>SC</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> / / </div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ 	
Full Name of Payee <input type="checkbox"/> Memo Item Autumn Press			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYYYY </div>	
Mailing Address 945 Camelia St			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 02 / 10 / 2016 </div>	
City Berkeley State CA Zip Code 94710-1437		Transaction ID : D710113 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYYYY </div>		
Purpose of Expenditure Printing		Category/Type 		
Name of Federal Candidate Bernie Sanders			<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>DC</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> / / </div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ 	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> / / </div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> / / </div>	
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> / / </div>	
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 <u>Martha Kuhl</u>			Date MM / DD / YYYYYY	

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Autumn Press		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 10 / 2016
Mailing Address 945 Camelia St			Amount 8796.20
City Berkeley	State CA	Zip Code 94710-1437	Transaction ID : D710114
Purpose of Expenditure Printing	Category/Type		Date of Disbursement or Obligation MM / DD / YYYY 02 / 10 / 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: MO
Calendar Year-To-Date Per Election for Office Sought		32655.37	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Autumn Press		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 10 / 2016
Mailing Address 945 Camelia St			Amount 12566.05
City Berkeley	State CA	Zip Code 94710-1437	Transaction ID : D710115
Purpose of Expenditure Printing	Category/Type		Date of Disbursement or Obligation MM / DD / YYYY 02 / 10 / 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: IA
Calendar Year-To-Date Per Election for Office Sought		98103.35	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	21362.25
(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
06 / 08 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00490375 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on				
Full Name of Payee Autumn Press			<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 02 / 10 / 2016</div> </div>	
Mailing Address 945 Camelia St			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">7539.60</div>	
City State Zip Code Berkeley CA 94710-1437		Transaction ID : D710116 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 02 / 10 / 2016</div> </div>		
Purpose of Expenditure Printing		Category/Type		
Name of Federal Candidate BERNARD SANDERS			<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CO</u>	
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) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">27518.27</div>				
Full Name of Payee Autumn Press			<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 02 / 10 / 2016</div> </div>	
Mailing Address 945 Camelia St			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">26388.60</div>	
City State Zip Code Berkeley CA 94710-1437		Transaction ID : D710117 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 02 / 10 / 2016</div> </div>		
Purpose of Expenditure Printing		Category/Type		
Name of Federal Candidate BERNARD SANDERS			<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NV</u>	
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) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">148607.61</div>				
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">33928.20</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
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 <u>Martha Kuhl</u>			Date <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 06 / 08 / 2016</div> </div>	

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00490375 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y				
Full Name of Payee <input type="checkbox"/> Memo Item Autumn Press			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 02 / 10 / 2016 </div>	
Mailing Address 945 Camelia St			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 3769.80 </div>	
City Berkeley State CA Zip Code 94710-1437		Transaction ID : D710118 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 02 / 10 / 2016 </div>		
Purpose of Expenditure Printing		Category/Type 		
Name of Federal Candidate BERNARD SANDERS			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>SC</u>	
Calendar Year-To-Date Per Election for Office Sought 21347.52 			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ 	
Full Name of Payee <input type="checkbox"/> Memo Item Michael Konopacki			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 02 / 10 / 2016 </div>	
Mailing Address PO Box 1917			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 600.00 </div>	
City Madison State WI Zip Code 53701-1917		Transaction ID : D710119 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 02 / 10 / 2016 </div>		
Purpose of Expenditure Graphic Design for PAC		Category/Type 		
Name of Federal Candidate Bernie Sanders			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>DC</u>	
Calendar Year-To-Date Per Election for Office Sought 757143.91 			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ 	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 4369.80 </div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
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 <u>Martha Kuhl</u>			Date 06 / 08 / 2016	

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection			FEC IDENTIFICATION NUMBER ▼ C C00490375		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Autumn Press			Date of Public Distribution/Dissemination 12 / 11 / 2016		
Mailing Address 945 Camelia St			Amount 25132.06		
City Berkeley		State CA	Zip Code 94710-1437		
Purpose of Expenditure Printing		Category/Type 		Transaction ID : D710133 Date of Disbursement or Obligation 02 / 10 / 2016	
Name of Federal Candidate BERNARD SANDERS			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: <u>00</u> State: <u>FL</u>		
Calendar Year-To-Date Per Election for Office Sought 107877.13			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 02 / 12 / 2016		
Mailing Address 945 Camelia St			Amount 15079.20		
City Berkeley		State CA	Zip Code 94710-1437		
Purpose of Expenditure Printing		Category/Type 		Transaction ID : D710144 Date of Disbursement or Obligation 02 / 10 / 2016	
Name of Federal Candidate BERNARD SANDERS			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: <u>00</u> State: <u>IL</u>		
Calendar Year-To-Date Per Election for Office Sought 58589.55			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			40211.26		
(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 <u>Martha Kuhl</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 06 / 08 / 2016		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00490375 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y </div>	

Full Name of Payee <input type="checkbox"/> Memo Item California Nurses Association		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 01 / 02 / 2016 </div>	
Mailing Address 155 Grand Avenue		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;"> 3935.43 </div>	
City State Zip Code Oakland CA 94612	Transaction ID : D710145 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 02 / 12 / 2016 </div>		
Purpose of Expenditure Printing	Category/Type	Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Bernie Sanders	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px;"> 757143.91 </div>		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item California Nurses Association		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 02 / 12 / 2016 </div>	
Mailing Address 155 Grand Avenue		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;"> 12082.66 </div>	
City State Zip Code Oakland CA 94612	Transaction ID : D710146 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 02 / 12 / 2016 </div>		
Purpose of Expenditure Printing	Category/Type	Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Bernie Sanders	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px;"> 757143.91 </div>		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;">16018.09</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"> </div>

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

M M M / D D D / Y Y Y Y Y Y
 06 / 08 / 2016

Signature

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ITEMIZED INDEPENDENT EXPENDITURESPAGE 74 OF 152
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00490375</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div>			
Full Name of Payee California Nurses Association		Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> 02 / 11 / 2016	
Mailing Address 155 Grand Avenue		Amount <div style="border-bottom: 1px solid black; width: 100%; text-align: right;">100.00</div>	
City Oakland	State CA	Zip Code 94612	Transaction ID : D710147 Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> 02 / 12 / 2016
Purpose of Expenditure Online Ad		Category/ Type <div style="border-bottom: 1px solid black; width: 60px;"></div>	
Name of Federal Candidate Bernie Sanders		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 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) ▶	
<div style="border-bottom: 1px solid black; width: 100%; text-align: right;">757143.91</div>			
Full Name of Payee Michael Konopacki		Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> 02 / 02 / 2016	
Mailing Address PO Box 1917		Amount <div style="border-bottom: 1px solid black; width: 100%; text-align: right;">600.00</div>	
City Madison	State WI	Zip Code 53701-1917	Transaction ID : D710149 Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> 02 / 12 / 2016
Purpose of Expenditure Cartoon		Category/ Type <div style="border-bottom: 1px solid black; width: 60px;"></div>	
Name of Federal Candidate Bernie Sanders		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 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) ▶	
<div style="border-bottom: 1px solid black; width: 100%; text-align: right;">757143.91</div>			
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="border-bottom: 1px solid black; width: 100%; text-align: right;">700.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="border-bottom: 1px solid black; width: 100%; text-align: right;"></div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="border-bottom: 1px solid black; width: 100%; text-align: right;"></div>	
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 <i>Martha Kuhl</i>		Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> 06 / 08 / 2016	
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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 75 OF 152
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00490375</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 100px; text-align: center;">M M M / D D D / Y Y Y Y Y Y</div>			
Full Name of Payee Erin L FitzGerald		<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 100px; text-align: center;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border-bottom: 1px solid black; width: 100px; text-align: center;">02 / 01 / 2016</div>	
Mailing Address 1028 Florida Street		Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px; text-align: right;">4200.00</div>	
City Vallejo	State CA	Zip Code 94590	Transaction ID : D710150 Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 100px; text-align: center;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border-bottom: 1px solid black; width: 100px; text-align: center;">02 / 12 / 2016</div>
Purpose of Expenditure Video Production		Category/ Type <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div>	
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>DC</u>	
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) ▶ _____	
<div style="display: inline-block; border-bottom: 1px solid black; width: 150px; text-align: right;">757143.91</div>			
Full Name of Payee California Nurses Association		<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 100px; text-align: center;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border-bottom: 1px solid black; width: 100px; text-align: center;">02 / 12 / 2016</div>	
Mailing Address 155 Grand Avenue		Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px; text-align: right;">50.00</div>	
City Oakland	State CA	Zip Code 94612	Transaction ID : D710195 Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 100px; text-align: center;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border-bottom: 1px solid black; width: 100px; text-align: center;">02 / 16 / 2016</div>
Purpose of Expenditure Online Ad		Category/ Type <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div>	
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>SC</u>	
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) ▶ _____	
<div style="display: inline-block; border-bottom: 1px solid black; width: 150px; text-align: right;">21347.52</div>			
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="display: inline-block; border-bottom: 1px solid black; width: 150px; text-align: right;">4250.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>	
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 <div style="text-align: right;"><i>Martha Kuhl</i></div>		Date <div style="display: inline-block; border-bottom: 1px solid black; width: 100px; text-align: center;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border-bottom: 1px solid black; width: 100px; text-align: center;">06 / 08 / 2016</div>	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 76 OF 152
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ C C00490375	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee California Nurses Association		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 14 / 2016	
Mailing Address 155 Grand Avenue		Amount 50.00	
City Oakland	State CA	Zip Code 94612	Transaction ID : D710196
Purpose of Expenditure Online Ad	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 02 / 16 / 2016	
Name of Federal Candidate BERNARD SANDERS		Office Sought: <input checked="" type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC	
Calendar Year-To-Date Per Election for Office Sought 21347.52		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 02 / 15 / 2016	
Mailing Address 155 Grand Avenue		Amount 50.00	
City Oakland	State CA	Zip Code 94612	Transaction ID : D710197
Purpose of Expenditure Online Ad	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 02 / 16 / 2016	
Name of Federal Candidate BERNARD SANDERS		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC	
Calendar Year-To-Date Per Election for Office Sought 21347.52		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.			
Signature Martha Kuhl		Date MM / DD / YYYY 06 / 08 / 2016	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 77 OF 152
FOR LINE 24 OF FORM 3X

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

Full Name of Payee California Nurses Association		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 16 / 2016
Mailing Address 155 Grand Avenue			Amount 50.00
City Oakland	State CA	Zip Code 94612	Transaction ID : D710198
Purpose of Expenditure Online Ad	Category/Type		Date of Disbursement or Obligation MM / DD / YYYY 02 / 16 / 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		757143.91	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee California Nurses Association		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 16 / 2016
Mailing Address 155 Grand Avenue			Amount 50.00
City Oakland	State CA	Zip Code 94612	Transaction ID : D710199
Purpose of Expenditure Online Ad	Category/Type		Date of Disbursement or Obligation MM / DD / YYYY 02 / 16 / 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		757143.91	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
06 / 08 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00490375 </div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on					
Full Name of Payee <input type="checkbox"/> Memo Item California Nurses Association			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 02 / 16 / 2016</div> </div>		
Mailing Address 155 Grand Avenue			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">50.00</div>		
City State Zip Code Oakland CA 94612		Transaction ID : D710200 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 02 / 16 / 2016</div> </div>			
Purpose of Expenditure Online Ad		Category/Type		Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose BERNARD SANDERS	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: NV		Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">148607.61</div>			
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		Full Name of Payee <input type="checkbox"/> Memo Item California Nurses Association			
Mailing Address 155 Grand Avenue			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 02 / 16 / 2016</div> </div>		
City State Zip Code Oakland CA 94612			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">873.80</div>		
Purpose of Expenditure Payroll Expense		Category/Type		Transaction ID : D710201 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 02 / 16 / 2016</div> </div>	
Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Bernie Sanders		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: DC			
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">757143.91</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶			
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">923.80</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
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 <u>Martha Kuhl</u>		[Electronically Filed]		Date <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 06 / 08 / 2016</div> </div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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

Full Name of Payee California Nurses Association		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination 02 / 16 / 2016	
Mailing Address 155 Grand Avenue			Amount 1886.85	
City Oakland	State CA	Zip Code 94612	Transaction ID : D710202	
Purpose of Expenditure Payroll Expense		Category/Type 	Date of Disbursement or Obligation 02 / 16 / 2016	
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>DC</u>	
Calendar Year-To-Date Per Election for Office Sought		757143.91	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee California Nurses Association		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination 02 / 17 / 2016	
Mailing Address 155 Grand Avenue			Amount 570.00	
City Oakland	State CA	Zip Code 94612	Transaction ID : D710464	
Purpose of Expenditure Site Rental		Category/Type 	Date of Disbursement or Obligation 02 / 18 / 2016	
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>FL</u>	
Calendar Year-To-Date Per Election for Office Sought		107877.13	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2456.85
(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]

Signature

Date

06 / 08 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 80 OF 152
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ C C00490375	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYYYY			
Full Name of Payee California Nurses Association		<input type="checkbox"/> Memo Item	
Mailing Address 155 Grand Avenue		Date of Public Distribution/Dissemination MM / DD / YYYYYY 02 / 18 / 2016	
City Oakland	State CA	Zip Code 94612	Amount 640.00
Purpose of Expenditure Site Rental		Category/Type 	Transaction ID : D710465 Date of Disbursement or Obligation MM / DD / YYYYYY 02 / 18 / 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 107877.13		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee California Nurses Association		<input type="checkbox"/> Memo Item	
Mailing Address 155 Grand Avenue		Date of Public Distribution/Dissemination MM / DD / YYYYYY 02 / 20 / 2016	
City Oakland	State CA	Zip Code 94612	Amount 320.00
Purpose of Expenditure Site Rental		Category/Type 	Transaction ID : D710463 Date of Disbursement or Obligation MM / DD / YYYYYY 02 / 20 / 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 107877.13		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		960.00	
(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		Date MM / DD / YYYYYY 06 / 08 / 2016	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection			FEC IDENTIFICATION NUMBER ▼ C C00490375		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee California Nurses Association			Date of Public Distribution/Dissemination 02 / 23 / 2016		
Mailing Address 155 Grand Avenue			Amount 50.00		
City Oakland		State CA	Zip Code 94612		Transaction ID : D710467
Purpose of Expenditure Online Ad		Category/ Type 		Date of Disbursement or Obligation 02 / 23 / 2016	
Name of Federal Candidate BERNARD SANDERS			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 21347.52			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>SC</u>		
			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 02 / 21 / 2016		
Mailing Address 155 Grand Avenue			Amount 75.00		
City Oakland		State CA	Zip Code 94612		Transaction ID : D710472
Purpose of Expenditure Online Ad		Category/ Type 		Date of Disbursement or Obligation 02 / 23 / 2016	
Name of Federal Candidate Bernie Sanders			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 757143.91			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>DC</u>		
			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			125.00		
(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 <u>Martha Kuhl</u>			Date 06 / 08 / 2016		

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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

Full Name of Payee California Nurses Association		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 21 / 2016
Mailing Address 155 Grand Avenue			Amount 100.00
City Oakland	State CA	Zip Code 94612	Transaction ID : D710474
Purpose of Expenditure Online Ad	Category/Type		Date of Disbursement or Obligation MM / DD / YYYY 02 / 23 / 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		757143.91	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee California Nurses Association		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 20 / 2016
Mailing Address 155 Grand Avenue			Amount 100.00
City Oakland	State CA	Zip Code 94612	Transaction ID : D710475
Purpose of Expenditure Online Ad	Category/Type		Date of Disbursement or Obligation MM / DD / YYYY 02 / 23 / 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		757143.91	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	200.00
(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
06 / 08 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00490375 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="float: right; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">D D D</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y Y Y Y Y Y</div> </div>			
Full Name of Payee <input type="checkbox"/> Memo Item California Nurses Association		Date of Public Distribution/Dissemination <div style="text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">02</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">19</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">2016</div> </div>	
Mailing Address 155 Grand Avenue		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">20.00</div>	
City Oakland	State CA	Zip Code 94612	Transaction ID : D710476 Date of Disbursement or Obligation <div style="text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">02</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">23</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">2016</div> </div>
Purpose of Expenditure Online Ad		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>DC</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right; float: right;">757143.91</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item California Nurses Association		Date of Public Distribution/Dissemination <div style="text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">02</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">19</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">2016</div> </div>	
Mailing Address 155 Grand Avenue		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">200.00</div>	
City Oakland	State CA	Zip Code 94612	Transaction ID : D710481 Date of Disbursement or Obligation <div style="text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">02</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">23</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">2016</div> </div>
Purpose of Expenditure Online Ad		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MI</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right; float: right;">2840.00</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; text-align: right;">220.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>	
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 <u>Martha Kuhl</u>		Date <div style="text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">06</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">08</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">2016</div> </div>	

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ C C00490375	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y . . . / . . . / </div>	
Full Name of Payee <input type="checkbox"/> Memo Item UE Western Regional Council		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 02 / 20 / 2016 </div>	
Mailing Address 37 South Ashland Ave		Amount <div style="border: 1px solid black; padding: 2px;"> 100.00 </div>	
City Chicago	State IL	Zip Code 60607	Transaction ID : D710483 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 02 / 23 / 2016 </div>
Purpose of Expenditure Site Rental		Category/Type <div style="border: 1px solid black; padding: 2px;">.</div>	
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: <u>00</u> State: <u>IL</u>	
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) ▶	
<div style="border: 1px solid black; padding: 2px;"> 58589.55 </div>			
Full Name of Payee <input type="checkbox"/> Memo Item Autumn Press		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 02 / 24 / 2016 </div>	
Mailing Address 945 Camelia St		Amount <div style="border: 1px solid black; padding: 2px;"> 3052.32 </div>	
City Berkeley	State CA	Zip Code 94710-1437	Transaction ID : D710478 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 02 / 24 / 2016 </div>
Purpose of Expenditure Printing		Category/Type <div style="border: 1px solid black; padding: 2px;">.</div>	
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: <u>00</u> State: <u>DC</u>	
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) ▶	
<div style="border: 1px solid black; padding: 2px;"> 757143.91 </div>			
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px;"> 3152.32 </div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="border: 1px solid black; padding: 2px;"> </div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px;"> </div>	
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 <u>Martha Kuhl</u>		Date <div style="border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 06 / 08 / 2016 </div>	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 85 OF 152
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00490375</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div>			
Full Name of Payee Bus Bank		<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 / 25 / 2016</div>	
Mailing Address 820 West Jackson Suite 815		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">5784.47</div>	
City Chicago	State IL	Zip Code 60607	Transaction ID : D710479 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 / 24 / 2016</div>
Purpose of Expenditure Bus Tour		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
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) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">757143.91</div>		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Full Name of Payee California Nurses Association		<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 / 24 / 2016</div>	
Mailing Address 155 Grand Avenue		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">100.00</div>	
City Oakland	State CA	Zip Code 94612	Transaction ID : D710468 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 / 25 / 2016</div>
Purpose of Expenditure Online Ad		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
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: SC	
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) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">21347.52</div>		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;">5884.47</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
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 <i>Martha Kuhl</i>		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">06 / 08 / 2016</div>	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 86 OF 152
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00490375</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>			
Full Name of Payee California Nurses Association		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> 02 / 24 / 2016	
Mailing Address 155 Grand Avenue		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">50.00</div>	
City Oakland	State CA	Zip Code 94612	Transaction ID : D710469 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> 02 / 25 / 2016
Purpose of Expenditure Online Ad		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Name of Federal Candidate BERNARD SANDERS		Office Sought: <input checked="" type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC	
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) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">21347.52</div>		<div style="border: 1px solid black; padding: 2px; display: inline-block;">21347.52</div>	
Full Name of Payee Autumn Press		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> 02 / 25 / 2016	
Mailing Address 945 Camelia St		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1397.08</div>	
City Berkeley	State CA	Zip Code 94710-1437	Transaction ID : D710470 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> 02 / 25 / 2016
Purpose of Expenditure Printing		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Name of Federal Candidate BERNARD SANDERS		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC	
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) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">21347.52</div>		<div style="border: 1px solid black; padding: 2px; display: inline-block;">21347.52</div>	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;">1447.08</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
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 <i>Martha Kuhl</i>		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> 06 / 08 / 2016	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 87 OF 152
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00490375</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>			
Full Name of Payee Autumn Press		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 / 25 / 2016</div>	
Mailing Address 945 Camelia St		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">530.39</div>	
City Berkeley	State CA	Zip Code 94710-1437	Transaction ID : D710471 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 / 25 / 2016</div>
Purpose of Expenditure Printing		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Name of Federal Candidate BERNARD SANDERS		Office Sought: <input checked="" type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>SC</u>	
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) ▶	
<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">21347.52</div>			
Full Name of Payee California Nurses Association		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 / 23 / 2016</div>	
Mailing Address 155 Grand Avenue		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">100.00</div>	
City Oakland	State CA	Zip Code 94612	Transaction ID : D710477 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 / 25 / 2016</div>
Purpose of Expenditure Online Ad		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Name of Federal Candidate Bernie Sanders		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>DC</u>	
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) ▶	
<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">757143.91</div>			
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">630.39</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> </div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> </div>	
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 <i>Martha Kuhl</i>		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">06 / 08 / 2016</div>	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection			FEC IDENTIFICATION NUMBER ▼ C C00490375		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input 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 02 / 26 / 2016		
Mailing Address 945 Camelia St			Amount 14692.42		
City Berkeley		State CA	Zip Code 94710-1437		
Purpose of Expenditure Printing		Category/Type 		Transaction ID : D710480 Date of Disbursement or Obligation MM / DD / YYYY 02 / 25 / 2016	
Name of Federal Candidate Bernie Sanders			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>DC</u>		
Calendar Year-To-Date Per Election for Office Sought 757143.91			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 02 / 24 / 2016		
Mailing Address 155 Grand Avenue			Amount 250.00		
City Oakland		State CA	Zip Code 94612		
Purpose of Expenditure Online Ad		Category/Type 		Transaction ID : D710482 Date of Disbursement or Obligation MM / DD / YYYY 02 / 25 / 2016	
Name of Federal Candidate Bernie Sanders			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CA</u>		
Calendar Year-To-Date Per Election for Office Sought 372762.50			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			14942.42		
(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 <u>Martha Kuhl</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 06 / 08 / 2016		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 89 OF 152
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00490375</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>			
Full Name of Payee California Nurses Association		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 02 / 25 / 2016	
Mailing Address 155 Grand Avenue		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">20.00</div>	
City Oakland	State CA	Zip Code 94612	Transaction ID : D710490 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 02 / 26 / 2016
Purpose of Expenditure Online Ad		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Name of Federal Candidate BERNARD SANDERS		Office Sought: <input checked="" type="checkbox"/> House District: 00 <input type="checkbox"/> Senate State: SC <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC	
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) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">21347.52</div>			
Full Name of Payee North Wood Advertising		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 02 / 29 / 2016	
Mailing Address 1201 Fifteen Building 15 South Fifth		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">65353.00</div>	
City Minneapolis	State MN	Zip Code 55402	Transaction ID : D710529 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 02 / 29 / 2016
Purpose of Expenditure Radio		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Name of Federal Candidate Bernie Sanders		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> Senate State: WA <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WA	
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) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">82078.00</div>			
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;">65373.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
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 <i>Martha Kuhl</i>		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 06 / 08 / 2016	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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

Full Name of Payee California Nurses Association		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 01 / 2016
Mailing Address 155 Grand Avenue			Amount 200.00
City Oakland	State CA	Zip Code 94612	Transaction ID : D710519
Purpose of Expenditure Online Ad	Category/Type		Date of Disbursement or Obligation MM / DD / YYYY 03 / 01 / 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		757143.91	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee California Nurses Association		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 29 / 2016
Mailing Address 155 Grand Avenue			Amount 40.00
City Oakland	State CA	Zip Code 94612	Transaction ID : D710520
Purpose of Expenditure Online Ad	Category/Type		Date of Disbursement or Obligation MM / DD / YYYY 03 / 01 / 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		757143.91	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	240.00
(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
06 / 08 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ C C00490375	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y . . . / . . . / </div>	

Full Name of Payee California Nurses Association		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 02 / 29 / 2016 </div>	
Mailing Address 155 Grand Avenue				Amount <div style="border: 1px solid black; padding: 2px;"> 25.00 </div>	
City Oakland	State CA	Zip Code 94612		Transaction ID : D710521	
Purpose of Expenditure Online Ad		Category/Type		Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 03 / 01 / 2016 </div>	
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: CO	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;"> 27518.27 </div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee California Nurses Association		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 02 / 29 / 2016 </div>	
Mailing Address 155 Grand Avenue				Amount <div style="border: 1px solid black; padding: 2px;"> 25.00 </div>	
City Oakland	State CA	Zip Code 94612		Transaction ID : D710522	
Purpose of Expenditure Online Ad		Category/Type		Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 03 / 01 / 2016 </div>	
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: WA	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;"> 82078.00 </div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;"> 50.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;"> </div>

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

M M / D D / Y Y Y Y Y Y
 06 / 08 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 92 OF 152
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ C C00490375	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY			
Full Name of Payee California Nurses Association		<input type="checkbox"/> Memo Item	
Mailing Address 155 Grand Avenue		Date of Public Distribution/Dissemination 02 / 29 / 2016	
City Oakland		State CA	
Zip Code 94612		Amount 100.00	
Purpose of Expenditure Online Ad		Category/Type 	
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate		District: <u>00</u> State: <u>DC</u>	
Calendar Year-To-Date Per Election for Office Sought		757143.91	
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee California Nurses Association		<input type="checkbox"/> Memo Item	
Mailing Address 155 Grand Avenue		Date of Public Distribution/Dissemination 02 / 29 / 2016	
City Oakland		State CA	
Zip Code 94612		Amount 300.00	
Purpose of Expenditure Online Ad		Category/Type 	
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate		District: <u>00</u> State: <u>DC</u>	
Calendar Year-To-Date Per Election for Office Sought		757143.91	
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		400.00	
(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 <i>Martha Kuhl</i>		Date 06 / 08 / 2016	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 93 OF 152
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ C C00490375	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYYYY			
Full Name of Payee California Nurses Association		Date of Public Distribution/Dissemination MM / DD / YYYYYY 02 / 29 / 2016	
Mailing Address 155 Grand Avenue		Amount 100.00	
City Oakland	State CA	Zip Code 94612	Transaction ID : D710525
Purpose of Expenditure Online Ad		Category/Type 	Date of Disbursement or Obligation MM / DD / YYYYYY 03 / 01 / 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 757143.91		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 / YYYYYY 02 / 29 / 2016	
Mailing Address 155 Grand Avenue		Amount 100.00	
City Oakland	State CA	Zip Code 94612	Transaction ID : D710526
Purpose of Expenditure Online Ad		Category/Type 	Date of Disbursement or Obligation MM / DD / YYYYYY 03 / 01 / 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 757143.91		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		200.00	
(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		Date MM / DD / YYYYYY 06 / 08 / 2016	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection			FEC IDENTIFICATION NUMBER ▼ C C00490375		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Alliance Graphics			Date of Public Distribution/Dissemination 02 / 29 / 2016		
Mailing Address 1101 8th Street			Amount 1931.74		
City Berkeley		State CA	Zip Code 94710		Transaction ID : D710527
Purpose of Expenditure Printing		Category/Type 		Date of Disbursement or Obligation 03 / 01 / 2016	
Name of Federal Candidate Bernie Sanders			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
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 Autumn Press			Date of Public Distribution/Dissemination 02 / 29 / 2016		
Mailing Address 945 Camelia St			Amount 11097.54		
City Berkeley		State CA	Zip Code 94710-1437		Transaction ID : D710528
Purpose of Expenditure Printing		Category/Type 		Date of Disbursement or Obligation 03 / 01 / 2016	
Name of Federal Candidate Bernie Sanders			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
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.....			13029.28		
(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			Date 06 / 08 / 2016		

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Campaign Workshop		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 09 / 2015
Mailing Address 1129 20th Street, Suite 200			Amount 750.00
City Washington	State DC	Zip Code 20036	Transaction ID : D710532
Purpose of Expenditure Printing	Category/Type		Date of Disbursement or Obligation MM / DD / YYYY 03 / 01 / 2016
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>
Calendar Year-To-Date Per Election for Office Sought		98103.35	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Campaign Workshop		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 15 / 2015
Mailing Address 1129 20th Street, Suite 200			Amount 300.00
City Washington	State DC	Zip Code 20036	Transaction ID : D710533
Purpose of Expenditure Printing	Category/Type		Date of Disbursement or Obligation MM / DD / YYYY 03 / 01 / 2016
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>
Calendar Year-To-Date Per Election for Office Sought		98103.35	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1050.00
(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
06 / 08 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00490375 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <input type="checkbox"/> Memo Item Campaign Workshop		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 01 / 07 / 2016</div> </div>	
Mailing Address 1129 20th Street, Suite 200		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">655.65</div>	
City State Zip Code Washington DC 20036	Transaction ID : D710534 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 03 / 01 / 2016</div> </div>		
Purpose of Expenditure Printing	Category/Type	Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose BERNARD SANDERS	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">98103.35</div>		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item Campaign Workshop		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 12 / 15 / 2015</div> </div>	
Mailing Address 1129 20th Street, Suite 200		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">300.00</div>	
City State Zip Code Washington DC 20036	Transaction ID : D710535 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 03 / 01 / 2016</div> </div>		
Purpose of Expenditure Printing	Category/Type	Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose BERNARD SANDERS	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">148607.61</div>		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NV Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">955.65</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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
 06 / 08 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 97 OF 152
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Campaign Workshop		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 07 / 2016	
Mailing Address 1129 20th Street, Suite 200				Amount 677.55	
City Washington	State DC	Zip Code 20036		Transaction ID : D710536	
Purpose of Expenditure Printing		Category/Type		Date of Disbursement or Obligation MM / DD / YYYY 03 / 01 / 2016	
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NV</u>	
Calendar Year-To-Date Per Election for Office Sought		148607.61		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Campaign Workshop		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 08 / 2016	
Mailing Address 1129 20th Street, Suite 200				Amount 84.55	
City Washington	State DC	Zip Code 20036		Transaction ID : D710537	
Purpose of Expenditure Printing		Category/Type		Date of Disbursement or Obligation MM / DD / YYYY 03 / 01 / 2016	
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NV</u>	
Calendar Year-To-Date Per Election for Office Sought		148607.61		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	762.10
(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
06 / 08 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 98 OF 152
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00490375 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY			
Full Name of Payee <input type="checkbox"/> Memo Item Campaign Workshop		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 02 / 12 / 2016 </div>	
Mailing Address 1129 20th Street, Suite 200		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">8513.70</div>	
City State Zip Code Washington DC 20036	Transaction ID : D710538 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 03 / 01 / 2016 </div>		
Purpose of Expenditure Printing	Category/Type 	Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose BERNARD SANDERS	
Calendar Year-To-Date Per Election for Office Sought 107877.13		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: FL Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item California Nurses Association		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 03 / 01 / 2016 </div>	
Mailing Address 155 Grand Avenue		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">50.00</div>	
City State Zip Code Oakland CA 94612	Transaction ID : D710540 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 03 / 02 / 2016 </div>		
Purpose of Expenditure Online Ad	Category/Type 	Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Bernie Sanders	
Calendar Year-To-Date Per Election for Office Sought 757143.91		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;">8563.70</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
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 <u>Martha Kuhl</u>		Date MM / DD / YYYY 06 / 08 / 2016	

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ C C00490375	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y			
Full Name of Payee California Nurses Association		Date of Public Distribution/Dissemination 03 / 01 / 2016	
Mailing Address 155 Grand Avenue		Amount 50.00	
City Oakland	State CA	Zip Code 94612	Transaction ID : D710541
Purpose of Expenditure Online Ad		Category/Type 	Date of Disbursement or Obligation 03 / 02 / 2016
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: <u>00</u> State: <u>WA</u>	
Calendar Year-To-Date Per Election for Office Sought 82078.00		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 02 / 27 / 2016	
Mailing Address 1028 Florida Street		Amount 5500.00	
City Vallejo	State CA	Zip Code 94590	Transaction ID : D710542
Purpose of Expenditure Video Production		Category/Type 	Date of Disbursement or Obligation 03 / 02 / 2016
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: <u>00</u> State: <u>DC</u>	
Calendar Year-To-Date Per Election for Office Sought 757143.91		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		5550.00	
(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 <u>Martha Kuhl</u> <div style="text-align: right;">[Electronically Filed]</div>		Date 06 / 08 / 2016	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 100 OF 152
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ C C00490375	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee <input type="checkbox"/> Memo Item California Nurses Association		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 02 / 2016	
Mailing Address 155 Grand Avenue		Amount 50.00	
City Oakland	State CA	Zip Code 94612	Transaction ID : D710610
Purpose of Expenditure Online Ad		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 03 / 03 / 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 757143.91		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item California Nurses Association		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 02 / 2016	
Mailing Address 155 Grand Avenue		Amount 12082.66	
City Oakland	State CA	Zip Code 94612	Transaction ID : D710611
Purpose of Expenditure Printing		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 03 / 03 / 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 757143.91		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		12132.66	
(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		Date MM / DD / YYYY 06 / 08 / 2016	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ C C00490375	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y . . . / . . . / </div>	

Full Name of Payee California Nurses Association		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 03 / 06 / 2016 </div>	
Mailing Address 155 Grand Avenue				Amount <div style="border: 1px solid black; padding: 2px;"> 436.90 </div>	
City Oakland	State CA	Zip Code 94612		Transaction ID : D710612	
Purpose of Expenditure Payroll Expense		Category/Type		Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 03 / 03 / 2016 </div>	
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		<div style="border: 1px solid black; padding: 2px;"> 757143.91 </div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee California Nurses Association		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 03 / 06 / 2016 </div>	
Mailing Address 155 Grand Avenue				Amount <div style="border: 1px solid black; padding: 2px;"> 943.42 </div>	
City Oakland	State CA	Zip Code 94612		Transaction ID : D710613	
Purpose of Expenditure Payroll Expense		Category/Type		Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 03 / 03 / 2016 </div>	
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		<div style="border: 1px solid black; padding: 2px;"> 757143.91 </div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;"> 1380.32 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;"> </div>

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

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 06 / 08 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 102 OF 152
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ C C00490375	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y . . . / . . . / </div>	

Full Name of Payee California Nurses Association		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 03 / 02 / 2016 </div>	
Mailing Address 155 Grand Avenue				Amount <div style="border: 1px solid black; padding: 2px;"> 50.00 </div>	
City Oakland	State CA	Zip Code 94612		Transaction ID : D710614	
Purpose of Expenditure Online Ad		Category/Type		Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 03 / 03 / 2016 </div>	
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: IL	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;"> 58589.55 </div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee National Nurses United		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 03 / 03 / 2016 </div>	
Mailing Address 155 Grand Avenue				Amount <div style="border: 1px solid black; padding: 2px;"> 30228.00 </div>	
City Oakland	State CA	Zip Code 94612		Transaction ID : D710618	
Purpose of Expenditure Media Time Buy		Category/Type		Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 03 / 03 / 2016 </div>	
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		<div style="border: 1px solid black; padding: 2px;"> 757143.91 </div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;"> 30278.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;"> </div>

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

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 06 / 08 / 2016

Signature

Full Name of Payee Postal Systems, Inc.		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 09 / 2016	
Mailing Address 1890 North Blvd.			Amount 1424.50	
City San Leandro	State CA	Zip Code 94577	Transaction ID : D710673	
Purpose of Expenditure Postage		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 03 / 03 / 2016	
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: NV	
Calendar Year-To-Date Per Election for Office Sought		148607.61	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	2674.50
(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.

Signature

: 97 'A-G79 @G B9CI G'H9LH'F9 @G H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +9A-N5HCB
.

Form/Schedule: SE

Transaction ID : D710673

This payment to Postal Systems was originally 48-hour reported on February 12, 2016 as an estimated amount. This payment, along with the earlier reported payment on February 8, 2016, represent the correct actual cost of the independent expenditure.

Form/Schedule:

Transaction ID:

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 105 OF 152
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ C C00490375	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div>	

Full Name of Payee California Nurses Association		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 04 / 2016	
Mailing Address 155 Grand Avenue				Amount 87.20	
City Oakland	State CA	Zip Code 94612		Transaction ID : D712350	
Purpose of Expenditure Online Ad		Category/Type		Date of Disbursement or Obligation MM / DD / YYYY 03 / 03 / 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		757143.91		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee California Nurses Association		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 03 / 2016	
Mailing Address 155 Grand Avenue				Amount 43.60	
City Oakland	State CA	Zip Code 94612		Transaction ID : D712395	
Purpose of Expenditure Equipment Expense		Category/Type		Date of Disbursement or Obligation MM / DD / YYYY 03 / 03 / 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: IL	
Calendar Year-To-Date Per Election for Office Sought		58589.55		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	130.80
(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
 06 / 08 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 106 OF 152
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee California Nurses Association		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 03 / 2016
Mailing Address 155 Grand Avenue			Amount 30.00
City Oakland	State CA	Zip Code 94612	Transaction ID : D710633
Purpose of Expenditure Online Ad	Category/Type		Date of Disbursement or Obligation MM / DD / YYYY 03 / 04 / 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: OR
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 Alliance Graphics		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 04 / 2016
Mailing Address 1101 8th Street			Amount 3560.58
City Berkeley	State CA	Zip Code 94710	Transaction ID : D710634
Purpose of Expenditure Printing	Category/Type		Date of Disbursement or Obligation MM / DD / YYYY 03 / 04 / 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		757143.91	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	3590.58
(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

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06 / 08 / 2016

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 107 OF 152
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00490375 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY			
Full Name of Payee Autumn Press		<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 03 / 04 / 2016 </div>	
Mailing Address 945 Camelia St		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 570.83 </div>	
City Berkeley	State CA	Zip Code 94710-1437	Transaction ID : D710635 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 03 / 04 / 2016 </div>
Purpose of Expenditure Printing	Category/Type 		
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: <u>00</u> State: <u>FL</u>	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 107877.13 </div> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Flysigns Aerial Advertising, LLC		<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 03 / 05 / 2016 </div>	
Mailing Address 40944 Calle Santa Cruz		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 2340.00 </div>	
City Indio	State CA	Zip Code 92203-7487	Transaction ID : D710636 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 03 / 04 / 2016 </div>
Purpose of Expenditure Advertising	Category/Type 		
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: <u>00</u> State: <u>MI</u>	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 2840.00 </div> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 2910.83 </div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 2910.83 </div>	
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 <div style="border-bottom: 1px solid black; width: 100%;"></div>		Date MM / DD / YYYY 06 / 08 / 2016 	

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 108 OF 152
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee North Wood Advertising		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 04 / 2016
Mailing Address 1201 Fifteen Building 15 South Fifth			Amount 19000.00
City Minneapolis	State MN	Zip Code 55402	Transaction ID : D712314
Purpose of Expenditure Radio	Category/Type		Date of Disbursement or Obligation MM / DD / YYYY 03 / 04 / 2016
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>DC</u>
Calendar Year-To-Date Per Election for Office Sought		757143.91	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee California Nurses Association		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 04 / 2016
Mailing Address 155 Grand Avenue			Amount 50.00
City Oakland	State CA	Zip Code 94612	Transaction ID : D710654
Purpose of Expenditure Online Ad	Category/Type		Date of Disbursement or Obligation MM / DD / YYYY 03 / 07 / 2016
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>DC</u>
Calendar Year-To-Date Per Election for Office Sought		757143.91	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	190050.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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Martha Kuhl

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Date

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06 / 08 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 109 OF 152
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee California Nurses Association		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 04 / 2016
Mailing Address 155 Grand Avenue			Amount 100.00
City Oakland	State CA	Zip Code 94612	Transaction ID : D710655
Purpose of Expenditure Online Ad	Category/Type		Date of Disbursement or Obligation MM / DD / YYYY 03 / 07 / 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		757143.91	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee California Nurses Association		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 13 / 2016
Mailing Address 155 Grand Avenue			Amount 436.90
City Oakland	State CA	Zip Code 94612	Transaction ID : D710656
Purpose of Expenditure Payroll Expense	Category/Type		Date of Disbursement or Obligation MM / DD / YYYY 03 / 07 / 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		757143.91	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	536.90
(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
06 / 08 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 110 OF 152
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00490375 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y </div>	

Full Name of Payee <input type="checkbox"/> Memo Item California Nurses Association		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y </div>	
Mailing Address 155 Grand Avenue		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;"> 943.43 </div>	
City State Zip Code Oakland CA 94612	Transaction ID : D710657 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y </div>		
Purpose of Expenditure Payroll Expense	Category/Type	<div style="display: inline-block; border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y </div>	
Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Bernie Sanders		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 <div style="display: inline-block; border: 1px solid black; padding: 2px;"> 757143.91 </div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item California Nurses Association		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y </div>	
Mailing Address 155 Grand Avenue		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;"> 100.00 </div>	
City State Zip Code Oakland CA 94612	Transaction ID : D710676 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y </div>		
Purpose of Expenditure Online Ad	Category/Type	<div style="display: inline-block; border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y </div>	
Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Bernie Sanders		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 <div style="display: inline-block; border: 1px solid black; padding: 2px;"> 757143.91 </div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;">1043.43</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"> </div>

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

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Date

M M M / D D D / Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 111 OF 152
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00490375</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>			
Full Name of Payee California Nurses Association		Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 03 / 08 / 2016	
Mailing Address 155 Grand Avenue		Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 60.00	
City Oakland	State CA	Zip Code 94612	Transaction ID : D710677 Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 03 / 09 / 2016
Purpose of Expenditure Online Ad		Category/ Type <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div>	
Name of Federal Candidate Bernie Sanders		Office Sought: <input checked="" 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 <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>		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 <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 03 / 08 / 2016	
Mailing Address 155 Grand Avenue		Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 50.00	
City Oakland	State CA	Zip Code 94612	Transaction ID : D710679 Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 03 / 09 / 2016
Purpose of Expenditure Online Ad		Category/ Type <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div>	
Name of Federal Candidate Bernie Sanders		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 110.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>	
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		Date <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 06 / 08 / 2016	
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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 112 OF 152
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee California Nurses Association		<input type="checkbox"/> Memo Item	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 <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		2840.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee California Nurses Association		<input type="checkbox"/> Memo Item	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 <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MO
Calendar Year-To-Date Per Election for Office Sought		32655.37	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	280.00
(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
06 / 08 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 113 OF 152
FOR LINE 24 OF FORM 3X

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

Full Name of Payee California Nurses Association		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination 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 03 / 10 / 2016
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>DC</u>
Calendar Year-To-Date Per Election for Office Sought 757143.91		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee California Nurses Association		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination 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 03 / 10 / 2016
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>OH</u>
Calendar Year-To-Date Per Election for Office Sought 58055.50		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	150.00
(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]

Signature

Date

06 / 08 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection			FEC IDENTIFICATION NUMBER ▼ C C00490375		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee California Nurses Association			Date of Public Distribution/Dissemination 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 03 / 10 / 2016	
Name of Federal Candidate BERNARD SANDERS			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 58055.50			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>OH</u> 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 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 03 / 10 / 2016	
Name of Federal Candidate Bernie Sanders			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 757143.91			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>DC</u> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			4205.00		
(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 <u>Martha Kuhl</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 06 / 08 / 2016		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00490375 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY			
Full Name of Payee Outfront Media		<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 03 / 28 / 2016 </div>	
Mailing Address 185 US Highway 46		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">117231.25</div>	
City Fairfield	State NJ	Zip Code 07004	Transaction ID : D711251 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 03 / 10 / 2016 </div>
Purpose of Expenditure Print Advertising		Category/Type 	
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: CA	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">372762.50</div> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee California Nurses Association		<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 03 / 10 / 2016 </div>	
Mailing Address 155 Grand Avenue		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">200.00</div>	
City Oakland	State CA	Zip Code 94612	Transaction ID : D710684 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 03 / 11 / 2016 </div>
Purpose of Expenditure Online Ad		Category/Type 	
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		<div style="border: 1px solid black; padding: 2px; display: inline-block;">757143.91</div> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;">117431.25</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
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		Date MM / DD / YYYY 06 / 08 / 2016	

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00490375 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <input type="checkbox"/> Memo Item California Nurses Association		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 03 / 10 / 2016</div> </div>	
Mailing Address 155 Grand Avenue		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">40.00</div>	
City State Zip Code Oakland CA 94612	Category/Type	Transaction ID : D710685 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 03 / 11 / 2016</div> </div>	
Purpose of Expenditure Online Ad			
Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose BERNARD SANDERS		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 <div style="border: 1px solid black; padding: 2px; text-align: right;">107877.13</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item California Nurses Association		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 03 / 10 / 2016</div> </div>	
Mailing Address 155 Grand Avenue		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">164.86</div>	
City State Zip Code Oakland CA 94612	Category/Type	Transaction ID : D710686 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 03 / 11 / 2016</div> </div>	
Purpose of Expenditure Site Rental			
Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose BERNARD SANDERS		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 <div style="border: 1px solid black; padding: 2px; text-align: right;">107877.13</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;">204.86</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"></div>

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
06 / 08 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 117 OF 152
FOR LINE 24 OF FORM 3XNAME OF COMMITTEE (In Full)
National Nurses United for Patient Protection

FEC IDENTIFICATION NUMBER ▼

C C00490375Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on

M M M / D D D / Y Y Y Y Y Y

Full Name of Payee ☐ Memo Item
ELead ResourcesMailing Address **314 W Superior St**City State Zip Code
Chicago IL 60654Purpose of Expenditure
PrintingCategory/
Type

Date of Public Distribution/Dissemination

M M M / D D D / Y Y Y Y Y Y
03 11 2016

Amount

1636.62Transaction ID : **D710688**

Date of Disbursement or Obligation

M M M / D D D / Y Y Y Y Y Y
03 11 2016

Name of Federal Candidate

Bernie Sanders☒ Support
☐ OpposeOffice Sought: ☐ House District: **00**☒ President ☐ Senate State: **DC**Calendar Year-To-Date
Per Election for Office Sought**757143.91**Disbursement For: ☒ Primary ☐ General
2016 ☐ Other (specify) ▶Full Name of Payee ☐ Memo Item
Erin L FitzGeraldMailing Address **1028 Florida Street**City State Zip Code
Vallejo CA 94590Purpose of Expenditure
Video ProductionCategory/
Type

Date of Public Distribution/Dissemination

M M M / D D D / Y Y Y Y Y Y
03 10 2016

Amount

1050.00Transaction ID : **D710689**

Date of Disbursement or Obligation

M M M / D D D / Y Y Y Y Y Y
03 11 2016

Name of Federal Candidate

Bernie Sanders☒ Support
☐ OpposeOffice Sought: ☐ House District: **00**☒ President ☐ Senate State: **DC**Calendar Year-To-Date
Per Election for Office Sought**757143.91**Disbursement For: ☒ Primary ☐ General
2016 ☐ 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

M M M / D D D / Y Y Y Y Y Y
06 08 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 118 OF 152
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00490375</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>			
Full Name of Payee Javier Moreno Pollaroio		<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 / 12 / 2016</div>	
Mailing Address 1521 3rd Ave		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">63.44</div>	
City Oakland	State CA	Zip Code 94606	Transaction ID : D710690 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">03 / 11 / 2016</div>
Purpose of Expenditure Translation Services		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
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) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">757143.91</div>			
Full Name of Payee California Nurses Association		<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">03 / 12 / 2016</div>	
Mailing Address 155 Grand Avenue		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">150.00</div>	
City Oakland	State CA	Zip Code 94612	Transaction ID : D710702 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">03 / 14 / 2016</div>
Purpose of Expenditure Online Ad		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
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: 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) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">58055.50</div>			
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;">213.44</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
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 <i>Martha Kuhl</i>		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">06 / 08 / 2016</div> <div style="text-align: center;">[Electronically Filed]</div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 119 OF 152
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00490375</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div>			
Full Name of Payee Bus Bank		Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> 03 / 16 / 2016	
Mailing Address 820 West Jackson Suite 815		Amount <div style="border-bottom: 1px solid black; width: 100%; text-align: right;">65600.00</div>	
City Chicago	State IL	Zip Code 60607	Transaction ID : D710703 Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> 03 / 14 / 2016
Purpose of Expenditure Bus tour expense		Category/ Type <div style="border-bottom: 1px solid black; width: 60px;"></div>	
Name of Federal Candidate Bernie Sanders		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 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) ▶	
<div style="border-bottom: 1px solid black; width: 100%; text-align: right;">757143.91</div>			
Full Name of Payee Erin L FitzGerald		Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> 03 / 14 / 2016	
Mailing Address 1028 Florida Street		Amount <div style="border-bottom: 1px solid black; width: 100%; text-align: right;">1200.00</div>	
City Vallejo	State CA	Zip Code 94590	Transaction ID : D710704 Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> 03 / 14 / 2016
Purpose of Expenditure Video Production		Category/ Type <div style="border-bottom: 1px solid black; width: 60px;"></div>	
Name of Federal Candidate BERNARD SANDERS		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 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) ▶	
<div style="border-bottom: 1px solid black; width: 100%; text-align: right;">58055.50</div>			
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="border-bottom: 1px solid black; width: 100%; text-align: right;">66800.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="border-bottom: 1px solid black; width: 100%; text-align: right;"></div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="border-bottom: 1px solid black; width: 100%; text-align: right;"></div>	
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 <i>Martha Kuhl</i>		Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> 06 / 08 / 2016	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 120 OF 152
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00490375</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 100px; text-align: center;">M M / D D / Y Y Y Y Y Y</div>			
Full Name of Payee Autumn Press		Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 100px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> 03 / 11 / 2016	
Mailing Address 945 Camelia St		Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px; text-align: right;">2443.45</div>	
City Berkeley	State CA	Zip Code 94710-1437	Transaction ID : D710705 Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 100px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> 03 / 14 / 2016
Purpose of Expenditure Printing		Category/ Type <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>	
Name of Federal Candidate Bernie Sanders		Office Sought: <input checked="" 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) ▶	
<div style="display: inline-block; border-bottom: 1px solid black; width: 150px; text-align: right;">757143.91</div>			
Full Name of Payee Autumn Press		Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 100px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> 11 / 13 / 2015	
Mailing Address 945 Camelia St		Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px; text-align: right;">569.88</div>	
City Berkeley	State CA	Zip Code 94710-1437	Transaction ID : D710706 Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 100px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> 03 / 14 / 2016
Purpose of Expenditure Printing		Category/ Type <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>	
Name of Federal Candidate Bernie Sanders		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) ▶	
<div style="display: inline-block; border-bottom: 1px solid black; width: 150px; text-align: right;">757143.91</div>			
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="display: inline-block; border-bottom: 1px solid black; width: 150px; text-align: right;">3013.33</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>	
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 <i>Martha Kuhl</i>		Date <div style="display: inline-block; border-bottom: 1px solid black; width: 100px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> 06 / 08 / 2016	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 121 OF 152
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00490375</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>			
Full Name of Payee Autumn Press		<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">03 / 14 / 2016</div>	
Mailing Address 945 Camelia St		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2274.84</div>	
City Berkeley	State CA	Zip Code 94710-1437	Transaction ID : D710707 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">03 / 14 / 2016</div>
Purpose of Expenditure Printing		Category/ Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>	
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>DC</u>	
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) ▶	
<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">757143.91</div>			
Full Name of Payee Javier Moreno Pollaroio		<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">03 / 28 / 2016</div>	
Mailing Address 1521 3rd Ave		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">20.00</div>	
City Oakland	State CA	Zip Code 94606	Transaction ID : D711406 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">03 / 14 / 2016</div>
Purpose of Expenditure Translation Services		Category/ Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>	
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>DC</u>	
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) ▶	
<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">757143.91</div>			
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2294.84</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>	
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 <i>Martha Kuhl</i>		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">06 / 08 / 2016</div> <div style="text-align: center;">[Electronically Filed]</div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00490375 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY			
Full Name of Payee <input type="checkbox"/> Memo Item Javier Moreno Pollaroio		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 03 / 28 / 2016 </div>	
Mailing Address 1521 3rd Ave		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 20.00 </div>	
City State Zip Code Oakland CA 94606	Transaction ID : D711407 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 03 / 14 / 2016 </div>		
Purpose of Expenditure Translation Services	Category/Type 	Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Bernie Sanders	
Calendar Year-To-Date Per Election for Office Sought 757143.91		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item California Nurses Association		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 03 / 14 / 2016 </div>	
Mailing Address 155 Grand Avenue		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 100.00 </div>	
City State Zip Code Oakland CA 94612	Transaction ID : D710711 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 03 / 15 / 2016 </div>		
Purpose of Expenditure Online Ad	Category/Type 	Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Bernie Sanders	
Calendar Year-To-Date Per Election for Office Sought 757143.91		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 120.00 </div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
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 <u>Martha Kuhl</u>		Date MM / DD / YYYY 06 / 08 / 2016	

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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

Full Name of Payee California Nurses Association		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 14 / 2016	
Mailing Address 155 Grand Avenue				Amount 50.00	
City Oakland	State CA	Zip Code 94612		Transaction ID : D710713	
Purpose of Expenditure Online Ad		Category/Type		Date of Disbursement or Obligation MM / DD / YYYY 03 / 15 / 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		757143.91		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee California Nurses Association		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 14 / 2016	
Mailing Address 155 Grand Avenue				Amount 100.00	
City Oakland	State CA	Zip Code 94612		Transaction ID : D710714	
Purpose of Expenditure Online Ad		Category/Type		Date of Disbursement or Obligation MM / DD / YYYY 03 / 15 / 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		757143.91		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	150.00
(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
06 / 08 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 124 OF 152
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00490375 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY			
Full Name of Payee <input type="checkbox"/> Memo Item California Nurses Association		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 03 / 14 / 2016 </div>	
Mailing Address 155 Grand Avenue		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">150.00</div>	
City State Zip Code Oakland CA 94612	Transaction ID : D710715 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 03 / 15 / 2016 </div>		
Purpose of Expenditure Online Ad	Category/Type 	Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose BERNARD SANDERS	
Calendar Year-To-Date Per Election for Office Sought 58055.50		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: OH Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item California Nurses Association		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 04 / 09 / 2016 </div>	
Mailing Address 155 Grand Avenue		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">3854.00</div>	
City State Zip Code Oakland CA 94612	Transaction ID : D712354 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 03 / 15 / 2016 </div>		
Purpose of Expenditure Radio	Category/Type 	Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Bernie Sanders	
Calendar Year-To-Date Per Election for Office Sought 7708.00		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WY Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;">4004.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
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 <u>Martha Kuhl</u>		Date MM / DD / YYYY 06 / 08 / 2016	

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 125 OF 152
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00490375</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee California Nurses Association <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">03 / 14 / 2016</div>		
Mailing Address 155 Grand Avenue			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">75.00</div>		
City Oakland		State CA	Zip Code 94612		Transaction ID : D712396
Purpose of Expenditure Online Ad		Category/ Type <div style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">03 / 15 / 2016</div>	
Name of Federal Candidate BERNARD SANDERS			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 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) ▶		
<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">58055.50</div>			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Full Name of Payee North Wood Advertising <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">03 / 26 / 2016</div>		
Mailing Address 1201 Fifteen Building 15 South Fifth			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">12020.00</div>		
City Minneapolis		State MN	Zip Code 55402		Transaction ID : D712558
Purpose of Expenditure Radio		Category/ Type <div style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">03 / 15 / 2016</div>	
Name of Federal Candidate BERNARD SANDERS			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: AK		
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) ▶		
<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">12050.00</div>			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">12095.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
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 <i>Martha Kuhl</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">06 / 08 / 2016</div> <div style="text-align: center;">[Electronically Filed]</div>		

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Form/Schedule: SE

Transaction ID : D712558

This reflects the expenditure as reported on an amended 24-hour report filed on April 8, 2016

Form/Schedule:

Transaction ID:

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 127 OF 152
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ C C00490375	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee North Wood Advertising		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 26 / 2016	
Mailing Address 1201 Fifteen Building 15 South Fifth		Amount 23500.00	
City Minneapolis	State MN	Zip Code 55402	Transaction ID : D712559
Purpose of Expenditure Radio	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 03 / 15 / 2016	
Name of Federal Candidate BERNARD SANDERS		Office Sought: <input checked="" type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: HI	
Calendar Year-To-Date Per Election for Office Sought 23530.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee North Wood Advertising		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 26 / 2016	
Mailing Address 1201 Fifteen Building 15 South Fifth		Amount 16650.00	
City Minneapolis	State MN	Zip Code 55402	Transaction ID : D712560
Purpose of Expenditure Radio	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 03 / 15 / 2016	
Name of Federal Candidate Bernie Sanders		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WA	
Calendar Year-To-Date Per Election for Office Sought 82078.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		40150.00	
(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 <i>Martha Kuhl</i>		Date MM / DD / YYYY 06 / 08 / 2016	
		[Electronically Filed]	

: 97 'A-G79 @G B9CI G'H9LH'F9 @H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +H9A-N5HCB
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Form/Schedule: SE

Transaction ID : D712559

This reflects the expenditure as reported on an amended 24-hour report filed on April 8, 2016

Form/Schedule: SE

Transaction ID: D712560

This reflects the expenditure as reported on an amended 24-hour report filed on April 8, 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 129 OF 152
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00490375</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>				
Full Name of Payee North Wood Advertising			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">03 / 25 / 2016</div>	
Mailing Address 1201 Fifteen Building 15 South Fifth			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">30.00</div>	
City Minneapolis		State MN	Zip Code 55402	
Purpose of Expenditure Radio		Category/Type <div style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></div>		
Name of Federal Candidate BERNARD SANDERS			Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> House <input type="checkbox"/> Senate District: <u>00</u> State: <u>AK</u>	
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) ▶	
<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">12050.00</div>				
Full Name of Payee North Wood Advertising			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">03 / 22 / 2016</div>	
Mailing Address 1201 Fifteen Building 15 South Fifth			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">25438.44</div>	
City Minneapolis		State MN	Zip Code 55402	
Purpose of Expenditure Radio		Category/Type <div style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></div>		
Name of Federal Candidate Bernie Sanders			Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> House <input type="checkbox"/> Senate District: <u>00</u> State: <u>AZ</u>	
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) ▶	
<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">25438.44</div>				
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">25468.44</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>	
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>	
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 <i>Martha Kuhl</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">06 / 08 / 2016</div>	
[Electronically Filed]				

: 97 'A-G79 @G B9CI G'H9LH'F9 @H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +H9A-N5HCB
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Form/Schedule: SE

Transaction ID : D712561

This reflects the expenditure as reported on an amended 24-hour report filed on April 8, 2016

Form/Schedule: SE

Transaction ID: D712562

This reflects the expenditure as reported on an amended 24-hour report filed on April 8, 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 131 OF 152
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ C C00490375	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee North Wood Advertising		<input type="checkbox"/> Memo Item	
Mailing Address 1201 Fifteen Building 15 South Fifth		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 03 / 22 / 2016	
City Minneapolis		State MN	
Zip Code 55402		Amount 6385.00	
Purpose of Expenditure Radio		Category/Type	
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
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 North Wood Advertising		<input type="checkbox"/> Memo Item	
Mailing Address 1201 Fifteen Building 15 South Fifth		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 09 / 2016	
City Minneapolis		State MN	
Zip Code 55402		Amount 3854.00	
Purpose of Expenditure Radio		Category/Type	
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
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.....		10239.00	
(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 <i>Martha Kuhl</i>		Date M M M / D D D / Y Y Y Y Y Y 06 / 08 / 2016	
		[Electronically Filed]	

: 97 'A-G79 @G B9CI G'H9LH'F9 @H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +H9A-N5HCB
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Form/Schedule: SE

Transaction ID : D712563

This reflects the expenditure as reported on an amended 24-hour report filed on April 8, 2016

Form/Schedule:

Transaction ID:

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee Bus Bank		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 16 / 2016	
Mailing Address 820 West Jackson Suite 815			Amount 12273.95	
City Chicago	State IL	Zip Code 60607	Transaction ID : D710723	
Purpose of Expenditure Bus tour expense		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 03 / 16 / 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		757143.91	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee California Nurses Association		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 16 / 2016	
Mailing Address 155 Grand Avenue			Amount 50.00	
City Oakland	State CA	Zip Code 94612	Transaction ID : D711492	
Purpose of Expenditure Site Rental		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 03 / 16 / 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		107877.13	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	12323.95
(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
06 / 08 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 134 OF 152
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ C C00490375	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee California Nurses Association		<input type="checkbox"/> Memo Item	
Mailing Address 155 Grand Avenue		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 03 / 16 / 2016	
City Oakland		State CA	
Zip Code 94612		Amount 50.00	
Purpose of Expenditure Site Rental		Category/Type	
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 58055.50		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: OH	
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee North Wood Advertising		<input type="checkbox"/> Memo Item	
Mailing Address 1201 Fifteen Building 15 South Fifth		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 03 / 16 / 2016	
City Minneapolis		State MN	
Zip Code 55402		Amount 87847.44	
Purpose of Expenditure Radio		Category/Type	
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 757143.91		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC	
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		87897.44	
(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		Date 06 / 08 / 2016	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection			FEC IDENTIFICATION NUMBER ▼ C C00490375		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Outfront Media			Date of Public Distribution/Dissemination 03 / 16 / 2016		
Mailing Address 185 US Highway 46			Amount 34300.00		
City Fairfield		State NJ	Zip Code 07004		Transaction ID : D712321
Purpose of Expenditure Print Advertising		Category/Type 		Date of Disbursement or Obligation 03 / 16 / 2016	
Name of Federal Candidate Bernie Sanders			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: <u>00</u> State: <u>DC</u>		
Calendar Year-To-Date Per Election for Office Sought 757143.91			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Matrix Media			Date of Public Distribution/Dissemination 03 / 28 / 2016		
Mailing Address 463 E Town St			Amount 9539.00		
City Columbus		State OH	Zip Code 43215		Transaction ID : D711254
Purpose of Expenditure Print Advertising		Category/Type 		Date of Disbursement or Obligation 03 / 17 / 2016	
Name of Federal Candidate Bernie Sanders			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: <u>00</u> State: <u>MD</u>		
Calendar Year-To-Date Per Election for Office Sought 9539.00			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			43839.00		
(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 <u>Martha Kuhl</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 06 / 08 / 2016		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 136 OF 152
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00490375</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>			
Full Name of Payee Matrix Media		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 03 / 28 / 2016	
Mailing Address 463 E Town St		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">6500.00</div>	
City Columbus	State OH	Zip Code 43215	Transaction ID : D711255 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 03 / 17 / 2016
Purpose of Expenditure Print Advertising		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
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) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">757143.91</div>			
Full Name of Payee California Nurses Association		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 03 / 17 / 2016	
Mailing Address 155 Grand Avenue		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">50.00</div>	
City Oakland	State CA	Zip Code 94612	Transaction ID : D711257 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 03 / 17 / 2016
Purpose of Expenditure Online Ad		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
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: CA	
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) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">372762.50</div>			
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;">6550.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
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 <i>Martha Kuhl</i>		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 06 / 08 / 2016	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00490375 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y </div>	

Full Name of Payee Outfront Media	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y </div>
Mailing Address 185 US Highway 46		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">155287.50</div>
City Fairfield	State NJ	
Purpose of Expenditure Print Advertising		Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CA</u>
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">372762.50</div>
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Outfront Media	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y </div>
Mailing Address 185 US Highway 46		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">40000.00</div>
City Fairfield	State NJ	
Purpose of Expenditure Print Advertising		Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NY</u>
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">83325.04</div>
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">195287.50</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>

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

M M M / D D D / Y Y Y Y Y Y

 06 / 08 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 138 OF 152
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00490375 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY			
Full Name of Payee Outfront Media		<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 04 / 04 / 2016 </div>	
Mailing Address 185 US Highway 46		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 24300.00 </div>	
City Fairfield	State NJ	Zip Code 07004	Transaction ID : D711374 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 03 / 18 / 2016 </div>
Purpose of Expenditure Print Advertising	Category/Type 		
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: CA	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 372762.50 </div> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee California Nurses Association		<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 03 / 17 / 2016 </div>	
Mailing Address 155 Grand Avenue		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 50.00 </div>	
City Oakland	State CA	Zip Code 94612	Transaction ID : D711384 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 03 / 18 / 2016 </div>
Purpose of Expenditure Online Ad	Category/Type 		
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		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 757143.91 </div> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 24350.00 </div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
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		Date MM / DD / YYYY 06 / 08 / 2016 	

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 139 OF 152
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00490375 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y </div>	

Full Name of Payee <input type="checkbox"/> Memo Item California Nurses Association	Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y </div>
Mailing Address 155 Grand Avenue	Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;"> 03 / 18 / 2016 </div>
City State Zip Code Oakland CA 94612	Transaction ID : D711385 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y </div>
Purpose of Expenditure Online Ad	Category/Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>
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	<div style="display: inline-block; border: 1px solid black; padding: 2px;"> 757143.91 </div> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <input type="checkbox"/> Memo Item California Nurses Association	Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y </div>
Mailing Address 155 Grand Avenue	Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;"> 03 / 18 / 2016 </div>
City State Zip Code Oakland CA 94612	Transaction ID : D711386 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y </div>
Purpose of Expenditure Online Ad	Category/Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>
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	<div style="display: inline-block; border: 1px solid black; padding: 2px;"> 757143.91 </div> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px;"> 200.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; width: 100px;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; width: 100px;"></div>

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

M M M / D D D / Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 140 OF 152
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ C C00490375	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee California Nurses Association		<input type="checkbox"/> Memo Item	
Mailing Address 155 Grand Avenue		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 03 / 18 / 2016	
City Oakland		State CA	
Zip Code 94612		Amount 200.00	
Purpose of Expenditure Online Ad		Category/Type	
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
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 Javier Moreno Pollaroio		<input type="checkbox"/> Memo Item	
Mailing Address 1521 3rd Ave		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 03 / 17 / 2016	
City Oakland		State CA	
Zip Code 94606		Amount 200.00	
Purpose of Expenditure Translation Services		Category/Type	
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
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.....		400.00	
(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		Date M M M / D D D / Y Y Y Y Y Y 06 / 08 / 2016	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 141 OF 152
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00490375 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY			
Full Name of Payee <input type="checkbox"/> Memo Item Erin L FitzGerald		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 03 / 17 / 2016 </div>	
Mailing Address 1028 Florida Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">410.00</div>	
City State Zip Code Vallejo CA 94590	Transaction ID : D711408 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 03 / 18 / 2016 </div>		
Purpose of Expenditure Video Production	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Bernie Sanders	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">757143.91</div>		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item Outfront Media		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 04 / 04 / 2016 </div>	
Mailing Address 185 US Highway 46		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">11750.00</div>	
City State Zip Code Fairfield NJ 07004	Transaction ID : D712331 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 03 / 18 / 2016 </div>		
Purpose of Expenditure Print Advertising	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Bernie Sanders	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">372762.50</div>		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;">12160.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
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 <u>Martha Kuhl</u>		Date MM / DD / YYYY 06 / 08 / 2016	

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 142 OF 152
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00490375 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY			
Full Name of Payee <input type="checkbox"/> Memo Item Outfront Media		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 04 / 18 / 2016 </div>	
Mailing Address 185 US Highway 46		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 325.00 </div>	
City State Zip Code Fairfield NJ 07004	Transaction ID : D712332 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 03 / 18 / 2016 </div>		
Purpose of Expenditure Print Advertising	Category/Type 	Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Bernie Sanders	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 372762.50 </div>		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item Outfront Media		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 05 / 02 / 2016 </div>	
Mailing Address 185 US Highway 46		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 3950.00 </div>	
City State Zip Code Fairfield NJ 07004	Transaction ID : D712333 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 03 / 18 / 2016 </div>		
Purpose of Expenditure Print Advertising	Category/Type 	Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Bernie Sanders	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 372762.50 </div>		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 4275.00 </div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
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 <u>Martha Kuhl</u>		Date MM / DD / YYYY 06 / 08 / 2016 	

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 143 OF 152
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00490375 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y </div>	

Full Name of Payee <input type="checkbox"/> Memo Item California Nurses Association		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 03 / 20 / 2016 </div>	
Mailing Address 155 Grand Avenue		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;"> 150.00 </div>	
City State Zip Code Oakland CA 94612	Transaction ID : D710986 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 03 / 22 / 2016 </div>		
Purpose of Expenditure Online Ad	Category/Type	Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Bernie Sanders	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px;"> 6535.00 </div>		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: ID Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item California Nurses Association		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 03 / 20 / 2016 </div>	
Mailing Address 155 Grand Avenue		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;"> 943.43 </div>	
City State Zip Code Oakland CA 94612	Transaction ID : D711388 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 03 / 22 / 2016 </div>		
Purpose of Expenditure Payroll Expense	Category/Type	Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Bernie Sanders	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px;"> 757143.91 </div>		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1093.43 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1093.43 </div>

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

M M M / D D D / Y Y Y Y Y Y
 06 / 08 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 144 OF 152
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00490375 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY			
Full Name of Payee <input type="checkbox"/> Memo Item California Nurses Association		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 03 / 18 / 2016 </div>	
Mailing Address 155 Grand Avenue		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">100.00</div>	
City State Zip Code Oakland CA 94612	Transaction ID : D711389 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 03 / 22 / 2016 </div>		
Purpose of Expenditure Online Ad	Category/Type 	Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Bernie Sanders	
Calendar Year-To-Date Per Election for Office Sought 757143.91		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item California Nurses Association		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 03 / 19 / 2016 </div>	
Mailing Address 155 Grand Avenue		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">175.00</div>	
City State Zip Code Oakland CA 94612	Transaction ID : D711390 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 03 / 22 / 2016 </div>		
Purpose of Expenditure Online Ad	Category/Type 	Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Bernie Sanders	
Calendar Year-To-Date Per Election for Office Sought 757143.91		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;">275.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
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 <u>Martha Kuhl</u>		Date MM / DD / YYYY 06 / 08 / 2016	

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 145 OF 152
FOR LINE 24 OF FORM 3X

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

Full Name of Payee California Nurses Association		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination 03 / 20 / 2016
Mailing Address 155 Grand Avenue			Amount 200.00
City Oakland	State CA	Zip Code 94612	Transaction ID : D711391
Purpose of Expenditure Online Ad	Category/ Type 		Date of Disbursement or Obligation 03 / 22 / 2016
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>DC</u>
Calendar Year-To-Date Per Election for Office Sought 757143.91		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee California Nurses Association		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination 03 / 22 / 2016
Mailing Address 155 Grand Avenue			Amount 100.00
City Oakland	State CA	Zip Code 94612	Transaction ID : D711392
Purpose of Expenditure Online Ad	Category/ Type 		Date of Disbursement or Obligation 03 / 23 / 2016
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>DC</u>
Calendar Year-To-Date Per Election for Office Sought 757143.91		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]

Signature

Date

06 / 08 / 2016

Full Name of Payee Alliance Graphics		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>03 / 25 / 2016</div> </div>	
Mailing Address 1101 8th Street			Amount <div> <div>Amount</div> <div>1314.00</div> </div>	
City Berkeley	State CA	Zip Code 94710	Transaction ID : D711410 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>03 / 23 / 2016</div> </div>	
Purpose of Expenditure Printing		Category/ Type		
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>DC</u>	
Calendar Year-To-Date Per Election for Office Sought		<div> <div>Amount</div> <div>757143.91</div> </div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Outfront Media		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 28 / 2016	
Mailing Address 185 US Highway 46			Amount 2775.00	
City Fairfield	State NJ	Zip Code 07004	Transaction ID : D711253	
Purpose of Expenditure Print Advertising		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 03 / 24 / 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: CA	
Calendar Year-To-Date Per Election for Office Sought		372762.50	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	4089.00
(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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00490375 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on				
Full Name of Payee <input type="checkbox"/> Memo Item Outfront Media			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 04 / 04 / 2016</div> </div>	
Mailing Address 185 US Highway 46			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">4750.00</div>	
City State Zip Code Fairfield NJ 07004		Transaction ID : D711375 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 03 / 24 / 2016</div> </div>		
Purpose of Expenditure Print Advertising		Category/Type		
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: CA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">372762.50</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item Outfront Media			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 04 / 04 / 2016</div> </div>	
Mailing Address 185 US Highway 46			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">9000.00</div>	
City State Zip Code Fairfield NJ 07004		Transaction ID : D711376 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 03 / 24 / 2016</div> </div>		
Purpose of Expenditure Print Advertising		Category/Type		
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: CA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">372762.50</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">13750.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
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 <u>Martha Kuhl</u>			Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 06 / 08 / 2016</div> </div>	

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ITEMIZED INDEPENDENT EXPENDITURESPAGE 148 OF 152
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00490375</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>				
Full Name of Payee Outfront Media <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">04 / 04 / 2016</div>	
Mailing Address 185 US Highway 46			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">243.75</div>	
City State Zip Code Fairfield NJ 07004		Transaction ID : D711377 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">03 / 24 / 2016</div>		
Purpose of Expenditure Print Advertising		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
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: CA		
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 California Nurses Association <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">03 / 24 / 2016</div>	
Mailing Address 155 Grand Avenue			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">100.00</div>	
City State Zip Code Oakland CA 94612		Transaction ID : D711393 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">03 / 24 / 2016</div>		
Purpose of Expenditure Online Ad		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
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..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">343.75</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
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 <i>Martha Kuhl</i>		[Electronically Filed] Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">06 / 08 / 2016</div>		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 149 OF 152
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ C C00490375	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y			
Full Name of Payee California Nurses Association		<input type="checkbox"/> Memo Item	
Mailing Address 155 Grand Avenue		Date of Public Distribution/Dissemination 03 / 24 / 2016	
City Oakland		State CA	
Zip Code 94612		Amount 100.00	
Purpose of Expenditure Online Ad		Category/Type 	
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate		District: <u>00</u> State: <u>DC</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
757143.91		2016	
Full Name of Payee California Nurses Association		<input type="checkbox"/> Memo Item	
Mailing Address 155 Grand Avenue		Date of Public Distribution/Dissemination 03 / 24 / 2016	
City Oakland		State CA	
Zip Code 94612		Amount 100.00	
Purpose of Expenditure Online Ad		Category/Type 	
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate		District: <u>00</u> State: <u>DC</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
757143.91		2016	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		200.00	
(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 <i>Martha Kuhl</i>		Date 06 / 08 / 2016	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00490375 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY			
Full Name of Payee Campaign Workshop		<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 04 / 25 / 2016 </div>	
Mailing Address 1129 20th Street, Suite 200		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 41000.00 </div>	
City Washington	State DC	Zip Code 20036	Transaction ID : D711490 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 03 / 25 / 2016 </div>
Purpose of Expenditure Printing	Category/Type 		
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 372762.50 </div>			
Full Name of Payee North Wood Advertising		<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 04 / 26 / 2016 </div>	
Mailing Address 1201 Fifteen Building 15 South Fifth		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 40000.00 </div>	
City Minneapolis	State MN	Zip Code 55402	Transaction ID : D711491 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 03 / 25 / 2016 </div>
Purpose of Expenditure Radio	Category/Type 		
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: PA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 40000.00 </div>			
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 81000.00 </div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
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		Date MM / DD / YYYY 06 / 08 / 2016 	

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00490375 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY			
Full Name of Payee <input type="checkbox"/> Memo Item Outfront Media		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 03 / 25 / 2016 </div>	
Mailing Address 185 US Highway 46		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1850.00</div>	
City Fairfield	State NJ	Zip Code 07004	Transaction ID : D712322 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 03 / 25 / 2016 </div>
Purpose of Expenditure Print Advertising	Category/Type 		
Name of Federal Candidate Bernie Sanders		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: <u>00</u> State: <u>CA</u>	
Calendar Year-To-Date Per Election for Office Sought 372762.50		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item California Nurses Association		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 03 / 25 / 2016 </div>	
Mailing Address 155 Grand Avenue		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">30.00</div>	
City Oakland	State CA	Zip Code 94612	Transaction ID : D711024 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 03 / 26 / 2016 </div>
Purpose of Expenditure Online ads	Category/Type 		
Name of Federal Candidate BERNARD SANDERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: <u>00</u> State: <u>HI</u>	
Calendar Year-To-Date Per Election for Office Sought 23530.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;">1880.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
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 <u>Martha Kuhl</u>		Date MM / DD / YYYY 06 / 08 / 2016	

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00490375 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY			
Full Name of Payee <input type="checkbox"/> Memo Item Erin L FitzGerald		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 03 / 21 / 2016 </div>	
Mailing Address 1028 Florida Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">840.00</div>	
City State Zip Code Vallejo CA 94590	Transaction ID : D711409 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 03 / 28 / 2016 </div>		
Purpose of Expenditure Video Production	Category/Type 	Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Bernie Sanders	
Calendar Year-To-Date Per Election for Office Sought 757143.91		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item California Nurses Association		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 03 / 30 / 2016 </div>	
Mailing Address 155 Grand Avenue		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">50.00</div>	
City State Zip Code Oakland CA 94612	Transaction ID : D711396 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 03 / 30 / 2016 </div>		
Purpose of Expenditure Online Ad	Category/Type 	Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Bernie Sanders	
Calendar Year-To-Date Per Election for Office Sought 757143.91		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;">890.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;">1978147.82</div>	
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 <u>Martha Kuhl</u>		Date MM / DD / YYYY 06 / 08 / 2016	

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